

2009
2009
2009

Open Enrollment

Pensioners



2009

Health • Prescription • Dental

2009
2009



State of Delaware

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Introduction



2009 Benefits Open Enrollment

The State Employee Benefits Committee presents your 2009 Open Enrollment information. The Committee strives to maintain a comprehensive benefit package for State employees and pensioners. Presented with difficult financial times, premiums for health care have been increased for the first time in four years. We encourage you to review your health, dental, vision and group legal coverage and choose the plans that are right for you! The 2009 Open Enrollment period is your once-a-year opportunity to enroll, make changes or terminate coverage in these plans. Please visit the Statewide Benefits website at www.ben.omb.delaware.gov for additional information.

What's New!

Save Money on a 90-day Supply of Medication!

- Beginning July 1, 2009, members will have the option of purchasing NEW maintenance medications for a 90-day supply, through a participating 90-day retail pharmacy or Medco mail order facility without first filling for a 30-day supply. Members who wish to ensure that the medication is effective and do not want to purchase more than a 30-day supply, after July 1, 2009, will be allowed to fill their NEW and existing maintenance medications for a maximum of three 30-day supplies. After obtaining three 30-day supplies, members will be required to purchase the maintenance medication at a 90-day supply. This results in savings for the member and the State of Delaware. Members who do not choose to fill a maintenance medication for a 90-day supply after filling the medication for three 30-day supplies, will be charged a co-pay equivalent to the applicable 90-day co-pay for the medication.

VSP Vision Plan!

- All pensioners currently enrolled in the vision plan through VSP must re-enroll during the 2009 Open Enrollment period to validate the coverage and dependent information provided by AdminAmerica. You will receive an enrollment booklet from VSP the week of April 20 with everything you need to enroll. If you don't receive the booklet by May 1, contact VSP Member Services at 800.400.4569. Failure to re-enroll will result in termination of your coverage on July 1, 2009. The allowance for frames & contact lenses has been increased to \$160 with no change in monthly premiums.

Spousal Coordination of Benefits

If you are covering a spouse with BCBSD Special Medicaid Medicare supplement plan, you do not need to complete a Spousal Coordination of Benefits form.

Go to page 26 for complete details.

Second Opinion Program

- Due to financial constraints, the Second Opinion Program through Best Doctors will be discontinued as of July 31, 2009. A second opinion can be obtained through your medical plan if desired.

The benefits you elect during the Open Enrollment period will take effect July 1, 2009.

Statewide Benefits Office Mission Statement

Our mission is to support the health of employees and pensioners by providing progressive comprehensive benefits, quality customer service, ongoing employee education and efficient management to ensure the best interests of program participants.

Please keep this booklet as a reference to use throughout the plan year.

2009 Enrollment Action Checklist

checklist

OPEN ENROLLMENT is May 4th - May 20th, 2009

- Read all Open Enrollment information contained in this booklet.
- Mark your calendar to attend one of the Statewide Benefit Health Fairs (see page 29 for dates, times and locations).
- Review "Open Enrollment Frequently Asked Questions" (FAQ) located on the Statewide Benefits website at www.ben.omb.delaware.gov/oe.
- If you wish to enroll or continue enrollment in the VSP Vision Plan, you must re-enroll via website www.vsp.com/go/stateofdelaware or call 1-800-400-4569. Failure to re-enroll will result in coverage termination on June 30, 2009.
- If you are not making any changes and do not cover a spouse under your State of Delaware Group Health Insurance medical plan, no action is required.**
- If you cover your spouse in one of the State of Delaware Group Health Insurance medical plans, go to page 26 for complete details.**
- If you are covering a spouse with BCBSD Special Medicfill Medicare supplement plan, you do not need to complete a Spousal Coordination of Benefits form.**
- Review State of Delaware HIPAA Privacy Notice at www.ben.omb.delaware.gov/hipaa.

If you are enrolling in any plan or enrolling a spouse or dependent for the first time . . .

- If enrolling in an HMO (health or dental) plan for the FIRST TIME, make sure, **before you enroll**, that your health or dental provider participates in the plan you select. **REMEMBER:** You cannot change plans during the plan year if your provider decides to no longer participate in the plan.
- If enrolling a spouse** for the FIRST TIME: You must supply a copy of your marriage certificate to the State Pension Office.
- If enrolling a dependent** for the FIRST TIME: You MUST submit a copy of the birth certificate or other legal document to the State Pension Office.
- If enrolling in the Blood Bank** for the FIRST TIME: You MUST obtain a Blood Bank application from the State Pension Office or at www.delawarepensions.com. The completed Blood Bank application must be returned to the State Pension Office by May 20, 2009.

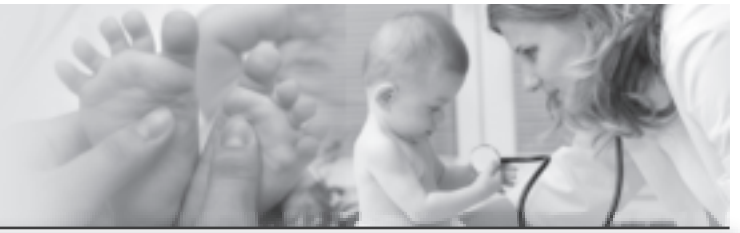
To enroll or make changes to your health, dental or blood bank coverage:

- You must complete the necessary forms available on the Pension Website at www.delawarepensions.com or complete the health and dental applications included in this booklet on pages 21 and 23. You must submit your completed enrollment forms to the Pension Office by May 20, 2009.

Pensioner Enrollment Forms should be sent to:
State of Delaware, Office of Pensions
McArdle Building, 860 Silver Lake Boulevard, Suite 1
Dover, DE 19904-2402
302-739-4208 or 1-800-722-7300

- You **MUST** contact the State Pension Office at 302-739-4208 or toll-free, 1-800-722-7300 for the forms to cancel current coverage.
- You must contact the State Pension Office if you, your spouse, or your dependents are Medicare eligible and not enrolled in the Special Medicfill Medicare Supplement health plan.
- If you have questions about your health benefits please call the State Pension Office at 302-739-4208 or 1-800-722-7300 from 8 a.m. to 4:30 p.m. Monday through Friday during the Open Enrollment period, or attend one of the Statewide Benefit Health Fairs see page 29 for dates, times and locations.

