

# 2024 Open Enrollment

May 1 – 17, 2024

NON-MEDICARE ELIGIBLE RETIREES

Open Enrollment will begin on **May 1, 2024**, and will end on **May 17, 2024**, for the plan year beginning July 1, 2024. This is your once-a-year opportunity to enroll, cancel or change your health dental and vision benefits. During this time, you may also add or drop coverage for your eligible spouse and/or dependent children.

<https://www.cityofdover.com/benefits> or <https://dhr.delaware.gov/benefits/oe/groups.shtml>.

## **WHAT YOU NEED TO KNOW**

**The benefit plan premiums (or rates) for the health plan will increase approximately 27% for the upcoming plan year beginning July 1, 2024. Dental plan rates have increased by 3.57% for the upcoming plan year beginning July 1, 2024.**

For additional information about the health plans offered, please refer to the attached health plan comparison chart. Benefit summaries for each of the four plans was sent to you in the mail by the Statewide Benefits office. Additional information on each of the plans can be found on-line via the following links: [www.cityofdover.com/retiree](http://www.cityofdover.com/retiree) or <https://dhr.delaware.gov/talent-management/employee-resources.shtml> **All forms must be completed and returned to Human Resources by the close of business on Wednesday, May 17, 2024 (no exceptions).** Changes made during Open Enrollment will become effective on July 1, 2024.

Please take the time to read the information provided so that you are an active participant in this year's Open Enrollment process. **If you are not making any changes and wish to continue your current level of coverage, no action is needed, unless you insure a spouse on your plan.**

## **IMPORTANT NOTICE**

**IF YOU COVER YOUR SPOUSE ON YOUR HEALTH PLAN IT IS VERY IMPORTANT THAT YOU COMPLETE THE SPOUSAL COORDINATION OF BENEFITS FORM. A NEW FORM MUST BE COMPLETED EACH YEAR DURING OPEN ENROLLMENT OR YOUR SPOUSE'S COVERAGE WILL BEREDUCED.**

The electronic Spousal Coordination of Benefits form can be found on the Statewide Benefits website at <https://cob.ben.omb.delaware.gov>. Be sure to fill out the form in its entirety. After completing the form online, click on "Printable Summary" to print a copy for your records. Please note that completing the spousal coordination of benefits form **DOES NOT** enroll your spouse or discontinue coverage for your spouse. You must complete and submit an enrollment application. If concerns arise regarding your spouse's coverage, Human Resources may request a copy of the Printable Summary mentioned above.

Premium tables and information for the health and dental plans year beginning July 1, 2024, are attached. If you would like to enroll, change or cancel coverage during this open enrollment period, please contact Human Resources for the appropriate forms or visit [www.cityofdover.com/retiree](http://www.cityofdover.com/retiree). **All forms must be completed and returned to Human Resources by the close of business on Wednesday, May 17, 2024 (no exceptions).** Changes made during Open Enrollment will become effective on July 1, 2024.

All requested enrollment forms will be sent via email or USPS. Completed enrollment forms can be returned in the same fashion, either via email ([humanresources@dover.de.us](mailto:humanresources@dover.de.us)) or USPS (postmarked on or before May 17, 2024) or completed forms may be placed in the Human Resources Drop Box on the first floor of 5 E. Reed Street. HR has relocated to the Pitt Center for in person drop offs. **If you prefer an in person, drop off, please be sure to call in advance.**

If you have any questions or concerns, please contact a member of the Human Resources Department via phone at (302) 736-7073 or email at [humanresources@dover.de.us](mailto:humanresources@dover.de.us).

**Health Premiums**  
**Effective: July 1, 2024**  
**25% Blended Rate**

Plan Name	Coverage Type	Retiree Pays per Month	City Pays	Total Cost Monthly
<b>Highmark Delaware First State Basic</b>	Retiree Only	\$ -	\$ 1,104.76	\$ 1,104.76
	Spouse of Retiree Only	\$ 276.20	\$ 828.56	\$ 1,104.76
	Retiree & Child(ren)	\$ 143.30	\$ 1,534.65	\$ 1,677.94
	Retiree & Spouse	\$ 294.52	\$ 1,988.31	\$ 2,282.82
	Family	\$ 437.04	\$ 2,415.91	\$ 2,852.95
<b>Highmark Delaware Comprehensive PPO</b>	Retiree Only	\$ -	\$ 836.26	\$ 1,260.86
	Spouse of Retiree Only	\$ 315.21	\$ 945.65	\$ 1,260.86
	Retiree & Child(ren)	\$ 170.21	\$ 1,771.53	\$ 1,941.74
	Retiree & Spouse	\$ 338.16	\$ 2,275.34	\$ 2,613.50
	Family	\$ 501.42	\$ 2,765.14	\$ 3,266.56
<b>Aetna HMO</b>	Retiree Only	\$ -	\$ 1,153.24	\$ 1,153.24
	Spouse of Retiree Only	\$ 288.31	\$ 864.92	\$ 1,153.24
	Retiree & Child(ren)	\$ 152.37	\$ 1,610.33	\$ 1,762.71
	Retiree & Spouse	\$ 318.81	\$ 2,109.66	\$ 2,428.47
	Family	\$ 469.07	\$ 2,560.43	\$ 3,029.51
<b>Aetna CDH Gold</b>	Retiree Only	\$ -	\$ 758.36	\$ 1,143.32
	Spouse of Retiree Only	\$ 285.82	\$ 857.50	\$ 1,143.32
	Retiree & Child(ren)	\$ 150.51	\$ 1,594.85	\$ 1,745.36
	Retiree & Spouse	\$ 306.09	\$ 2,061.59	\$ 2,367.68
	Family	\$ 465.97	\$ 2,541.22	\$ 3,007.19

*City Pays 100% of Employee Only Coverage;*

*Retiree Pays 25% of Dependent Coverage & City Pays 75% of Dependent Coverage as follows:*

**AFSCME** Union employees who retired prior to June 30, 2015

**DOE** Union employees who retired prior to May 31, 2013

**IBEW** Union employees who retired prior to July 1, 2014

**FOP** Union employees who retired prior to July 1, 2012

**Non-Bargaining** employees who retired prior to July 1, 2012

**Delta Dental**  
**Plan Premiums**  
**Effective: July 1, 2024**

<b>Plan Type</b>	<b>Coverage Level</b>	<b>Monthly Cost*</b>
<b>Delta Dental High Plan</b>	Employee Only	\$ 41.79
	Employee & One Dependent	\$ 78.40
	Family	\$ 123.92
<b>Delta Dental Low Plan</b>	Employee Only	\$ 28.21
	Employee & One Dependent	\$ 54.20
	Family	\$ 101.57

**Vision Benefits of America (VBA)**

<b>Plan Type</b>	<b>Coverage</b>	<b>Monthly Cost*</b>
<b>Annual Eye Exams/Glasses/Contacts</b>	Employee Only	\$ -
	Employee & Child(ren)	\$ 3.88
	Employee & Spouse	\$ 3.77
	Family	\$ 7.80