

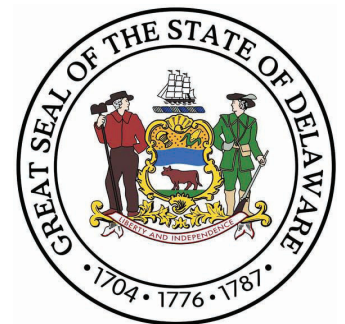


2013 BENEFIT UPDATES

Open Enrollment • May 13 - May 29, 2013

The State Employee Benefits Committee is pleased to present your 2013 Open Enrollment information. The comprehensive benefits package offered to all benefit eligible State of Delaware employees and pensioners, as well as their dependents, covers all your health, dental, vision and prescription needs. Your benefit plan options for health (including prescription), dental and vision will remain the same as of July 1, 2013.

Make sure your coverage is right for you and your family by reviewing your options during Open Enrollment. Open Enrollment — May 13 to 29 — is your once-a-year opportunity to enroll, make changes or terminate coverage in your health, dental and vision plans unless you have a qualifying event during the year (for example, birth or adoption, marriage/civil union or divorce). If you have questions, please contact the Statewide Benefits Office at 1-800-489-8933 or Office of Pensions at 1-800-722-7300, or visit www.ben.omb.delaware.gov.



Just the Basics: A Snapshot of Your Plan Options

The chart below shows a general comparison of the Plan options offered by the State. For more comprehensive information, refer to your open enrollment booklet and other materials available online at www.ben.omb.delaware.gov/oe.

	First State Basic Plan	CDH Gold Plans	HMO Plans	Comprehensive PPO
Carrier	Highmark Blue Cross Blue Shield Delaware	Highmark Blue Cross Blue Shield Delaware and Aetna	Highmark Blue Cross Blue Shield Delaware (BlueCare HMO) and Aetna	Highmark Blue Cross Blue Shield Delaware
Type of Plan	Preferred Provider Organization (PPO)	Consumer Directed Health (CDH) Plan	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Percentage of Premiums State Pays	96%	95%	93.5%	86.75%
Percentage of Premiums You Pay	4%	5%	6.5%	13.25%
Plan Features	Lowest premiums offered. Freedom to visit providers in or out-of-network, but benefits are greater in-network. After you meet an annual deductible, plan begins to pay benefits. Most in-network covered services are paid at 90%. You pay the other 10%.	Low premiums. Freedom to visit providers in or out-of-network, but benefits are greater in-network. Plan includes a State-Funded health reimbursement account (HRA) that can be used to pay for eligible expenses, including your deductible. Deductible is higher than other plans, but is mostly covered by the HRA. If you reach your out-of-pocket maximum, plan pays 100% of all costs for the rest of the plan year. If you have money left in your HRA, it rolls over year-to-year.	Slightly higher premiums. Must visit providers within the network to receive coverage, must designate a Primary Care Physician (PCP) and obtain referrals to see most specialists. No deductibles or coinsurance; most services require a flat co-payment for services.	Highest premiums. Freedom to visit providers in or out-of-network, but benefits are greater in-network. No deductible in-network. Most in-network covered services are paid at 100% in-network after applicable copayment.
Premium Contributions			Aetna/BlueCare	
Employee	\$21.90	\$28.32	\$37.14/\$37.16	\$82.80
Employee + Spouse	\$45.30	\$58.72	\$78.32/\$78.56	\$171.82
Employee + Child(ren)	\$33.28	\$43.28	\$56.82/\$56.88	\$127.60
Family	\$56.62	\$74.62	\$97.72/\$98.02	\$214.80
In-Network Deductible	\$500 individual \$1,000 family	\$250 individual (\$1,500 minus State's contribution to HRA of \$1,250) \$500 family (\$3,000 minus State's contribution to HRA of \$2,500)	None	None
Preventive Care	Paid at 100%, no deductible	Paid at 100%, no deductible	\$10 copay (office visit)	\$15 copay (office visit)
Office Visits				
Primary Care Physician			\$10 copay	\$15 copay
Specialist	Paid at 90% after deductible	Paid at 90% after deductible	\$20 copay	\$25 copay
Copayments*	No	No	Yes	Yes
In-Network Coinsurance for Most Services*	Plan pays 90% after deductible	Plan pays 90% after deductible	N/A	N/A
Out-of-Network Coverage*	Plan pays 70% after deductible of \$1,000 per individual or \$2,000 per family	Plan pays 70% after deductible	None available	Plan pays 80% after deductible of \$300 per individual or \$600 per family
Out-of-Pocket Maximum (in-network, excluding deductibles)	\$2,000 individual \$4,000 family	\$3,000 individual \$6,000 family	None	None

*For more details about how eligible expenses are covered, refer to your Summary Plan Description, available online at www.ben.omb.delaware.gov/medical.