About Your Health Care Coverage



Notice of Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. To request special enrollment or obtain more information, contact the State Pension Office.

***Requests for special enrollment rights must be made within 30 days of the date of the qualifying event.**

Special Enrollment Rights for Individuals Eligible for the Delaware Healthy Children Program (CHIP)

Effective April 1, 2009, if you or a dependent are eligible for but not enrolled in coverage under one of the State of Delaware Group Health Insurance plans, you may enroll in coverage if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility for that coverage, or you or your dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (not currently offered in Delaware). You must request enrollment in the plan within 60 days of the date you or your dependent lost Medicaid or CHIP coverage or within 60 days of the date your eligibility for premium assistance is determined under Medicaid or CHIP.

Qualifying Events

You may not make changes at any other time during the year unless you experience a qualifying event. Therefore, if you want to make any changes in your coverage, now is the time to do it.

Qualifying events include, but may not be limited to:

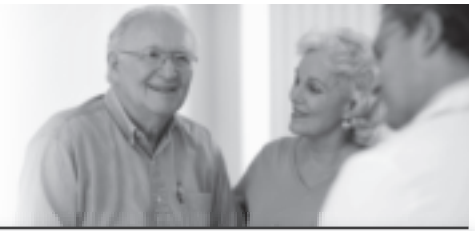
- Birth or adoption of a child
- Marriage
- Divorce
- Employment of spouse
- Involuntary loss of spouse coverage
- Spouse's employment termination
- Child now eligible for coverage
- Death of a spouse or dependent
- Spouse becomes a State of Delaware employee

If you want to make a benefit or dependent change as a result of a qualifying event during the year, you must contact the State Pension Office within 30 days of the qualifying event and request the change.

You can find a complete copy of the State's Group Health Insurance Program Eligibility and Enrollment Rules at www.ben.omb.delaware.gov/documents.

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About Your Health Care Coverage



Information about Medicare: Parts A, B, and D

Part A Hospital Insurance

Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

Part B Medical Insurance

Most people pay a monthly premium for Part B. Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. As a State of Delaware pensioner, spouse, or dependent, you are required to enroll in a Medicare Part B Supplement Plan, when eligible.

Part D Prescription Drug Coverage

If you are in the State's pension health plan, you already have prescription drug coverage that is at least as generous as the Medicare Part D private insurer plans that are offered. **You do not need to enroll in Medicare Part D.** In fact, if you do enroll in Medicare Part D, your prescription coverage through the State will be terminated. You may maintain your health coverage. **NOTE:** Review the **NOTICE OF CREDITABLE COVERAGE** regarding Medicare Part D prescription coverage included with your Open Enrollment packet or at www.ben.omb.delaware.gov/script or by contacting the State Pension Office.

Special Medicare Supplement Plan and Benefits

More About Medicare

See page 5 for the Summary of Benefits for the BCBSD Special Medicfill Medicare Supplement plan available to you. For a complete description of your health benefits under Medicare and any limitations on those benefits, consult Medicare Publications or the Centers for Medicare and Medicaid (CMS). More information can be found on the Internet at www.medicare.gov.

Important Notice for Pensioners

Even if you are under the age of 65, Delaware Law mandates that you, your spouse, and eligible dependents, elect Medicare Parts A & B when eligible.

To obtain Medicare eligibility information, please call the Social Security Administration office at 1-800-772-1213. You **MUST** contact the State Pension Office upon receipt of your Medicare card. **Failure to elect will result in termination of coverage through the State of Delaware Group Health Insurance Program.**

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About Your Health Care Coverage



Medicare Supplement Plan—Special Medicfill

(Administered by Blue Cross Blue Shield of Delaware)

This plan supplements Medicare. Unless otherwise indicated on the Benefit Highlights pages included in this brochure, benefits will be paid as noted only after Medicare pays its allowable amount.

The following chart provides a Summary of Benefits for the BCBSD Special Medicfill Medicare Supplement plan offered through the State of Delaware Group Health Insurance Program for Medicare participants.

This Summary of Benefits is intended as a **highlight** of the Special Medicfill Medicare Supplement plan available. You'll receive an updated Summary Plan Booklet delivered to your home address if this is a new election.

Description of Benefit	Medicare	Special Medicfill
Inpatient Hospital		
<i>Days 1-60</i>	Pays all but the Part A deductible	Covers the Part A deductible
<i>Days 61-90</i>	Pays all but a specified dollar amount of coinsurance per day	Covers the specified dollar amount of the coinsurance
<i>Days 91-120</i>	Pays nothing*	Covers care in a general hospital (except mental & nervous). These days may be used before Medicare's 60 lifetime reserve days. Covers coinsurance amount
<i>Days 121-365</i>	Pays nothing*	Covers care in a general hospital (except mental & nervous). These days may be used before Medicare's 60 lifetime reserve days. Covers coinsurance amount
Hospice	Pays part of the cost for inpatient respite care, and you must receive care from a Medicare certified hospice	Balances paid up to the Medicare reasonable charge**
Emergency Services	80% of the reasonable charges** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Prosthetics & Durable Medical Equipment	80% of the reasonable charges** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Physician Home & Office Visits	80% of the reasonable charges** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**

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About Your Health Care Coverage



Description of Benefit	Medicare	Special Medicfill
Specialist Care/Chiropractic Care	80% of the reasonable charges** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Emergency Ambulance	80% of the reasonable charges** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
X-ray, Lab & other Diagnostic Services, Radiation Therapy	80% of the reasonable charges** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Outpatient Rehabilitation Services, Occupational Therapy, Physical Therapy, Speech Therapy	80% of the reasonable charges** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Routine GYN exam, Pap Smear, Mammogram	Covers 80% of the reasonable charges,** for routine GYN exam and mammogram. You pay \$0 for Pap smear once every 3 years, annually if high risk. Mammogram based on age guidelines	Covers 20% of the reasonable charges.** One routine exam and Pap Smear is covered in a 12-month period. Mammogram for age 40 and above covered at 100%
Prostate Cancer Screening Exams (age 50 & over)	Covers 100% for approved lab services. Covers 80% of the reasonable charges** for other related services after the Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Periodic Physical Exams	You pay 100% for routine physical exams	Coverage at 100% of Blue Cross allowable, based on age guidelines published by American Medical Association
Flu & Pneumoccal Pneumonia Vaccines	Covers 100% of reasonable charges.** Pneumonia —check with physician for frequency. Flu —once per year	Pneumonia —once at age 65 and up Flu —once per calendar year for age 65 and over
Routine Vision Care	Not covered	Not covered

*Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable

**Reasonable Charge means the amount approved by the Medicare carrier as the allowable charge for reimbursement under the Medicare Program.

