



Health Benefits Enrollment Form

Employee Name:

1	Eligible to Participate (Select One):	Date of Hire (Non Prorated)		1st Day-Month 1	1st Day-Month 2	1st Day-Month 3
	Health Insurance Plans	Type 13	Employee Only	Employee & Spouse	Employee & Child	Family
	Highmark Delaware First State Basic					
	Aetna CDH Gold					
	Aetna HMO					
	Highmark Delaware Comprehensive PPO					
	Waive Health Insurance					

2	Eligible to Participate: First of the Month following 3 full months of employment: (Plan Type 10 - State Share)					
	Health Insurance Plans	Type 10	Employee Only	Employee & Spouse	Employee & Child	Family
	Highmark Delaware First State Basic					
	Aetna CDH Gold					
	Aetna HMO					
	Highmark Delaware Comprehensive PPO					
	Waive Health Insurance					

3	Eligible to Participate: First of the Month: (Select One)		Following Hire Date		Following 90 Days of Employment	
	Dental Insurance Plans	Dental	Employee Only	Employee & Spouse	Employee & Child	Family
	Dominion National HMO Select					
	Delta Dental PPO Plus Premier					
	Waive Dental Insurance					

4	Eligible to Participate: First of the Month: (Select One)		Following Hire Date		Following 90 Days of Employment	
	Vision Insurance Plan	Vision	Employee Only	Employee & Spouse	Employee & Child	Family
	EyeMed Vision Care					
	Waive Vision Insurance					

RESET FORM

PRINT

IMPORTANT NOTICE REGARDING SPOUSAL COORDINATION OF BENEFITS (SCOB): If you have selected either an “Employee & Spouse” or “Family” level for your Health Insurance Plan on page one of this form, you **MUST** complete the online Spousal Coordination of Benefits Form upon initial enrollment, anytime enrollment or insurance status changes and each year during Open Enrollment.

SCOB POLICY: The Spousal Coordination of Benefits Policy can be found at: de.gov/statewidebenefits
(Navigation: select your group > Spouse and Dependents)

[Click Here to Access SCOB Via Employee Self-Service](#)

Is your spouse a State Employee/Pensioner?						Completed Only for Civil Union Spousal Dependent Coverage	To be Completed by HR/Ben Rep/Office Only	Please check if adding a spouse or dependent because of the loss of coverage and/or employment as a result of the COVID-19 pandemic.	
Yes	No								
Name	DOB	SSN	Gender	PCP ID#	Dentist ID#	Coverage Code:	Relationship Code:		
Employee:			M F						
Spouse/Dependent(s) Personal Information								Relationship Code:	
Spouse:			M F						
								Tax Qualified Dependent?	
1.			M F			Y N			
2.			M F			Y N			
3.			M F			Y N			
4.			M F			Y N			
5.			M F			Y N			
6.			M F			Y N			

CERTIFICATION (Employee Must Sign and Date)

By my signature below, I hereby certify the benefit elections made on this form are my choice and I have completed the required forms necessary to enroll in the benefit elections chosen. I understand that, by completing and signing the required forms, I am making a binding election with regard to my benefits for the current plan year unless I have a permissible family status change as defined by the Internal Revenue Service, or I terminate employment with the State of Delaware.

Employee Signature:

Date:

FOR HR OFFICE USE ONLY:

HR/Ben Rep must print Employee's Name & Social Security Number below EXACTLY as it appears on the employee's SOCIAL SECURITY CARD.

Print Employee's Name

Print Employee's Social Security Number

NEO HEALTH BENEFITS ENROLLMENT FORM INSTRUCTION SHEET

Now that you have viewed the online new hire orientation, you have been provided with a general overview of the benefit plans offered to you as a new State of Delaware employee.