Consumer Directed Health (CDH) Gold Plans: Worth a Second Look!

A Consumer-Directed Health (CDH) Plan is designed to give you greater control over how you spend your health care dollars. It combines aspects of conventional coverage—deductibles, coinsurance, access to a discounted provider network—with State-funded dollars that you may spend on eligible medical expenses. As you compare your medical plan options, be sure to “do the math” by considering the cost of coverage (premium contributions), State-contributed dollars and your expected out-of-pocket expenses.

The State offers two CDH Gold Plans:

- The Aetna CDH Gold Plan; and
- The Highmark Blue Cross Blue Shield Delaware CDH Gold Plan.

Although the plans use two different provider networks, they cover the same services and supplies at the same levels, and premiums for both plans are the same.

The CDH Gold plans have three main components:

- 1. A Health Reimbursement Account (HRA).** If you enroll, the plan establishes an individual account for you, known as an HRA. The State contributes \$1,250 (for individual coverage) or \$2,500 (for family coverage) to your HRA. The dollars in your HRA are used to cover eligible in-network or out-of-network expenses. As long as you remain enrolled in a CDH Plan, funds automatically roll over to the next plan year and are added to that year’s HRA allocation to cover future medical costs. NOTE: In-network preventive care is always covered at 100% and is not charged to your HRA.
- 2. Your Responsibility.** If you spend all of the money in your HRA, you pay 100% of your health care expenses out-of-pocket until you meet the annual deductible of \$250 per person (\$1,500 minus State’s contribution to HRA of \$1,250) or \$500 per family (\$3,000 minus State’s contribution to HRA of \$2,500). Once you satisfy the annual deductible, the health coverage portion of the plan begins.
- 3. Health Coverage.** Once you satisfy the annual deductible, you and the Plan share the cost of your eligible medical expenses through coinsurance. For in-network services, the Plan pays 90%; your share is 10%. If the amount you pay in coinsurance reaches the annual out-of-pocket maximum, the Plan will pay 100% of eligible expenses for the remainder of the plan year.

Before You Decide . . .

As you begin to think about your coverage:

- **Look at ALL of Your Options.** It’s tempting to stay in the same medical plan you’ve had for years: it’s easy, it’s familiar, and it takes the least amount of time when you enroll. But now more than ever, you owe it to yourself to at least look at the other options available to you for 2013.
- **Evaluate Your Needs.** The “one size fits all” approach doesn’t work when it comes to choosing a medical plan. The only way to have a clear picture of which option will work best for you is to take a few minutes and evaluate your and your family’s needs versus what each plan offers.
- **Check the Numbers.** If you are not enrolled in a CDH Gold plan, consider the impact premium savings may have on your wallet. When you evaluate the CDH Gold plans against your other options, you may find that the lower premiums and State-funded HRA dollars more than covers your expected out-of-pocket costs for the year.

Coinsurance vs. Copayment: What’s the Difference?

Coinsurance refers to how you and the plan share in the cost for eligible medical expenses. Your share is a percentage of the cost. For example, if you elect the First State Basic Plan or a CDH Gold Plan and visit an in-network provider who charges \$200 for a particular service, the Plan pays 90% coinsurance, (which is \$180) and you pay 10% coinsurance, (which is \$20). A copayment is a flat dollar amount you pay for a service, regardless of how much the provider charges. If you elect an HMO plan or the Comprehensive PPO Plan, you pay a copayment of \$20 (HMO) or \$25 (PPO) when you visit a specialist.



DelaWELL: Continuing Your Wellness Journey

We are pleased to announce that we will once again offer our comprehensive Health Management Program “DelaWELL” in the upcoming plan year. DelaWELL is a voluntary program that focuses on health awareness, education and health management and provides you — employees, retirees as well as your dependents — with many opportunities to improve and manage your health. The program is provided for **free** as part of your health care benefits.

The best part is, participation earns you more than just better health—you’re also eligible for a financial incentive of up to \$200.

What is the DelaWELL Health Management Program?