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2009 Medicare Supplement Health Plan Rates



	Total Monthly Rate	State Pays	Pensioner Pays
Medicare Supplement Administered by Blue Cross Blue Shield of Delaware			
Special Medicfill With Prescription	\$376.22	\$376.22	\$0
Special Medicfill WITHOUT Prescription*	\$174.15	\$174.15	\$0

* Medicare Supplement plans without prescriptions are provided for Medicare Beneficiaries enrolled in Medicare Part D

Updated Directories

Updated Provider Directories for the BCBSD Special Medicfill Medicare Supplement plan are available online at www.ben.omb.delaware.gov or by contacting Blue Cross Blue Shield of Delaware at 1-800-633-2563.

Eligible Pensioners hired by the state on or after July 1, 1991

(Except those receiving a disability pension or receiving an LTD benefit from The Hartford)

Including spousal coverage if elected.

The following portion of the "State Share" will be paid by the State

Years Service	% of the State Share
Less than 10 yrs	0%
10 yrs less than 15 yrs	50%
15 yrs less than 20 yrs	75%
20 yrs or more	100%

Non-Medicare Health Care Coverage



Health Plan Descriptions

Aetna HMO

Simple, Smart and Save...Choose Aetna this Open Enrollment!

- Local and National Network Access-It's simple to access care from Aetna's large network of providers in DE, PA, SNJ, MD...and across the country!
- **Get Smart About Your Health**-Aetna's HMO includes your own Personal Health Record (PHR) and a 34 condition Disease Management Program to help you optimize your health.
- **Save with Aetna Discount Programs**-Aetna offers: Vision Discounts, Gym Discounts, Vitamin and Gym Equipment Discounts, Hearing Aid Discounts, Massage Therapy Services and more. Join Aetna and get these additional perks!

Referrals are required for certain services and are obtained through your primary care physician.

Call customer service at 877-542-3862 to learn more about how **Aetna HMO** has everything you need to help you be your healthiest. Additional information can be viewed at www.ben.omb.delaware.gov/medical/Aetna.

Blue Cross Blue Shield of Delaware: First State Basic Plan

In-network services will have a deductible of \$500 per individual and \$1000 per family. The plan will then pay at 90% of the BCBSD allowable charge. There is also a coinsurance limit of \$1500 per individual and \$3000 per family. The out-of-pocket maximum (see page 9) applies to medical services only per plan year. Copayments for prescription medications are not applied to the out-of-pocket maximum. Preventive services are covered in network at 100% of the allowable charge and are not subject to a deductible or co-insurance.

Out-of-network services will be subject to a deductible of \$1000 per individual and \$2000 per family and then the plan will pay at 70% of the allowable charge. The out-of-network coinsurance limit is set at \$3000 per individual and \$6000 per family per plan year. (see page 9)

Blue Cross Blue Shield of Delaware: Comprehensive Preferred Provider Organization(PPO) Plan

Using in-network services you will pay a small copay/coinsurance with no deductible. If you use out-of-network providers, you must meet a \$300 per person/\$600 per family plan year deductible unless otherwise noted. The out-of-pocket maximum is \$1800 per person/\$3600 per family (including the deductible) per plan year. The out-of-pocket maximum applies to medical services only. Copayments for prescription medications are not applied to the out-of-pocket maximum.

Blue Cross Blue Shield of Delaware Blue Care® HMO

Blue Care® is BCBSD's HMO-Managed Care plan in which each member must select a primary care physician (PCP) to coordinate his/her health care needs. Referrals are required for certain services and are obtained through your primary care physician.

NOTE: BCBSD's allowable charges are based on the price BCBSD determines is reasonable for care or services provided.

***Complete information on all Blue Cross plans, including a summary plan description, can be found at www.ben.omb.delaware.gov/medical/bcbs.**

Adult Dependent Program (ages 21 to 24)

The Adult Dependent Program is available to members of the State of Delaware's Group Health Insurance program to provide a period of health care coverage to adult dependents between the ages of 21 and 24 who are no longer eligible to be covered under the parent or legal guardian's State of Delaware plan due to age and non-student status.

An Adult Dependent must enroll in the same plan which provides coverage to their parent or legal guardian who has Group Health Insurance through the State of Delaware. Contact the appropriate health care carrier (Blue Cross Blue Shield of Delaware or Aetna) directly for more detailed information on eligibility, enrollment and payment requirements.

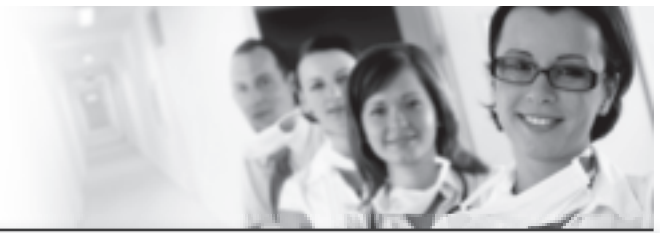
Enrollment is available during Open Enrollment or within 30 days of loss of coverage under the parent or legal guardian's State of Delaware plan.

Additional information can be viewed at www.ben.omb.delaware.gov/medical.

Tip: Considering an HMO?

Go to the Statewide Benefits, OMB website at www.ben.omb.delaware.gov, under Group Medical Plans, select carrier (Blue Cross or Aetna). Select "Find a Health Care Provider" for BCBSD OR select "Locate Participating Providers - Doc Find" for Aetna to check on which health care professionals are on their approved provider lists.

Summary of Benefits



First State Basic Plan

This Summary of Benefits highlights the health plans available. After your health plan selection, you'll receive a Summary Plan Booklet delivered to your home address. All percentages listed below refer to Blue Cross Blue Shield of Delaware's allowable charges.

