

Office of Pensions – 2017 Open Enrollment - FAQs

2017 OPEN ENROLLMENT for PENSIONERS – May 8 through 26, 2017

Frequently Asked Questions (FAQs)

******(Special Medicfill Open Enrollment will be in October)******

**All forms are due to the Office of Pensions no later than May 26, 2017
Effective date of all enrollments, changes and terminations is July 1, 2017**

Mailing Address:

Office of Pensions
McArdle Building
860 Silver Lake Blvd, Ste 1
Dover, DE 19904-2402

Phone: 1-800-722-7300

Fax: 1-302-739-6129

E-mail: pensionoffice@state.de.us

web: www.delawarepensions.com

Open Enrollment is your opportunity to review your health, dental and vision coverage and to make the choices that are right for you!

IMPORTANT CHANGES Effective July 1, 2017: The IPA/HMO Plan and CDH Gold Plan offered through Highmark Delaware will no longer be available effective July 1, 2017; therefore, these plans will not be available for selection during Open Enrollment. See Questions 5 through 11 for FAQs regarding these plans.

1. What do I need to do if I do NOT want to make any changes?

a. I do not have a spouse.

- i. You do not need to do anything unless you are currently enrolled in Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan.
- ii. **IMPORTANT:** review other plan options if enrolled in Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan – these 2 plans will not be available effective 7/1/17.

b. My spouse is NOT enrolled in my coverage.

- i. You do not need to do anything unless you are currently enrolled in Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan.
- ii. **IMPORTANT:** review other plan options if enrolled in Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan – these 2 plans will not be available effective 7/1/17.

c. My spouse is enrolled in my coverage (spouse is not Medicare eligible).

- i. Complete the online Spousal Coordination of Benefits form at <http://ben.omb.delaware.gov/documents/cob/index.shtml>
- ii. If you do not have access to complete the online Spousal Coordination of Benefits form, please contact the Benefits Section of the Office of Pensions at 1-800-722-7300.
- iii. Failure to submit a new Spousal Coordination of Benefits form by May 26, 2017 will result in a reduction of spousal benefits.
- iv. **IMPORTANT:** review other plan options if enrolled in Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan – these 2 plans will not be available effective 7/1/17.

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- d. **My spouse is on Medicare and enrolled in Special Medicfill (Medicare Supplement).**
 - i. You do not need to do anything (unless your spouse has had a change in employment status or insurance coverage status; if a change has occurred in your spouse's status, then a Spousal Coordination of Benefits form is required and can be completed online at <http://ben.omb.delaware.gov/documents/cob/index.shtml>) (if you do not have online access, contact the Benefits Section of the Office of Pensions at 1-800-722-7300)
 - ii. **IMPORTANT:** review other plan options if you are enrolled in Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan – these 2 plans will not be available effective 7/1/17.
- 2. What do I need to do if I want to enroll, make a change or terminate coverage?**
- a. **New enrollments, changes and terminations**
 - i. Complete the form(s) included in your Open Enrollment packet to enroll in, make a change to or terminate coverage.
 - b. **Need additional paper forms?**
 - i. Visit our website at <http://www.delawarepensions.com/>
 - ii. Click the “Learn More” Button on the Open Enrollment slide from the rolling gear at the top left of our homepage.
 - c. **Adding a spouse for the first time**
 - i. Required documents – copies of marriage certificate, birth certificate, social security card, Medicare Card with Parts A & B, if applicable, complete the online Spousal Coordination of Benefits form at <http://ben.omb.delaware.gov/documents/cob/index.shtml> (always required when adding a spouse for the first time)
 - d. **Adding a dependent for the first time**
 - i. Required documents – copies of birth certificate, adoption document, social security card, Medicare Card with Parts A & B, if applicable
 - ii. Complete a Child Dependent Coordination of Benefits form if your dependent child has other health coverage. The appropriate Highmark Delaware and Aetna forms and instructions are available by clicking on the Highmark or Aetna link at www.ben.omb.delaware.gov/medical
 - e. **Change Primary Care Physician (PCP) – Aetna HMO Plan**
 - i. Contact the Customer Service number for your insurance carrier. The phone number is found on your health insurance member ID card.
- 3. Where do I get the Spousal Coordination of Benefits Form?**
- a. You may complete the form online at www.ben.omb.delaware.gov/documents/cob.
 - b. If you do not have access to complete the online Spousal Coordination of Benefits form, contact the Benefits Section of the Office of Pensions at 1-800-722-7300.