To get more detailed information on each of the plans, we strongly encourage you to visit the Statewide Benefits Office (SBO) website at

de.gov/statewidebenefits. And remember, you can always feel free to contact your agency's Human Resource/Benefits Representative (HR/Ben Rep). You will find easy to follow instructions below to help you fill out and complete the Health Benefits Enrollment Form. If you still need assistance, please contact your agency's HR/Ben Rep.

COMPLETING PAGE ONE OF THE HEALTH BENEFITS ENROLLMENT FORM

ENROLLING IN A HEALTH & PRESCRIPTION PLAN

There are two areas labeled "Health Insurance Plans" on page one, of the Health Benefits Enrollment Form.

The first section is for employees who choose to participate in **Plan Type 13** (employees who wish to participate in a Health Plan during their first 90 days of hire *prior to being eligible for State Share*) – meaning, they will be responsible for paying the entire amount of the health care premium.

You will need to make a selection in **each section** for Plan Type 13 indicating:

1. Your Benefit Effective Date (you must choose one): (1) Effective your Date of Hire (premiums are not pro-rated); (2) Effective the 1st Day of Month 1, following your date of hire; (3) Effective the 1st Day of Month 2, following your date of hire; or, (4) Effective the 1st Day of Month 3, following your date of hire.
2. Your choice of one of the health plan options: Highmark Delaware First State Basic Plan, Aetna CDH Gold Plan, Aetna HMO Plan or Highmark Delaware Comprehensive PPO Plan along with the corresponding plan tier (Employee, Employee & Spouse, Employee & Child(ren), or Family),
3. Or, if you chose not to participate in a Health plan at this time, you must select "Waive."

NEO HEALTH BENEFITS ENROLLMENT FORM

INSTRUCTION SHEET

PAGE 2

The **second section** is for employees who choose to participate in **Plan Type 10** (for employees who wish to participate in a Health Plan effective the first of the month after 90 days of employment, and are eligible for State Share) – meaning, the state will then begin paying for a portion of their health plan premium.

You will need to make a selection in **each section** indicating:

1. Your choice of one of the health plan options: Highmark Delaware First State Basic Plan, Aetna CDH Gold Plan, Aetna HMO Plan or Highmark Delaware Comprehensive PPO Plan;
2. Along with the corresponding plan tier (Employee, Employee & Spouse, Employee & Child(ren), or Family plan).
3. Or, if you chose not to participate in a Health plan at this time, you must select “Waive.”

If you chose the Aetna HMO Plan, you must also indicate on page two of the Health Benefits Enrollment Form, the physician identification number which can be found by clicking on the [Provider Directory](#) hyperlink. If you are choosing a Primary Care Provider (PCP) as part of your enrollment in this plan, make sure you call them and confirm they are accepting new patients prior to enrolling. If you already have a Primary Care Provider (PCP), make sure they participate in the Aetna HMO network prior to enrolling.

The State of Delaware offers prescription coverage as part of the State’s Group Health Insurance Plan (GHIP). When you enroll in a health plan you will automatically be enrolled in the prescription drug plan managed by Express Scripts.

ENROLLING IN A DENTAL PLAN

If you have chosen to participate in a Dental plan, you will first need to indicate:

1. Your Benefit Effective Date, either: (1) the 1st of the month following your date of hire, or (2) the first of the month following 90 days of employment.
2. Your choice of one of the dental plan options: Delta Dental PPO Plus Premier Plan or Dominion National HMO Select Dental Plan.
3. Then, you will need to choose which plan tier you are enrolling in, i.e., Employee, Employee & Spouse, Employee & Child(ren) or Family coverage.
4. Or, if you chose not to participate in a Dental Plan at this time, you must indicate this by selecting the "Waive" option.
5. If you chose the Dominion National HMO Select Dental Plan, you must also indicate on page two of the *Health Benefits Enrollment Form* the Primary Care Dentist/Provider ID which can be found on the [Dominion National Provider Directory](#). If you are choosing a Primary Care Dentist as part of your enrollment in this plan, make sure you call them and confirm they are accepting new patients prior to enrolling. If you already have a Primary Care Dentist, make sure they participate in the Dominion National HMO Select Dental network prior to enrolling.