Description of Benefit	In-Network Benefits Deductible: \$500/\$1000*	Out-of-Network Benefits Deductible: \$1000/\$2000*
	Out-of-Pocket Max: \$2000/\$4000** including deductible	Out-of-Pocket Max: \$4000/\$8000** including deductible
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible for up to 240 days	70% after deductible for up to 240 days
Home Care Services	90% after deductible for up to 240 days per plan per year	70% after deductible for up to 240 days per plan per year
Urgent Care	100% after \$25 copay	100% after \$25 copay
Emergency Services	90% after deductible	70% after deductible

MENTAL HEALTH SERVICES

Inpatient Acute	90% after deductible for up to 60 days (subject to authorization)	70% after deductible up to 60 days
Partial Hospitalization	90% after deductible up to 120 partial days (subject to authorization)	70% after deductible to 120 partial days
Outpatient	90% after deductible (subject to authorization)	70% after deductible

MENTAL HEALTH CARE (Defined by DE Code, Title 18, Chapter 33, Section 3343)/SUBSTANCE ABUSE CARE

Inpatient Acute	90% after deductible	70% after deductible
Outpatient	90% after deductible (subject to authorization)	70% after deductible

OTHER SERVICES

Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	90% for up to 120 days per confinement	70% for up to 120 days per confinement
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (sick)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	70% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-Ray, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-Term Therapies: Physical, Speech, Occupational	90% after deductible (subject to authorization)	70% after deductible (subject to authorization)
Annual Gyn Exam/Pap Smear	100% covered, no deductible	70% covered, no deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% covered, no deductible	70% covered, no deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% covered, no deductible	70% covered, no deductible
Hearing Aids	90% after deductible, under age 24	70% after deductible, under age 24

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible but do not include your prescription costs.

Summary of Benefits



Comprehensive Preferred Provider Organization

This Summary of Benefits highlights the health plans available. After your health plan selection, you'll receive a Summary Plan Booklet delivered to your home address. All percentages listed below refer to Blue Cross Blue Shield of Delaware's allowable charges.

Description of Benefit	In-Network Benefits	Out-of-Network Benefits Deductible: \$300/\$600*
		Out-Of-Pocket Max: \$1800/\$3600 Including Deductible**
Inpatient Room & Board	\$100 copay/day with max. of \$200/admission	80% after deductible
Inpatient Physicians' and Surgeons' Services	100%	80% after deductible
Outpatient Services	100%	80% after deductible
Prenatal and Postnatal Care	100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)	80% after deductible
Delivery Fee	100%	80% after deductible
Hospice	100%	80% after deductible up to 240 days
Home Care Services	100%	80% after deductible for up to 240 visits per plan year
Urgent Care	\$25 copay	80% after deductible
Emergency Services	\$125 copay (waived if admitted) Physician: 100%	\$125 copay (waived if admitted) Physician: 80% after deductible

MENTAL HEALTH SERVICES

Inpatient Acute	100% up to 60 days (subject to authorization and copays)	80% after deductible up to 60 days
Partial Hospitalization	100% up to 120 days (subject to authorization)	80% after deductible up to 120 days
Outpatient	100% after \$25 copay (subject to authorization)	80% after deductible

MENTAL HEALTH CARE (Defined by DE Code, Title 18, Chapter 33, Section 3343)/SUBSTANCE ABUSE CARE

Inpatient Acute	\$100 copay/day with max of \$200/adm.	80% after deductible
Outpatient	100% after \$25 copay (subject to authorization)	80% after deductible

OTHER SERVICES

Durable Medical Equipment	100%	80% after deductible
Skilled Nursing Facility	100% up to 120 days per confinement	80% after deductible up to 120 days per confinement
Emergency Ambulance	100%	100% no deductible
Physician Home/Office Visits (sick)	\$15 copay	80% after deductible
Specialist Care	\$25 copay	80% after deductible
Chiropractic Care	85% covered; 30 visits per plan year	80% after deductible; 30 visits per plan year
Allergy Testing/Allergy Treatment	Testing: \$25 copay/ Treatment: \$5 copay	80% after deductible
X-Ray, Lab & Other Diagnostic Services	Lab: \$5 copay per visit/X-ray: \$15 copay per visit	80% after deductible
Short-Term Therapies: Physical, Speech, Occupational	85%	80% after deductible
Annual Gyn Exam/Pap Smear	Exam: \$15 copay Pap Smear: \$5 copay	80% after deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% after \$15 copay	80% after deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% after office visit copay	80% after deductible
Hearing Aids	100%, under age 24	80% after deductible, under age 24

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible but do not include your prescription costs.

Summary of Benefits

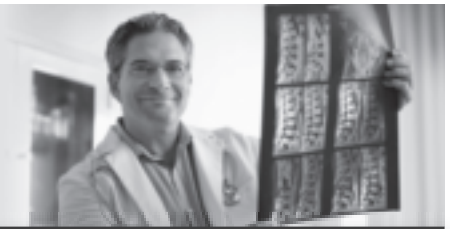


HMO Plans

This Summary of Benefits highlights the health plans available. After your health plan selection, you'll receive a Summary Plan Booklet delivered to your home address. All percentages listed below refer to Blue Cross Blue Shield of Delaware's or Aetna's allowable charges.