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4. Which dependents are eligible to enroll?

- a. A member's legal spouse and children under age 26.
- b. For more details about eligibility, refer to the "Group Health Insurance Eligibility and Enrollment Rules" available at <http://ben.omb.delaware.gov/> in the box labeled Group Health Eligibility & Enrollment.

5. Why are the Highmark IPA/HMO and Highmark CDH Gold Plans no longer available as of July 1, 2017?

- a. In December 2016, the SEBC approved the contract awards for the medical (health plan) third party administrators (TPAs) to serve the GHIP, effective July 1, 2017:
 - i. Aetna to administer the Consumer Directed Health Plan (CDH) and HMO Plan; and
 - ii. Highmark Delaware to administer the First State Basic PPO Plan, Comprehensive PPO Plan, and Special Medicfill Medicare Supplement Plan (available only to Medicare pensioners).
- b. The recommendation for contract awards was the culmination of well over seven months of planning, education and discussion. Currently, employees and non-Medicare pensioners have six plans to choose from; however, there are two HMO and two CDH Gold plans with nearly identical plan designs and premiums. Decreasing the plan offerings from two HMO and CDH plans to one CDH and HMO plan allows for an easier decision making process for eligible members and increases administrative efficiency.

6. How favorable is the provider network for the Aetna and Highmark Delaware plans?

- a. Overall network access (i.e., access to any provider) is favorable in the areas where employees and pensioners reside. Across the State of Delaware Group Health Insurance Program (GHIP) entire population – 97.2% of in-network patients remain in Aetna's physician network; 99.6% in Aetna's facility network. This compares to Highmark at 99.9% and 100.0% respectively. In terms of key providers – PCPs, OB/GYNs, pediatricians & other specialists – desired access was 99.9%
- b. *Specific to providers providing primary care services – PCP, family & general practice, OB/GYN*, internal medicine, pediatric & geriatric medicine (*direct access but not one where members can select as a PCP)*
 - i. Aetna network access is more than sufficient in all areas with providers who are accepting patients and/or taking patients with other insurance
 - ii. Disruption of current Highmark HMO membership for physicians in these categories is less than 2.0%. Aetna continues to actively outreach to providers not currently in their network who were identified as having more than 25 Highmark HMO and/or CDH Gold members.

7. What will happen to members currently enrolled in the Highmark IPA/HMO Plan and Highmark CDH Gold Plan, since these plans are no longer available as of July 1, 2017? If no election is made, will the member still be enrolled in a health plan for the plan year that begins on July 1, 2017?

- a. The IPA/HMO Plan and CDH Gold Plan offered through Highmark Delaware will no longer be available effective July 1, 2017; therefore, these plans will not be available for selection during Open Enrollment.