DelaWELL is a comprehensive wellness and condition care program. Your participation includes access to:

- A personalized, confidential online **Wellness Assessment**
- Onsite biometric **health screenings** (blood pressure, cholesterol, glucose, etc.)
- Health coaching, to help you with:
 - losing weight
 - coping with stress
 - managing diabetes
 - heart health
 - quitting tobacco usage
- **Condition Care** Programs, to help participants with chronic conditions, like:
 - Asthma
 - Coronary Artery Disease
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Diabetes
 - Heart Failure
 - Back Pain & Osteoarthritis
- **Online Health Resources**, such as:
 - Articles, newsletters, and journals
 - A health information center
 - Health trackers
 - Quizzes
- Onsite and online **Health Seminars** on self-care, weight loss, tobacco cessation, nutrition, fitness and other important health topics
- **Wellness Challenges** that encourage participants to practice healthy behaviors
- Worksite and Online **Weight Watchers Programs**
- Confidential, 24/7 toll-free **Nurse Line (Nurse24)** at 1-866-674-9103 for direct access to a registered nurse to answer health-related questions and provide information on routine illness and minor injuries

Earning Your Incentive

The State rewards participation in the DelaWELL Program with an annual financial incentive. Eligible state agency, school district, charter school and higher education employees, as well as state non-Medicare eligible pensioners, who are currently enrolled in a State of Delaware Group Health Plan, can earn up to \$200 for participating in program activities from July 1, 2013 through May 31, 2014*.

Level	Incentive	What You Need To Do
Silver	\$100	<ul style="list-style-type: none"> • Participate in a Health Screening; and • Complete a confidential, online Wellness Assessment
Gold	\$200	<ul style="list-style-type: none"> • Complete Silver Level Reward requirements; and • Enroll in a Weight Watchers Program, actively participate in the Health Coaching program or Condition Care Program, or maintain Healthy Values

Early Bird Incentive

Participants who complete the Silver Level activities by October 15, 2013 will receive an “Early Bird” payment of \$100 in a December 2013 paycheck.

Knowing your key health values, such as blood pressure, BMI and cholesterol is important to help you stay healthy and detect health conditions early when they are most treatable. The State will offer free screenings onsite at various State of Delaware locations in 2013 - 2014. You will be able to schedule appointments on the DelaWELL portal at <http://www.delawell.delaware.gov>.

Online Wellness Assessments

The Wellness Assessment is an online, confidential questionnaire about your health habits that can be completed in about 15 – 20 minutes. Upon completion, you’ll receive a Wellness Score and personalized report. The results will help you identify your health risk areas and give you practical suggestions for improving your health and reducing your risk for illness and injury. Health Screening numbers will be automatically updated in the assessment within four weeks of your screening appointment.

*DelaWELL Silver Award amounts earned between October 16, 2013 and May 31, 2014 and all DelaWELL Gold Award amounts earned between July 1, 2013 and May 31, 2014 will be paid in July 2014.

New! Health Advisors

Once you complete your Wellness Assessment, you may contact a Health Advisor to review your results and discuss appropriate follow-up activities — such as online wellness programs and referrals to the Health Coaching Program and Condition Care Program, as applicable.

New! Healthy Values

The DelaWELL Program focuses on helping all participants, regardless of their current health status. We want to reward all the employees and retirees who work hard to manage their own health. Starting this plan year, participants who maintain a healthy lifestyle are eligible for the Gold Level incentive through the DelaWELL program. If you complete a wellness assessment, participate in a DelaWELL onsite biometric screening and your results fall within the healthy range (see below) you will be eligible for the \$200 Gold Incentive.

DelaWELL Healthy Values

- Body Mass Index: Less than 25.0
- Blood Pressure: Higher number (systolic) must be less than 120 **and** lower number (diastolic) must be less than 80
- Total Cholesterol: Less than 200 mg/dL
- Non-Tobacco User

New! Health Advisors

It will be easier than ever to get access to online resources, coaching programs and the Condition Care program thanks to the new Health Advisors program. Contact your Health Advisor by calling 1-866-674-9103 to take full advantage of all that is available to you as a participant in the DelaWELL program.

Make it a priority to take part in the DelaWELL program this year. Engagement and participation in the DelaWELL program is an effective way to help control rising healthcare costs and improve the health and wellbeing of our employees, retirees, and their families. For more about DelaWELL, visit <https://delawell.alerehealth.com>.