Description of Benefit	Aetna	Blue Care
Inpatient Room & Board	\$100 copay/day with max of \$200/admission	\$100 copay/day with max of \$200/admission
Inpatient Physicians' and Surgeons' Services	100%	100%
Outpatient Surgery—Ambulatory Center	\$30 copay	\$30 copay
Outpatient Surgery—Doctor's Office Visit	\$20 copay	\$20 copay
Outpatient Surgery—Hospital	\$75 copay	\$75 copay
Prenatal and Postnatal Care	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)
Delivery Fee	100%	100%
Hospice	100%	100% up to 240 days
Home Care Services	100% for up to 240 visits per plan year	100% for up to 240 visits per plan year
Urgent Care	\$20 copay	\$20 copay
Emergency Services	\$135 copay (waived if admitted)	\$135 copay (waived if admitted)
MENTAL HEALTH SERVICES		
Inpatient Acute	80% up to 30 days per plan year	80% up to 31 days per plan year
Partial Hospitalization	80%	80% up to 31 days per plan year
Outpatient	\$20 copay per visit/30 visits per plan year	\$20 copay per visits/20 visits per plan year
MENTAL HEALTH CARE (Defined by DE Code, Title 18, Chapter 33, Section 3343)/SUBSTANCE ABUSE CARE		
Inpatient Acute	\$100 copay/day with max. of \$200/hospitalization	\$100 copay/day with max. of \$200/hospitalization
Outpatient	\$20 copay per visit	\$20 copay per visit
OTHER SERVICES		
Durable Medical Equipment	80%, limited to \$5,000 per member per plan year	80%
Skilled Nursing Facility	100%	100%
Emergency Ambulance	\$50 copay	\$50 copay
Physician Home/Office Visits (sick)	\$10 copay per office visit \$25 copay per home or after hours visit	\$10 copay per office visit \$25 copay per home or after hours visit
Specialist Care	\$20 copay per visit	\$20 copay per visit
Chiropractic Care	\$20 copay per visit	\$20 copay first visit, then 80%/up to 60 consecutive days per condition
Allergy Testing/Allergy Treatment	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)
X-Ray, Lab & Other Diagnostic Services	Lab: \$5 copay per visit/X-Ray: \$15 copay per visit	Lab: \$5 copay per visit/X-Ray: \$15 copay per visit
MRIs, CT Scans, PT Scans	\$25 copay per visit	\$25 copay per visit
Short-Term Therapies: Physical, Speech, Occupational	80%, 45 visits per condition for physical and occupational therapy combined/ 80%, 45 visits per condition for speech therapy	80%, 60 consecutive days/except for physical therapy. Physical therapy/45 visits per condition
Annual Gyn Exam Pap Smear	Exam: \$10 copay Pap Smear: \$5 copay	Exam: \$10 copay Pap Smear: \$5 copay
Periodic Physical Exams, Immunizations, Diabetes Education	\$10 copay per visit/100% Diabetes education	\$10 copay per visit/100% Diabetes education
Vision Care	100% after office visit copay (one exam every 24 months)	100% after office visit copay (one exam every 24 months)
Hearing Tests	100% after office visit copay	100% after office visit copay
Hearing Aids	80%, under age 24	80%, under age 24

2009 Health Plan Rates



	Total Monthly Rate	State Pays	Pensioner Pays
Aetna HMO <i>Administered by Aetna</i>			
Pensioner	\$485.34	\$462.68	\$22.66
Pensioner & Spouse	\$1,025.30	\$957.32	\$67.98
Pensioner & Child(ren)	\$742.94	\$703.34	\$39.60
Family	\$1,279.12	\$1,196.68	\$82.44
First State Basic Plan <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Pensioner	\$462.68	\$462.68	\$0
Pensioner & Spouse	\$957.32	\$957.32	\$0
Pensioner & Child(ren)	\$703.34	\$703.34	\$0
Family	\$1,196.68	\$1,196.68	\$0
BlueCARE® HMO <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Pensioner	\$485.78	\$462.68	\$23.10
Pensioner & Spouse	\$1,028.88	\$957.32	\$71.56
Pensioner & Child(ren)	\$743.76	\$703.34	\$40.42
Family	\$1,283.44	\$1,196.68	\$86.76
Comprehensive PPO Plan <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Pensioner	\$535.58	\$462.68	\$72.90
Pensioner & Spouse	\$1,111.70	\$957.32	\$154.38
Pensioner & Child(ren)	\$826.52	\$703.34	\$123.18
Family	\$1,389.80	\$1,196.68	\$193.12

When you enroll in a health plan, you will automatically be enrolled in the prescription drug plan managed by Medco.

* Rates listed above are per month.

2009

Prescription Coverage



When you enroll in a health care plan you will automatically be enrolled in the prescription drug plan managed by Medco Health Solutions, Inc. (Medco). The Coordination of Benefits (COB) policy also applies to prescription coverage. If your spouse or dependents have other health coverage that is primary (pays first), the prescription coverage provided through the State's plan for the spouse or dependents will become secondary.

Medco

The State of Delaware, in partnership with Medco, has designed and implemented a comprehensive prescription drug program to provide you with the medications required in a cost-effective and efficient manner. Your copays remain unchanged for the coming plan year.

Copay for diabetic supplies is \$0. If multiple prescriptions are filled for diabetic medications on the same date, only one copay is charged regardless of the number of diabetic medications filled. Contact Medco at 1-800-939-2142 for details on covered supplies.

CHANGES TO PRESCRIPTION PLAN AS OF JULY 1, 2009

Elimination of the 30 before 90-Day Smart Start Program

Beginning July 1, 2009, members will have the option of purchasing NEW maintenance medications, those medications that are taken on a long-term basis (for more than 3 months), for a 90-day supply, through a participating 90-day retail pharmacy or Medco mail order facility without first filling for a 30-day supply. Members who wish to ensure that the medication is effective and do not want to purchase more than a 30-day supply, after July 1, 2009, will be allowed to fill their NEW and existing maintenance medications for a maximum of three 30-day supplies. After obtaining three 30-day supplies, members will be required to purchase the maintenance medication as a 90-day supply. This results in savings for the member and the State of Delaware.

Your savings would be:

- **Generic** medication filled as three 30-day fills cost \$25.50 OR one 90-day fill cost \$17.00 with **savings of \$8.50**
- **Formulary** medication filled as three 30-day fills cost \$60.00 OR one 90-day fill cost \$40.00 with **savings of \$20.00**
- **Non-formulary** medication filled as three 30-day fills cost \$135.00 OR one 90-day fill cost \$90.00 with **savings of \$45.00**

Members who do not choose to fill a maintenance medication for a 90-day supply after filling the medication for three 30-day supplies, will be charged a co-pay equivalent to the applicable 90-day co-pay for the medication.

A prescription may be filled by:

- Taking a prescription to a participating 90-day retail pharmacy, see <http://ben.omb.delaware.gov/script>
- Mailing a prescription and payment with a completed Medco By Mail order form, see www.ben.omb.delaware.gov/script/
- Asking your doctor to fax a prescription to Medco. Call 1-888-327-9791 for instructions. (Only your doctor can fax prescriptions.)

Please note: Some medications, certain controlled substances or medications that are prepackaged by the manufacturer are not available in a 90-day supply and any current quantity or plan limits remain in effect.

For a list of categories of maintenance medications, go to www.ben.omb.delaware.gov/medco or call 1-800-939-2142.

