Below is an overview of the group benefits available to you as an eligible employee. We have partnered with IFS Benefits to provide you with a comprehensive benefits program. You are encouraged to educate yourself about your options and choose the coverage that is best for you and your family. Below is a brief description of your benefit options for the **2023/2024** plan year. *Elections you make during open enrollment will become effective* ***August 1, 2023***.

MEDICAL

Aetna will continue to be our medical insurance carrier. Highlights of your plan include:

	Aetna OAMC $1250 Base Plan	**Aetna OAMC $500 Buy-Up Plan**
IN-NETWORK	Embedded	Embedded
Deductible Individual	$1,250	$500
Deductible Family	$2,500	$1,000
Out of Pocket Max	$2,500 / $5,000	$2,000 / $4,000
Primary Care	$20	$20
Specialist	$30	$30
Inpatient Hospital	Covered at 100% after deductible	Covered at 100% after deductible
Outpatient Surgery	Covered at 100% after deductible	Covered at 100% after deductible
Emergency Room	$150	$150
Urgent Care	$50	$50
Independent Lab	Covered at 100%	$30
Independent X-Ray	$35	$30
Specialized Radiology	$75	$30
Retail Rx	$15 / $25 / $40	$15 / $25 / $40
Specialty Rx	$15 / $25 / $40	$15 / $25 / $40

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DENTAL

Dominion Dental will continue to be our dental carrier. Highlights of your plan include:

	PPO High Plan	DMO Low Plan
Calendar year deductible	$50 / $150	None
Preventive	100%	Fee Schedule
Basic	80%	Fee Schedule
Major	50%	Fee Schedule
Endodontics / Periodontics	80%	Fee Schedule
Basic/Major Waiting Periods	None - Timely	None - Timely
Calendar Year Max Benefit	$1,000	None
Orthodontics	50% to $1,000	Fee Schedule
Waive Deductible-Preventive	Yes	N/A
%tile for Claim Payments	90th	Fee Schedule
Max Rollover Included*	Yes	No

*You may be eligible for a rollover of a portion of your unused Annual Maximum. There is a Rollover Benefit Threshold of $500 on the PPO plan with a Rollover Maximum of $1,250. The Rollover Benefit is calculated at 50% of the Annual Maximum less benefits paid. Please see the Dominion Dental Summary of Benefits & Plan Certificate for details of this rollover benefit.

VOLUNTARY VISION

Eyemed will continue to be our vision carrier. Highlights of your plan include:

Vision Exam	$10 copay, then 100% covered
Frames	$25 copay, then covered up to $130
Frame Frequency	24 months
Single Lenses	$25 copay; then 100% covered
Bifocal Lenses	$25 copay; then 100% covered
Trifocal Lenses	$25 copay; then 100% covered
Lenticular Lenses	$25 copay; then 100% covered
Contacts Elective	Covered up to $130
Laser Vision Correction	Discounts Available

LIFE

New Castle County Head Start, Inc. will continue to pay for 2 times your salary up to $150,000 life and accidental death and dismemberment policy for every full time benefits eligible employee. This coverage will be through New York Life. You may change your beneficiary at any time.

SHORT TERM DISABILITY

New Castle County Head Start, Inc. will continue to provide you with a Short Term Disability policy. **New York Life** will be our Short Term Disability Insurance carrier. In the event that you become disabled, the STD policy will replace 70% of your weekly income up to $350 per week for 26 weeks after a 30 day wait.

LONG TERM DISABILITY

New Castle County Head Start, Inc. will continue to provide you with a Long Term Disability policy. **New York Life** will be our Long Term Disability Insurance carrier. In the event that you become disabled, the LTD policy will replace 50% of your monthly income up to $4,000 per month after a 180 day wait.

VOLUNTARY COLONIAL LIFE

You have the option to purchase any of the following insurance plans through Colonial Life:

- **Buy Up Disability Insurance** – Replaces a portion of your income to help make ends meet if you become disabled from a covered injury or illness.
- **Accident Insurance** – Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.
- **Hospital Confinement Insurance** – Provides a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery to help offset the gaps caused by copayments and deductibles that may not be covered by your medical plan.
- **Cancer Insurance** – Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer treatment. This coverage also provides a benefit for specified cancer-screening tests.
- **Critical Illness Insurance** – Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive.
- **Buy Up Life Insurance** – Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.

******Please refer to your plan documents for more detailed benefit descriptions******

CUSTOMER SERVICE CONTACTS

For Customer Service questions concerning enrollment, claims or benefit information:

Aetna:	*866-529-2517*
Colonial Life & Accident:	*800-325-4368*
Dominion Dental:	*888-518-5338*
EyeMed:	*866-939-3633*
New York Life:	*800-557-7975*

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What do you need to do during the OPEN ENROLLMENT period?

Join an Open Enrollment meeting

June 5 at 3:00 p.m.

Join on your computer, mobile app or room device

Click here to join the meeting

Meeting ID: 297 771 121 729 Passcode: sDwoax

Download Teams | Join on the web

Join with a video conferencing device

teams@meet.assuredpartners.com

Video Conference ID: 113 113 805 4

Or call in (audio only)

+1 321-430-0503,,827978904# Phone Conference ID: 827 978 904#

OR

June 6 at 6:00 p.m.