2013 Statewide Benefits Health Fairs

Date	Event Time	Location	Address
Sussex County			
Monday, May 13, 2013	10 a.m. – 2p.m.	Delaware Technical and Community College, Owens Campus Carter Partnership Center- Rooms 540, A-H	RT 18, Georgetown, DE 19947
Friday, May 17, 2013	10 a.m. – 2p.m.	CHEER Community Center Multipurpose Rooms B & C	20520 Sand Hill Road, Georgetown, DE 19947
Kent County			
Friday, May 10, 2013	10 a.m. – 2p.m.	Delaware Technical and Community College, Terry Campus Education & Technology Building Room 727	100 Campus Drive Dover, DE 19901
Thursday, May 23, 2013	2 p.m. – 6 p.m.	Modern Maturity Center East Longwood Ballroom	1121 Forrest Avenue Dover, DE 19904
New Castle County			
Wednesday, May 15, 2013	10 a.m. – 2 p.m.	Carvel State Building 2nd Floor Mezzanine	820 N. French Street, Wilmington, DE 19801
Tuesday, May 21, 2013	2 p.m. – 6 p.m.	Delaware Technical and Community College, Stanton Campus Conference Rooms A114 & A116	400 Stanton–Christiana Road Newark, DE 19713

For directions to the Statewide Benefits Health Fairs, visit www.ben.omb.delaware.gov/oe.

Medical Plan Premiums Effective July 1, 2014

	Total Monthly Rate	State Pays	Employee/Pensioner Contributions
Highmark Blue Cross Blue Shield Delaware First State Basic Plan			
Employee	\$547.38	\$525.48	\$21.90
Employee & Spouse	\$1,132.56	\$1,087.26	\$45.30
Employee & Child(ren)	\$832.10	\$798.82	\$33.28
Family	\$1,415.74	\$1,359.12	\$56.62
Aetna CDH Gold			
Employee	\$566.54	\$538.22	\$28.32
Employee & Spouse	\$1,174.70	\$1,115.98	\$58.72
Employee & Child(ren)	\$865.60	\$822.32	\$43.28
Family	\$1,492.34	\$1,417.72	\$74.62
Highmark Blue Cross Blue Shield Delaware CDH Gold			
Employee	\$566.54	\$538.22	\$28.32
Employee & Spouse	\$1,174.70	\$1,115.98	\$58.72
Employee & Child(ren)	\$865.60	\$822.32	\$43.28
Family	\$1,492.34	\$1,417.72	\$74.62
Aetna HMO			
Employee	\$571.48	\$534.34	\$37.14
Employee & Spouse	\$1,204.88	\$1,126.56	\$78.32
Employee & Child(ren)	\$874.22	\$817.40	\$56.82
Family	\$1,503.44	\$1,405.72	\$97.72
Highmark Blue Cross Blue Shield Delaware BlueCARE® HMO			
Employee	\$571.94	\$534.78	\$37.16
Employee & Spouse	\$1,208.70	\$1,130.14	\$78.56
Employee & Child(ren)	\$875.10	\$818.22	\$56.88
Family	\$1,508.04	\$1,410.02	\$98.02
Highmark Blue Cross Blue Shield Delaware Comprehensive PPO Plan			
Employee	\$624.94	\$542.14	\$82.80
Employee & Spouse	\$1,296.80	\$1,124.98	\$171.82
Employee & Child(ren)	\$963.12	\$835.52	\$127.60
Family	\$1,621.18	\$1,406.38	\$214.80
Dominion Dental HMO			
Employee	\$22.68	\$0.00	\$22.68
Employee & Spouse	\$42.14	\$0.00	\$42.14
Employee & Child(ren)	\$45.42	\$0.00	\$45.42
Family	\$61.66	\$0.00	\$61.66
Delta Dental PPO plus Premier			
Employee	\$31.62	\$0.00	\$31.62
Employee & Spouse	\$64.54	\$0.00	\$64.54
Employee & Child(ren)	\$63.34	\$0.00	\$63.34
Family	\$105.70	\$0.00	\$105.70
EyeMed Vision Plan			
Employee	\$6.12	\$0.00	\$6.12
Employee & Spouse	\$9.64	\$0.00	\$9.64
Employee & Child(ren)	\$9.84	\$0.00	\$9.84
Family	\$15.88	\$0.00	\$15.88

*Non-Medicare Pensioners who will be turning age 65 during the 2014 plan year should refer www.ben.omb.delaware.gov/medical for information on the Special Medicfill supplement plans and rates.