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- b. If no action is taken during Open Enrollment, pensioners, spouses and/or dependents currently enrolled in these plans will be automatically defaulted into the Aetna equivalent plan effective 7/1/17.
 - c. Coverage will not be terminated if no action is taken during Open Enrollment; however, the opportunity to consider other plans is lost until the next Open Enrollment unless a qualifying event is experienced during the plan year.
 - d. Please see Questions #10 & 11 about the importance of selecting a PCP for the Aetna HMO Plan.
- 8. I am currently in the Highmark CDH Gold Plan and noticed that my ID card has PPO on it. Will I need to make a new health plan selection or be defaulted into the Aetna CDH plan?**
- a. Yes, pensioners who are enrolled in the Highmark IPA/HMO or CDH Gold Plan in the current plan year and take no action during Open Enrollment will have coverage in the corresponding Aetna HMO or CDH Plan for the plan year that begins July 1, 2017.
- 9. What will happen to pensioners currently enrolled in the Highmark CDH Gold Plan who have unused HRA funds at the end of the plan year?**
- a. If you enroll in the Aetna CDH Gold Plan effective July 1, 2017, and you were enrolled in either the Highmark or Aetna CDH Gold Plan through June 30, 2017, any unused HRA funds will rollover to the new plan year.
- 10. Do pensioners need to actively select a Primary Care Provider (PCP) if they are currently a Highmark IPA/HMO member and are electing the Aetna HMO plan?**
- a. Pensioners enrolling in the Aetna HMO Plan are encouraged to use Aetna's [DocFind](#) during Open Enrollment to locate a PCP they want and to indicate their chosen provider on the Application for *Non-Medicare* Pensioner Health Care Coverage Form.
 - i. To locate a PCP using Aetna's DocFind:
 1. Visit [DocFind](#).
 2. Under Geographic Information, select **Zip code, City or County**.
 - a. If using Zip code – Please provide 5 digit zip code and select distance/radius.
 - b. If using City – Please provide City and State.
 - c. If using County – Please provide County and State.
 3. Under Provider Category, select **Medical Providers**.
 4. Under Provider Type, select **Primary Care Physicians**.
 5. Under Plan, select plan choice - either the **HMO** or **Aetna CDH Gold Plan**.
 6. You can narrow your search by specialty, provider's name and other options by choosing the **More Options** button.
 7. Click the **Start Search** button.
 8. View your search results.

Note: For the Aetna HMO Plan, the Primary Office # (Example - **Primary Office# 000000**) found in DocFind under your chosen provider is the Physician's ID Number.
 - b. Pensioners enrolling in the Aetna HMO Plan should indicate their chosen PCP on the Application for *Non-Medicare* Pensioner Health Care Coverage Form (included in their Open Enrollment packet) and submit the form to the Office of Pensions by May 26, 2017.

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11. What happens to the current PCP if a member is defaulted from the Highmark IPA/HMO to the Aetna HMO because the member did not make an election?

- a. Pensioners currently enrolled in a Highmark IPA/HMO Plan who automatically default into the Aetna HMO plan and do not select a PCP during Open Enrollment under the Aetna HMO Plan, will have a PCP automatically assigned to them by Aetna (based on location/proximity of the member to the provider's office). This is in part because Highmark and Aetna use different provider codes. This does not allow for a transfer of PCP information from one vendor to another.
- b. After Open Enrollment closes, pensioners wanting to change their Aetna PCP will need to contact Aetna directly at 1-877-542-3862.

12. What consumerism resources will be available prior to and during Open Enrollment to help pensioners make informed decisions?

- a. **Mini-Videos** – During the week of April 3, the Statewide Benefits Office (SBO) launched a curriculum of online mini-videos (5-10 minutes each) to educate employees and pensioners on What's New for Open Enrollment, the myBenefitsMentor consumer decision tool, the health plans offerings and the Coordination of Benefits policy.
- b. **Interactive Open Enrollment Benefits Guide** - In mid to late April, SBO will launch an online, Interactive Open Enrollment Benefits Guide which replaces the standard, static Open Enrollment PDF Booklet. Employees and pensioners will be able to drive the user experience. The Interactive Open Enrollment Benefits Guide will use audio and screen interaction with employees and pensioners to help them learn about available benefits including navigation demos of the SBO website.
- c. **myBenefitsMentor** - The myBenefitsMentor online tool is scheduled to go live in late April and employees and non-Medicare pensioners will receive a welcome letter introducing them to the resource.
- d. Benefit-eligible employees and pensioners are encouraged to use these consumerism resources (i.e., myBenefitsMentor, online mini-videos, Interactive Open Enrollment Benefits Guide, etc.) prior to and during Open Enrollment, as a way to assist them in being a wise health care consumer when selecting the benefit plans that best meet their needs and the needs of their family. Be on the lookout for additional details.