NEO HEALTH BENEFITS ENROLLMENT FORM

INSTRUCTION SHEET

PAGE 3

ENROLLING IN THE VISION PLAN

If you have chosen to participate in the vision plan, you will first need to indicate:

1. Your Benefit Effective Date; either the 1st of the month following your date of hire, or the first of the month following 90 days of employment.
2. Then you will need to choose which plan tier you are enrolling in, i.e., Employee, Employee & Spouse, Employee & Child(ren) or Family coverage.
3. Or, if you chose not to participate in the Vision Plan you must indicate this by selecting the "Waive" option.

COMPLETING PAGE TWO OF THE HEALTH BENEFITS ENROLLMENT FORM

Let's now take a look at page two of the Health Benefits Enrollment Form. If you chose to participate in a Health or Dental plan, you will now need to complete this section of the enrollment form by providing all the required personal information for yourself and each eligible dependent you will be covering, i.e., their name, date of birth, social security number, their Primary Care Provider's Identification Number – (only if enrolling in the Aetna HMO Plan), gender, and Primary Care Dentist/Provider ID (only if enrolling in the Dominion National HMO Select Dental Plan). Physician and Dentist identification numbers can be found by accessing the vendor's Provider Directories ([Aetna](#) and [Dominion National](#)) on the SBO website. In addition, for employees (in a Civil Union only) enrolling a spouse or dependent, you must also choose the appropriate Tax Coverage Code from the drop down box, as well as indicate each dependent's Tax Qualifying Dependent Status.

If enrolling a dependent(s) you MUST submit a copy of a birth certificate or another acceptable form of legal documentation for each dependent. In addition, you must also submit an original, signed, social security card for yourself and each of your dependents as well.

A Dependent Coordination of Benefits Form must also be completed and sent to the appropriate carrier for each enrolled dependent child regardless of age upon:

- Enrollment in other health coverage;
- Anytime other health coverage changes, or
- Upon request by the Statewide Benefits Office, Highmark Delaware or Aetna.

NEO HEALTH BENEFITS ENROLLMENT FORM

INSTRUCTION SHEET

PAGE 4

Please complete the applicable form and send it directly to your health care provider at the address provided on the bottom of the form. The form can be found on the SBO website at de.gov/statewidebenefits (Navigation: select your group > Spouse and Dependents).

If enrolling a spouse: You must supply a copy of your spouse's Social Security Card, Marriage Certificate/Certificate of Civil Union to your agency's HR/Ben Rep and complete the online Spousal Coordination of Benefits Form. You must also indicate if your spouse is a State of Delaware benefit- eligible pensioner or employee and if so, which agency they work for. This will help your agency's HR/ Ben Rep determine whether which of you will be responsible for carrying the benefits.

Coverage will become effective on the date of hire or on the first day of any month up to the first of the month when eligible for State Share, provided the employee submits a signed application within 30 days of the first of the month when coverage becomes effective. This information must be submitted by the required deadline to your agency's HR/Ben Rep.

Otherwise, depending on eligibility requirements, you may have to wait until the next annual open enrollment period to enroll, (usually held in May each year with a July 1 coverage effective date).

NEO HEALTH BENEFITS ENROLLMENT FORM

INSTRUCTION SHEET

PAGE 5

ENROLLING IN ADDITIONAL BENEFITS

In addition to all the other great benefit plans you are offered, we also provide some other Additional Benefits which you may be interested in enrolling. These benefits include Life Insurance, Accident & Critical Illness Insurance, Flexible Spending Account (FSA) Plan, Pre-Tax Commuter Benefit Program, and Deferred Compensation Program. The following benefits require an additional enrollment and are not part of the NEO Health Benefits Enrollment:

ADMINISTERED BY THE STATEWIDE BENEFITS OFFICE (SBO):

LIFE INSURANCE

Benefit eligible employees may enroll for State Group Universal Life (GUL) Insurance and Dependent Term Life Coverage by Securian Financial during their initial 90-day eligibility period, or anytime throughout the year. Within the first couple of weeks from your hire date, Securian Financial will send to your mailing address a complete enrollment package of information regarding your life insurance benefit options including instructions for you to enroll. You can also visit de.gov/statewidebenefits (Navigation: select your group > Life Insurance) for additional information, including the benefit vendor's contact information and online enrollment instructions.

