Benefits Summary

FOR ALL BENEFIT INFORMATION PLEASE VISIT DHR.DELAWARE.GOV/BENEFITS

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. 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. There is a full 3 month waiting period for this benefit to begin.

State Life Insurance

State life insurance is an optional benefit. Enrollment for extra state life insurance as well as questions should be directed to Securian and not payroll. To enroll or make changes, visit dhr.delaware.gov/benefits, click on “State Agency Employees” then “Securian Financial”. 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 no 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.

Deferred Compensation Program VOYA

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.delawareddefer.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.

HMS

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**

**THERE IS A FULL 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.

**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.

**Aetna CDH Gold:** 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 online when applicable.

You may direct any specific questions you have to each provider’s customer service departments:

- Highmark BCBS / 1-844-459-6452
- Aetna / 1-877-542-3862

**NEW EMPLOYEES MAY ELECT TO ENROLL IN 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.**

When enrolling spouse and/or dependents in insurance plans, it is required that you submit copies of marriage certificates, birth certificates and social security cards or any other supporting documentation.

**Prescription Coverage**

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](http://www.express-scripts.com)

**Aflac**

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 [dhr.delaware.gov/benefits](http://dhr.delaware.gov/benefits). Click on “State Agency Employee” then click on “Aflac Supplemental Benefits”. If you have any questions, contact Aflac directly at 1-800-433-3036.
Dental Coverage

YOU MAY SIGN UP FOR DENTAL & VISION EFFECTIVE THE FIRST OF THE FOLLOWING MONTH IN WHICH YOU ARE HIRED OR YOU MUST 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. 1-888-518-5338

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. 1-800-873-4165

Vision Plan/EyeMed

$10.00 Co-Pay on eye exams. $160.00 allowance on frames and or contacts. www.eyemedvisioncare.com
1-855-259-0490

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.

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.