13. How can pensioners access the online mini-videos?

- a. The videos are available on the SBO website and Office of Pensions website. To visit these websites, click the following links:
 - i. <http://ben.omb.delaware.gov/oe/pensioners.shtml>
 - ii. <http://www.delawarepensions.com/>

14. Do pensioners have to complete the online mini-videos?

- a. Benefit-eligible pensioners are encouraged to actively participate in Open Enrollment as this is their once a year opportunity to make changes and/or enroll in the benefits available to them.
- b. The "What's New for Open Enrollment" video of the curriculum highlights important changes and additional services available in the plan year ahead. Pensioners will need to complete the "What's New" video and Evaluation in order for the course to show as finished.

15. What is the myBenefitsMentor® Consumer Decision Tool?

- a. **Important** – myBenefitsMentor is ONLY available for use by non-Medicare pensioners.
- b. Designed to help you make the best selection from the four health plans offered by the State of Delaware.
- c. Personalized and confidential letter mailed to your home will include
 - i. Your prior State of Delaware usage (if historical claims data is available) of health and prescription services, a recommendation on the most cost effective plan and other helpful tips. (This information will also be available in the online decision tool that is accessed on the SBO and Office of Pensions websites)

16. What information will be available in the myBenefitsMentor letter and online tool?

- a. The myBenefitsMentor consumer decision tool welcome letter that will be mailed to State of Delaware employees and non-Medicare pensioners in late April, demonstrates the State of Delaware's commitment to giving benefit eligible employees and pensioners access to information that helps them to be wise healthcare consumers. The letter will contain a summary of historic healthcare cost and service experience and personalized plan comparison information to help them make an informed decision about the health plan option most appropriate for them and their family.
- b. The online solution provides this information as well as the ability to make adjustments in historical utilization based on anticipated health care needs in the year ahead. Employees and non-Medicare pensioners have the ability to add major healthcare services and view a customized enrollment guide that incorporates those expected health care needs, compares estimated total costs by plan and provides them with personal recommendations on the plan that is best for them and their family.

17. Where do I go to learn more about the myBenefitsMentor® Consumer Decision Tool?

- a. Later in April, the online tool will be available on the SBO website and Office of Pensions website. To visit these websites, click the following links:
 - i. <http://ben.omb.delaware.gov/oe/pensioners.shtml>
 - ii. <http://www.delawarepensions.com/>

18. Do pensioners have to use the myBenefitsMentor online consumer decision tool to make their plan selections?

- a. myBenefitsMentor is an online consumer decision tool that will be a new feature available on the SBO and Office of Pensions websites.
- b. It is separate from Benefits Enrollment where pensioners make their plan elections or changes to their existing plan elections.
- c. Benefit-eligible employees and non-Medicare pensioners are encouraged to utilize this tool in order to help them determine which medical (health) plan is right for them. It is not mandatory that they utilize this tool and employees and pensioners can make their Open Enrollment plan elections without accessing this tool.

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19. Are there changes to the 2017 benefit plan design and rates?

- a. On March 6, 2017, the State Employee Benefits Committee (SEBC) voted to make no changes to the rates or plan designs of the health plans available to State of Delaware employees and non-Medicare pensioners for the plan year that begins on July 1, 2017.
- b. The SEBC will revisit, as needed, changes to the Group Health Insurance Program (GHIP) health plans and rates based on Governor Carney's Budget Reset.

20. Where can I go to view a side-by-side comparison of the health plan options available to me and my family for the plan year that begins on July 1, 2017?

- a. A Health Plan Comparison Chart is available on the SBO website and Office of Pensions website. To visit these websites, click the following links:
 - i. <http://ben.omb.delaware.gov/oe/pensioners.shtml>
 - ii. <http://www.delawarepensions.com/>

21. I heard that Governor Carney's FY18 Budget Proposal recommends increasing member cost share for health plan coverage, as well as eliminating the double state share benefit. Do these recommendations impact this May's Open Enrollment and my coverage for the plan year that begins July 1, 2017?