ACCIDENT & CRITICAL ILLNESS INSURANCE

Benefit eligible employees may enroll online for Accident or Critical Illness Insurance by Securian Financial during their initial 90-day eligibility period. Employees who do not enroll during their initial eligibility period must wait until the next Annual Benefits Open Enrollment Period or until a qualifying life event occurs. Employees that wish to enroll should visit de.gov/statewidebenefits (Navigation: select your group > Accident & Critical Illness Insurance) for additional information, including the benefit vendor's contact information and online enrollment instructions.

FLEXIBLE SPENDING ACCOUNT (FSA) PLAN

Benefit eligible employees may enroll in the Flexible Spending Account (FSA) Plan by ASIFlex, effective the first day of the month after completing the initial waiting period of 90 days to participate for the remainder of that plan year. You may enroll by completing the *FSA Enrollment Agreement* available from your Human Resources Office or online at de.gov/statewidebenefits (Navigation: select your group > Flexible Spending Account; here you will also find the benefit vendor's contact information). *FSA Enrollment Agreements* should be sent by the first of the month preceding the date of eligibility to ensure timely enrollment. If you fail to enroll within the time period described above, then you may not elect to participate until the next Annual Benefits Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

PRE-TAX COMMUTER BENEFIT PROGRAM

Benefit eligible employees may enroll in the Pre-Tax Commuter Program Benefit Program by ASIFlex anytime throughout the year. Employees that wish to enroll in the Pre-Tax Commuter Benefit Program should visit de.gov/statewidebenefits (Navigation: select your group > Pre-Tax Commuter Benefit) for additional information, including the benefit vendor's contact information and online enrollment instructions.

**NEO HEALTH BENEFITS ENROLLMENT FORM
INSTRUCTION SHEET
PAGE 6**

ADMINISTERED BY THE OFFICE OF THE STATE TREASURER:

DEFERRED COMPENSATION

If you are interested in enrolling in the Deferred Compensation plan:

1. Enroll online at www.delawaredefer.com
2. Call Voya Financial representatives at 800-584-6001 Monday through Friday from 8 a.m. to 9 p.m. ET

ADMINISTERED BY THE OFFICE OF PENSIONS:

PENSION ENROLLMENT

All employees enrolled in a Pension Eligible position will automatically be enrolled in the Delaware State Employees' Pension Plan. This does not include retired State of Delaware Troopers receiving a pension benefit from the Delaware State Police Pension Plan.

SIGNED CONFIRMATION FORM

Once you have contacted your agency's HR/Ben Rep and submitted all the required enrollment forms and supporting documentation, your benefit elections will be entered into an electronic system called PHRST (pronounced "First").

This will result in generating a Confirmation Form created from the information you submitted on the Health Benefits Enrollment Form. Your agency's HR/Ben Rep will then forward this to you for your review. It is very important that you closely review this form to make sure it accurately reflects the benefit elections you submitted. Make sure that in addition to reviewing your benefit elections that you also review all related personal information entered for you and your covered dependents. Please note: The Confirmation form only reflects Health, Dental, and Vision elections. It does not reflect Additional Benefit elections.

If you should find any errors on the Confirmation form, please contact your agency's HR/Ben Rep immediately to make the correction. If everything has been entered accurately, please sign and return the Confirmation Form to your agency's HR/Ben Rep right away.

This will complete your enrollment process for the Health, Prescription, Dental, and Vision options.