

Benefits Summary

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**FOR ALL BENEFIT INFORMATION PLEASE LOG ONTO WWW.BEN.OMB.DELAWARE.GOV
OR REFER TO THE OPEN ENROLLMENT BOOKLET**

Local Life Insurance

Local life insurance is a benefit given to you by Indian River School District. There is no cost to you for this life insurance. The coverage is your annual salary rounded to the nearest \$500 after a 3 month waiting period. A beneficiary form is to be completed at the time of hire. Should you later need to change any of this information, please contact the payroll department.

State Life Insurance (Page 33)

State life insurance is an **optional benefit**. Enrollment for extra state life insurance as well as questions should be directed to Securian (formerly Minnesota Life) and not payroll. To enroll or make changes, visit www.ben.omb.delaware.gov, click on “Life Insurance” under “Benefit Programs”. Securian Financial Group, Inc. Customer Service ~ **1-877-215-1489**.

Short Term & Long Term Disability Insurance

New employees are automatically enrolled in the Short Term/Long Term Disability coverage through The Hartford. There is not cost for coverage as premiums are paid by the State of Delaware. To initiate a claim, contact The Hartford directly at 1-800-945-7781. Short-term disability is paid at a rate of 75% of your salary and Long-term disability insurance will be paid at a rate of 60% of your salary. This compensation is based on approval by the Hartford.

Blood Bank of Delmarva (Page 28)

Joining the blood bank is an **optional benefit**. Should you decide to join the blood bank, circle “elect” on the second page of your benefit enrollment form. For more information visit: www.delmarvablood.org or call **1-888-825-6638**

Deferred Compensation Program (Page 37)

The Deferred Compensation Program is an **optional benefit**. Any monies contributed are payroll deducted and are pre-taxed. Should you decide to enroll in the State of Delaware’s deferred compensation program through VOYA, Enroll online at www.delawaredefer.com or call Voya Financial at 800-584-6001. Representatives are available Monday through Friday from 8 a.m. to 9 p.m. ET (excluding New York Stock Exchange holidays). They will set up your account and payroll deduction and answer any questions you may have. More information can be found at <http://treasurer.delaware.gov>

HMS (Page 27)

This is a **CONFIDENTIAL** program for eligible employees and dependents experiencing personal or work-related problems. Please call 1-800-343-2186 for more information.

Health Insurance (Pages 6 ~ 14)

THERE IS A 3 MONTH WAITING PERIOD FOR HEALTH INSURANCE STATE SHARE CONTRIBUTION

Blue Cross Blue Shield Comprehensive: This plan is a **PPO** plan, you may choose any doctor providing they accept the BCBS health plan. There may be a deductible or co-pay based on your choice of physician.

Blue Cross Blue Shield Blue Care: This plan is an **HMO**, therefore you must designate a primary care physician. There is no deductible with this plan. However, you will be subject to a co-pay. This is a Delaware based plan only. This Plan does have vision coverage of one exam every 24 months.

First State Basic Plan: This plan is subject to deductibles for in-network as well as out of network. After deductions the plan pays either 90% or 70% of allowable charge.

Aetna: This plan is an **HMO**, therefore you must designate a primary care physician within the network. There is no deductible with this plan however you will be subject to a co-pay. This plan does have vision coverage of one exam every 24 months.

CDH Gold: Either with Blue Cross or Aetna. This plan has a higher deductible than the First State Basic and out-of-network deductible for the Comprehensive PPO plans; however you pay less out of your paycheck for the monthly premium. You continue to use the same network providers. These plans are accompanied by a Health Reimbursement Account funded by the State.

You Must Complete A Spousal Coordination of Benefits Form when applicable

To assist you in choosing a plan, please refer to the comparison chart inside of the open enrollment booklet. This booklet is a useful tool for evaluating costs and comparing levels of coverage. You may direct any specific questions you have to each provider's customer service departments. Phone numbers and websites are located on the back page of the open enrollment booklet.

NEW EMPLOYEES MAY ELECT TO RECEIVE HEALTH INSURANCE FOR THE FIRST 90 DAYS. HOWEVER, THE FULL COST OF COVERAGE IS THE EMPLOYEE'S RESPONSIBILITY. SEE THE ENROLLMENT FORM FOR COVERAGE PREMIUMS.

Prescription Coverage (Pages 20 ~ 21)

All of the above mentioned health plans utilize Express Scripts as their prescription provider. You will receive a separate card for prescriptions. For specific questions, you may contact Express Scripts directly by calling 1-800-939-2142. www.express-scripts.com

Aflac (Pages 35 ~ 36)

Aflac group accident advantage plus insurance is a supplemental benefit offered through the State of Delaware. You may enroll online through the Statewide Benefits website www.ben.omb.delaware.gov . Under “benefit programs” click on “Supplemental Benefit by Aflac”. If you have any questions, contact Aflac directly at 1-800-433-3036.

Dental Coverage (Pages 29 ~ 30)

YOU MAY SIGN UP FOR DENTAL & VISION IMMEDIATELY OR WAIT 3 MONTHS

Dominion National: This plan is an **HMO**, therefore you must choose a primary care dentist within the network. **PLEASE BE SURE TO CALL THE DENTIST OFFICE TO INQUIRE AS TO IF THEY ARE ACCEPTING NEW PATIENTS.**

Delta Dental PPO Plus Premier: This plan allows you to visit any dentist you choose and receive applicable benefits. **PLEASE BE SURE TO CALL THE DENTIST OFFICE TO INQUIRE AS TO IF THEY ARE ACCEPTING NEW PATIENTS.**

Vision Plan/EyeMed (Pages 31 ~ 32)

\$10.00 Co-Pay on eye exams. \$160.00 allowance on frames and or contacts. www.eyemedvisioncare.com
1-855-250-0490

Flexserve

Flexserve is an **optional benefit**. This is a health and dependent care spending account that if elected, will be deducted from your pay pre-taxed. Flexserve is based on a calendar year and funds not utilized will be lost. If you would like an enrollment packet you may request one from the payroll department. Open Enrollment for this plan is in November for January to December coverage. ASI Flex ~ 1-800-695-3035.

Illness, Personal & Vacation Leave Accrual

Illness/Personal days are accrued at the rate of one day per month. 10 month employees receive 7 sick and 3 personal days. 12 month employees receive 9 sick and 3 personal. Vacation days (12 Month Employees Only) are accrued at the rate of 1.25 days per month. During the 5th year of employment, vacation accrual increases to 1.75 days per month, pro-rated from the date of hire.

Delawell Program (Pages 22 ~ 26)

Enrolling in a State of DE Group Health Plan provided by Highmark Delaware or Aetna gives you automatic, confidential access to their online resources, health coaching, online health assessments and disease management programs.

**BENEFIT FORMS MUST BE TURNED IN WITHIN TWO WEEKS OF RECEIPT FOR
TIMELY PROCESSING. FAILURE TO DO SO WILL RESULT IN WAIVER OF ALL
BENEFITS.**