Prescription Coverage



The Coverage Review Process

The Coverage Review Process was designed to ensure that plan participants receive prescription medication that results in appropriate, cost-effective care. If you are taking any of the medications referenced in the programs below, Medco will review the prescriptions with your doctor before the prescription is filled if additional information is required. The Coverage Review Process uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and usage that is considered reasonable, safe and effective. You, your doctor or your pharmacy may begin the Coverage Review Process by calling 1-800-753-2851 from 8:00 a.m. to 9:00 p.m., Monday through Friday. The Coverage Review Process usually takes two business days to complete upon receipt of necessary information. You and your doctor will receive written confirmation of approval or denial. The following programs fall under the Coverage Review Process:

Traditional Prior Authorization requires that you obtain pre-approval through a coverage review for certain medications. The review will determine whether your plan covers your prescribed medication. Examples of common medications that may require prior authorization are: Botox and Myobloc, Regranex, Synagis and Respigam, Xolair, medications that may have cosmetic uses, Erythroid Stimulants used for certain anemias, Growth Hormones used to stimulate skeletal growth and Psoriasis medications.

Step Therapy is an automated process used to determine whether you qualify for coverage using factors Medco has on file, such as medical history, drug history, age and gender. If your history does not qualify you for coverage, a prior authorization is required to permit coverage. Certain medications may not be covered unless you have first tried another medication or therapy. These medications are part of this process: Forteo, Revatio, COX-II Inhibitors such as Celebrex, injectable rheumatoid arthritis medications, select Proton Pump Inhibitors such as Aciphex or Prevacid and select antidepressants such as Lexapro.

Quantity Duration Rules are in place for some medications which require a Coverage Review Process to request additional quantities. These include medications used to help you sleep such as Ambien and Lunesta, selected antifungal medications such as Sporanox and Lamisil, selected migraine medications such as Imitrex and Maxalt, selected nausea medication such as Anzemet and Zofran and erectile dysfunction medications such as Cialis and Viagra.

The Choice Program...Generic vs. Brand Drugs allows you to receive a brand name medication when a generic drug is available; however, you will be responsible for the generic copay plus the cost difference between the generic and the brand drug. If there is a medical reason why you cannot take the generic equivalent, you, your doctor or your pharmacist may initiate the copay appeal process to allow you to obtain the brand drug at the non-preferred cost.

Certain medications are not covered by the prescription drug plan including drugs for weight loss, allergy shots, reusable syringes, immunizations and injectable medication administered in the doctor's office.

NOTE: All drugs and categories listed above are subject to change.

2009 Prescription Copay Rates

STATE OF DELAWARE PRESCRIPTION COVERAGE	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
30-DAY SUPPLY	\$8.50	\$20.00	\$45.00
90-DAY SUPPLY	\$17.00	\$40.00	\$90.00

**No Changes to Copays in 2009*

"Preferred" = Formulary

Copay on diabetic supplies through Medco is \$0. If multiple prescriptions are filled for diabetic medications on the same date, only one copay is charged regardless of the number of diabetic medications filled. Contact Medco at 1-800-939-2142 for details on covered supplies.

Questions About Your Prescription Coverage

If you have specific questions about medication or pharmacy participation, contact Medco's Member Services at 1-800-939-2142, 24 hours a day, 7 days a week. Pharmacists are available around the clock for medication consultations. Medco's website, www.medco.com offers extensive online resources, including health and benefit information and online pharmacy services.

Employee Assistance Program (EAP)



Balancing the needs of work, family and personal responsibilities can be challenging. To make the balancing act a little easier, Human Management Services, Inc. (HMS) offers a place to turn for confidential assistance. The EAP offers face-to-face assessment and confidential counseling services to employees, pensioners and their dependents enrolled in a non-Medicare health insurance plan and offers confidential assistance in the following areas:

- Marital Relationships
- Family Issues
- Alcohol and Drug Abuse
- Child Care
- Parenting Issues
- Elder Care
- Productivity Problems
- Adolescent Issues
- Balancing Work and Family
- Financial Issues
- Stress Management
- Legal Issues
- Difficult Emotional Problems
- Grief and Loss

To receive an assessment and/or up to five short-term counseling sessions free of charge, call HMS at 800-343-2186 or visit HMS online at www.hmsincorp.com to access EAP or Work/Life services. If your HMS professional refers you to another provider for continued assistance you will incur out-of-pocket expenses. Additional information may be viewed at www.ben.omb.delaware.gov/eap

• **Log into the the HMS website using the following:**

Username: **Delaware**
Password: **statehms04**

Blood Bank of Delmarva

FIRST FACT!

Every 3 seconds someone needs blood. One pint of blood can save 3 lives. It only takes 1 hour to give blood.

Blood Bank of Delmarva

The State of Delaware provides Blood Bank of Delmarva membership to Pensioners as a paid benefit.

Membership in the Blood Bank covers you, your spouse and your dependents providing unlimited blood replacement coverage anywhere in the United States. Pensioners can continue their membership even if they no longer live in the Delmarva area.

Membership requirement until pensioner reaches the age of 75: Pensioner is required to fulfill their donation obligation by providing a pint of blood about once every 22 months in one of three ways;

- Give blood yourself at a Blood Bank of Delmarva facility,
- Have a friend or a loved one give blood for you,
- Pay the cost of one pint of blood (which is currently \$30).

Please Note:

- No donation obligation for pensioners age 75 and older.
- If your membership in the Blood Bank has been terminated for any reason, you must contact the Pension Office to complete a new Blood Bank application. Application also available on www.delawarepensions.com.
- If you are not currently enrolled in the Blood Bank, you may enroll by contacting the State Pension Office to complete an application. Application also available on www.delawarepensions.com.

If you have any questions about the Blood Bank, please call toll-free at 1-888-825-6638, or in New Castle County, 1-302-737-8400.

About Your Dental Plan



Delta Dental and Dominion Dental Services administer the State's dental programs for 2009.

Remember:

Enrollment in any of these dental plans is a Binding Election until next year's open enrollment. If you are enrolling in a managed care plan—Dominion Dental HMO—before you enroll make sure your dentist participates in the plan you select. You cannot change plans or drop coverage during the plan year if your dentist decides to no longer participate in the plan. You will be given the opportunity to choose another participating dentist. Call before enrolling to be sure the dentist is accepting new patients.