- a. Governor Carney's budget proposal released on March 23, 2017 includes recommendations to adjust the cost share in employee health plans and to eliminate double state share. These recommendations would require legislation that must be passed by the General Assembly and signed into law by the Governor; therefore, these recommendations are **not** part of the changes outlined in this May's Open Enrollment for the plan year that begins July 1, 2017.
- b. If legislation is introduced and passed that adjusts cost share or eliminates double state share, a separate "Special Enrollment" opportunity will be communicated and made available to any impacted employees and pensioners at least 60 days in advance of the effective date of the changes to allow them the chance to make changes to their current benefit elections or to drop coverage if they wish to do so.

22. When are the forms due to the Office of Pensions?

- a. Forms are due no later than May 26, 2017

23. Can I scan and e-mail or fax my forms to the Office of Pensions?

- a. Yes, choose one of the options below.
 - i. scan and e-mail to pensionoffice@state.de.us
 - ii. fax to (302) 739-6129
 - iii. or mail to Office of Pensions, McArdle Building, 860 Silver Lake Blvd, Ste 1, Dover, DE 19904-2402

24. Where can I find the Benefit Fair Schedule & what happens at a Fair?

- a. The schedule can be found in the Open Enrollment packet mailed to your home; or by clicking the following link: <http://ben.omb.delaware.gov/oe/pensioners.shtml>
- b. The Statewide Benefits Office hosts free Benefit Health Fairs during the Open Enrollment period at various locations. These events provide an opportunity for benefit eligible State of Delaware employees and pensioners to explore the benefit vendor booths and learn more about their options.

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25. How can I get an Open Enrollment Book?

- a. To view the online Interactive Open Enrollment Benefits Guide, visit <http://ben.omb.delaware.gov/oe/pensioners.shtml>

26. Will I get Member ID cards?

a. Health*:

Aetna

All members (new and current) in the HMO Plan and CDH Gold Plan will receive new ID cards.

Highmark Delaware

All members (new and current) in the First State Basic PPO Plan and Comprehensive PPO Plan will receive new ID cards.

b. Prescription*:

Express Scripts

Members who move to new health plans will receive new ID cards. ID cards do not auto generate for coverage tier changes.

c. Dental*:

Delta Dental

Only new members will receive ID cards. ID cards do not auto generate for coverage tier changes.

Dominion National

Only new members will receive ID cards. ID cards do not auto generate for coverage tier changes.

d. Vision*:

EyeMed Vision Care

Only new members will receive ID cards. ID cards do not auto generate for coverage tier changes.

**Please note that Health, Prescription, Dental and Vision ID cards are generated by vendors after each weekly file processes.*

27. What should I do if I lose my Member ID cards or need additional cards?

- a. Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on our website. Please visit www.delawarepensions.com and select your pension plan. Then select a benefit button to find further information.

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28. What should I do if I have questions about my Health, Dental or Vision coverage after I'm enrolled?

- a. Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on your member ID card and also on our website. Please visit www.delawarepensions.com and select your pension plan. Then select a benefit button to find further information.

29. What do I do if I need to make changes after Open Enrollment ends?

- a. Changes to your insurance elections after Open Enrollment require a Qualifying Event. You must request the change within 30 days of the event or wait until the next Open Enrollment.

30. What is a Qualifying Event?

- a. Qualifying Events include but may not be limited to: marriage/civil union, the birth or adoption of a child, divorce, employment of spouse, involuntary loss of spouse coverage, spouse's employment termination, child now eligible for coverage, death of a spouse or dependent, spouse becomes a State of Delaware employee or pensioner.

31. What should I do if I experience a Qualifying Event and need to make changes to my benefit elections?

- a. Contact the Office of Pensions within 30 days of the qualifying event.