Join on your computer, mobile app or room device

Click here to join the meeting

Meeting ID: 243 229 330 906 Passcode: CW4uFV

Download Teams | Join on the web

Join with a video conferencing device

teams@meet.assuredpartners.com

Video Conference ID: 118 951 323 6

Alternate VTC instructions

Or call in (audio only)

+1 321-430-0503,,18937642# Phone Conference ID: 189 376 42#

Forms to be completed:

- Attached **Benefit Election Form** is required for all employees
- **Aetna Medical** Enrollment Forms are **ONLY** required if you are enrolling for the first time or making a change to your coverage.
- **Dominion Dental** Enrollment Forms are **ONLY** required if you are enrolling for the first time or making a change to your coverage. Please note that you may be subject to a late entrant waiting period for basic and major services if you are enrolling for the first time with Dental IF you did not elect coverage during your initial eligibility period
- **Eyemed Vision** Enrollment Forms are **ONLY** required if you are enrolling for the first time or making a change to your coverage.
- **NEW YORK LIFE BENEFICIARY FORM –** This is a good time to update your New York Life Beneficiary Form to keep on file with Human Resources
- **Voluntary Colonial Coverage – Contact Nick Cusmano to enroll with Colonial at 443-350-7983**

All forms are due to Lisa Schneider by June 15th, 2023.

After your enrollment period, you **cannot** make changes to your coverage during the year unless you experience a qualifying event. You normally have **30 days** from a qualifying event to make changes to your current coverage.

Please Complete and Return this Benefit Election form to Lisa Schneider

Each employee must complete this form electing or waiving our group benefits. Please check the box for the plans you are electing. If you do not wish to participate in a plan, please check the box marked "waive" and indicate the reason. **This form is not an official insurance company enrollment form and DOES NOT replace the insurance carrier form(s). It is merely designed to simplify benefits administration.**

GROUP NAME: New Castle County Head Start, Inc.

EMPLOYEE NAME: _____

MEDICAL INSURANCE

Please indicate if you are making changes to your current elections or enrolling for the first time:

- ☐ **Enrolling in Medical for the first time:** **You MUST COMPLETE an enrollment form**
- ☐ **Currently enrolled in Medical with CHANGES:** **You MUST COMPLETE an enrollment form**
- ☐ **Currently enrolled in Medical with NO CHANGES:** **No enrollment form required**

I choose one of the following medical insurance coverage. Pre-taxed Payroll deductions are as follows:

☐ **Aetna OAMC $1250 Base Plan**	
Select Tier	**MONTHLY PAYROLL DEDUCTION (Pre-taxed)**
☐ Employee	$51.10
☐ Employee + Spouse	$1,379.82
☐ Employee + Child(ren)	$664.35
☐ Family	$1,890.86

☐ **Aetna OAMC $500 Buy-Up Plan**	
Select Tier	**MONTHLY PAYROLL DEDUCTION (Pre-taxed)**
☐ Employee	$104.75
☐ Employee + Spouse	$1,503.19
☐ Employee + Child(ren)	$750.18
☐ Family	$2,041.06

☐ **Waive Medical**

Select Reason for Waiving Medical Coverage

☐ **Covered by Spouse** ☐ **Covered by Individual** ☐ **Other:** _____

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DENTAL INSURANCE

Please indicate if you are making changes to your current elections or enrolling for the first time:

- ☐ **Enrolling in Dental for the first time:** **You MUST COMPLETE an enrollment form**
- ☐ **Currently enrolled in Dental with CHANGES:** **You MUST COMPLETE an enrollment form**
- ☐ **Currently enrolled in Dental with NO CHANGES:** **No enrollment form required**

☐ **Elect PPO High Plan Dental**

Select Tier	MONTHLY PAYROLL DEDUCTION (Pre-taxed)
☐ Employee	$0.00
☐ Employee + Spouse	$30.52
☐ Employee + Child(ren)	$37.34
☐ Family	$68.50

☐ **Elect DMO Low Plan Dental**

Select Tier	MONTHLY PAYROLL DEDUCTION (Pre-taxed)
☐ Employee	$0.00
☐ Employee + Spouse	$20.25
☐ Employee + Child(ren)	$27.76
☐ Family	$41.72

☐ **Waive Dental**

Select Reason for Waiving Dental Coverage

☐ Covered by Spouse ☐ Covered by Individual ☐ Other: _____

VOLUNTARY VISION INSURANCE

Please indicate if you are making changes to your current elections or enrolling for the first time:

- ☐ **Enrolling in Vision for the first time:** **You MUST COMPLETE an enrollment form**
- ☐ **Currently enrolled in Vision with CHANGES:** **You MUST COMPLETE an enrollment form**
- ☐ **Currently enrolled in Vision with NO CHANGES:** **No enrollment form required**

☐ **Elect Vision**

Select Tier	MONTHLY PAYROLL DEDUCTION (Pre-taxed)
☐ Employee	$6.56
☐ Employee + Spouse	$12.46
☐ Employee + Child(ren)	$13.12
☐ Family	$19.29

☐ **Waive Vision**

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I authorize New Castle County Head Start, Inc. to make the applicable pre-tax and post-tax, per pay deductions from my paycheck, as a contribution towards my benefits.

I understand the coverage I have elected is in effect until **July 31, 2024** and I cannot make any changes until that point unless I experience a qualifying event. I understand that if I have waived coverage, I will be unable to enroll until the next annual open enrollment unless I experience a qualifying event. If I am currently covered elsewhere and experience a change in coverage, I must notify the HR Dept. promptly to be eligible for participation.

****If enrolling in Health Insurance, I acknowledge that I have received the Summary of Benefits and Coverage (SBC) for the health insurance plan elected.**

I also acknowledge that I have received the Required Notices for the 2023 Plan year.

I understand this form is not an official insurance company enrollment form and is designed to simplify benefits administration for my employer. I will return this completed form to Lisa Schneider.

Employee Signature: _____ **Date:** _____

Print Name: _____