Delta Dental PPO Plus Premier Plan

This program allows you to visit any dentist you choose and receive applicable benefits. You'll save the most if you visit a dentist who participates with Delta Dental. You do not have to pick a primary care dentist; you are free to choose any dentist for any covered service at any time.

Your Delta Dental program gives you access to two Delta Dental dentist networks at once that offer different degrees of savings. You can choose a dentist from the larger Delta Dental Premier® network or one from the smaller Delta Dental PPO network, which features lower allowances and lower out-of-pocket costs or a dentist who does not participate with Delta Dental. Your choice of dentists can determine the cost savings you receive.

Delta Dental payments vary by service, based on Delta Dental's schedule of allowed amounts for its networks. Reimbursement maximums and deductibles apply. Your annual reimbursement maximum is \$1500 per plan year per participant. Delta Dental dentists cannot balance bill above the allowed amount for covered services. Additional information can be viewed at www.ben.omb.delaware.gov/dental/delta including a dentist directory or by contacting Customer Services at 1-800-873-4165.

Dominion Dental HMO Plan Dental Plan 605xs

Dominion's Dental Health Maintenance Organization (DHMO) plan emphasizes prevention and early detection of dental problems. As a managed care dental plan, carefully selected, established members of the dental community are contracted to deliver quality dental services. Select any general dentist from the list of participating dentists to receive care. The DHMO plan offers extensive coverage for over 250 services at premiums 16% to 40% lower than the PPO plan.

Benefits include no charge for oral examinations, routine semi-annual cleanings, bitewing X-rays and topical fluoride for children (after the \$10 office visit copay). These procedures account for over 65% of dental services most frequently performed for adults and almost 90% of the most frequently performed services for children.¹ More extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, orthodontics, etc.) is covered at fees up to 65% lower than usual and customary charges. Specialty care is provided at the listed copayment, whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating general dentist.

Features Include: No deductibles, no waiting periods, no pre-authorization paperwork, no maximum annual dollar limits, no pre-existing condition exclusions and no claim forms.

Additional information can be viewed at www.ben.omb.delaware.gov/dental/dom or by calling 1-888-518-5338.

¹Based on utilization data provided by independent actuaries.

	Total Monthly Rate	State Pays	Pensioner Pays
Dominion Dental HMO <i>Administered by Dominion Dental</i>			
Pensioner	\$20.36	\$0.00	\$20.36
Pensioner & Spouse	\$34.10	\$0.00	\$34.10
Pensioner & Child(ren)	\$41.30	\$0.00	\$41.30
Family	\$48.50	\$0.00	\$48.50
Delta Dental PPO Plus Premier <i>Administered by Delta Dental</i>			
Pensioner	\$24.48	\$0.00	\$24.48
Pensioner & Spouse	\$49.96	\$0.00	\$49.96
Pensioner & Child(ren)	\$49.04	\$0.00	\$49.04
Family	\$81.84	\$0.00	\$81.84

About Your Statewide Supplemental Benefit Plans



These plans are available to all benefit eligible active State Employees and Pensioners. Long-Term Care and Auto/Home Insurance are also available to eligible family members. Information is provided regarding your Statewide Supplemental Benefit options in this section. The benefit options available through this program are as follows:

- **Vision Insurance through VSP® Vision Care** — Enrollment during Open Enrollment only.
- **Legal Insurance Plan through ARAG®** — Enrollment during Open Enrollment only.
- **Auto/Home Insurance through Liberty Mutual** — Enrollment is open year long.
- **Pet Insurance through 24Petwatch Pet Insurance®** — Enrollment is open year long.
- **Long-Term Care Insurance through John Hancock** — Enrollment is open after initial eligibility period with proof of insurability.

***Note:** Vision coverage and Group legal are **Binding Elections**. Once enrolled, you may not drop coverage during the plan year and must wait until the next annual open enrollment period to terminate coverage.

You can access information on all of these Supplemental Benefit Programs by logging on to your SmartSavings Discount Marketplace:

1. Go to: <https://smartsavings.motivano.com>
2. Login using the following –
Username: delaware
Password: delaware05
3. Create your own unique username and password
4. Once you've created your own username and password, you will use them to log into the site.

If you need assistance please call Motivano's Customer Care Team at 1-866-664-4603. Customer Care hours are Monday through Friday from 8:30 a.m. to 8:30 p.m. ET. You can also email us at CustomerCare@Motivano.com.

Vision Benefit through VSP® Vision Care

IMPORTANT! Current Members Must Re-Enroll

As pensioners you'll receive an enrollment booklet from VSP the week of April 20 with everything you'll need to enroll. If you don't receive the booklet by May contact VSP Member Services at 800.400.4569.

ALL EMPLOYEES CURRENTLY ENROLLED IN VSP MUST RE-ENROLL DURING 2009 OPEN ENROLLMENT, so VSP can validate the benefit and dependent information provided by AdminAmerica.

You only want the best for your eyes and VSP can keep them healthy. Good health and clear vision don't just happen. You need personalized care with annual eye exams, the right glasses or contacts, and a continuous program to catch and treat problems before they become serious health issues. With VSP coverage, you'll keep your eyes healthy while getting great savings on frames, contacts and laser vision correction.

For more information or to enroll or change coverage visit www.vsp.com/go/stateofdelaware or call 1-800-400-4569

We have exciting news for 2009!

In 2008, your elective contact lenses were covered up to \$105, and frames up to \$120. In 2009, your elective contact lens and frame benefits will increase to a \$160 allowance! And you'll enjoy this significant increase in your vision benefits with no change in your vision contributions. Get complete plan and coverage information at www.ben.omb.delaware.gov/programs/supplements/vision.

Your Monthly Contributions

Pensioner Only	\$9.09 per month
Pensioner & Spouse	\$14.32 per month
Pensioner & Child(ren)	\$14.62 per month
Pensioner and Family	\$23.58 per month

Don't miss your chance to enroll.

Open enrollment is May 4 – May 20. If you don't enroll during open enrollment, you must wait until the next open enrollment period in 2010. **THIS IS A BINDING ELECTION, SO YOU MAY NOT DROP COVERAGE DURING THE PLAN YEAR.**

Questions? Online: www.vsp.com/go/stateofdelaware - Call: 800.400.4569

About Your Statewide Supplemental Benefit Plans



Legal Insurance Plan through ARAG®

Affordable, Flexible Legal Protection

As a State of Delaware employee/pensioner, you have access to professional attorneys, identity theft case managers, financial counselors and other valuable resources to help you protect all that you work so hard to maintain. **Attorney fees for most covered matters are 100% paid-in-full when you use a network attorney.** Your legal plan is designed to cover your everyday legal needs.

For more information or to enroll or change coverage visit <https://members.ARAGgroup.com> or call 1-800-247-4184

- Employee Only = \$18.06 per month
- Family = \$22.32 per month

***NOTE:** Group legal is a **BINDING ELECTION**. Once enrolled, you may not drop coverage during the plan year and must wait until the next annual open enrollment period to terminate coverage.

* Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG, LLC, ARAG Services, LLC or Advisory Communication Systems, Inc., depending on the product and state. Some products are only available through membership in the ARAG Association LC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

Auto/Home Insurance through Liberty Mutual

State of Delaware employees and pensioners qualify for auto, home and renters insurance discounts through Liberty Mutual's Group Savings Plus® program. You could receive a discount of up to 10% off Liberty Mutual's auto and home insurance rates. This is possible through Group Savings Plus® - a program that provides an exclusive group discount to employees.

* Discounts and credits are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applications may qualify.

** Service applies to auto policyholders and is provided by Cross Country Motor Club of Boston, Inc., Boston, MA or through Cross Country Motor Club of California, Inc., Boston, MA. A consumer report from a consumer-reporting agency and/or motor vehicle report on all drivers listed on your policy may be obtained where state laws and regulations allow. Contact Liberty Mutual directly with questions. Coverage provided underwritten by Liberty Mutual Insurance Company and its affiliates.

For more information or to enroll visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

Pet Insurance through 24Petwatch Pet Insurance®

Don't forget about the medical needs of your beloved family dog or cat. One in three pets will need emergency veterinary treatment each year. 24Petwatch Pet Insurance offers you the most flexible, affordable way to eliminate the financial stress of paying for your pet's unexpected medical costs. Enjoy a 10% group discount.

For more information or to enroll visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

- You have two different options for your method of payment:
- Payroll deduction: promotion code: br987-276
- Direct Payment from your banking or credit card account: promotion code: br987-277

About Your Statewide Supplemental Benefit Plans



Long-Term Care Insurance through John Hancock

Long-term care insurance is a benefit offered through John Hancock that can help you protect your financial resources and provide peace of mind to you and your family should you or a family member need care. This plan is designed to offer access for affordable coverage that will provide benefits for most long-term care expenses.

For more information or to enroll visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

For all Statewide Supplemental Benefit Program information visit www.ben.omb.delaware.gov/programs/supplements.

Motivano's SmartSavings Marketplace

SmartSavings is a member only discount marketplace that provides you with access to hundreds of brand name retailers and local merchants—all from one website. SmartSavings negotiates the best deals, offers exclusive access to special offers and discounts, and regularly updates the offers to help you stretch your hard-earned dollars. From clothing to vacations, event tickets and computers, you'll find it all on SmartSavings!

To access SmartSavings:

1. Go to <https://smartsavings.motivano.com>
2. Click on Account Login, SmartSavings Marketplace:
 - Username: delaware
 - Password: delaware05

If you need assistance please call Motivano's Customer Care Team at 1-866-664-4603. Customer Care hours are Monday through Friday from 8:30 a.m. to 8:30 p.m. ET. You can also email us at CustomerCare@Motivano.com.

Insurance Company	Benefit Plan	Toll-Free Number	Payment Options
Liberty Mutual	Auto and Home Insurance	1-800-730-6901	<ul style="list-style-type: none"> • Payroll deduction • Direct bill • Automatic transfer from your personal checking or savings account
John Hancock	Long-Term Care Insurance	1-800-432-9724	<ul style="list-style-type: none"> • Payroll deduction
ARAG	Legal Services	1-800-247-4184	<ul style="list-style-type: none"> • Payroll deduction
VSP	Vision Insurance	1-800-400-4569	<ul style="list-style-type: none"> • Payroll deduction
PetCare	Pet Insurance	1-866-275-7387	<ul style="list-style-type: none"> • Payroll deduction • Direct payment from your banking or credit card account

2009

**STATE OF DELAWARE OFFICE OF PENSIONS
APPLICATION FOR HEALTH CARE COVERAGE**

A. REASON FOR APPLICATION

ADD DEPENDENTS DUE TO:	CANCEL DEPENDENTS DUE TO:	REINSTATE COVERAGE DUE TO:
<input type="checkbox"/> New coverage <input type="checkbox"/> Change coverage <input type="checkbox"/> Information change <input type="checkbox"/> Medicare Eligible <input type="checkbox"/> Refuse coverage (see Section E)	<input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption/Guardianship <input type="checkbox"/> Non-voluntary coverage loss <input type="checkbox"/> Other	<input type="checkbox"/> Administrative error <input type="checkbox"/> Other
Date of event checked: _____		

B. PERSONAL INFORMATION

Male <input type="checkbox"/> Female <input type="checkbox"/> Retiree <input type="checkbox"/> Non-employee <input type="checkbox"/>		Agency or School District PENSION OFFICE	
Social Security Number _____		Business Phone (include area code) _____	
Date of Retirement (month, day, year) _____	Date of Birth (month, day, year) _____	Home Phone (include area code) _____	State _____
First Name _____	M.I. _____	City _____	Zip Code _____
Street Address _____			

C. HEALTH CARE COVERAGE CHOICES

COVERAGE IS FOR: Individual Individual & Spouse
 Individual & child(ren) Family

PLEASE MAKE ONE HEALTH CARE COVERAGE CHOICE:
 BCBS First State Basic Blue Care (HMO) Aetna (HMO) BCBS Comprehensive

OR

MEDICARE SUPPLEMENT COVERAGE CHOICE:
 BCBS Special Medicfill Special Medicfill without prescription

MEDICARE INFORMATION: Must enroll if eligible
 Please include copy of Medicare card with this application.

Applicant's Medicare #: _____
 Part A Effective Date: _____
 Part B Effective Date: _____

D. ELIGIBLE DEPENDENTS TO BE COVERED / PRIMARY CARE PHYSICIAN SELECTION

***If you choose Blue Care (HMO) coverage or Aetna, you MUST select a primary care physician (PCP) for yourself, spouse and all eligible dependents if more space is needed to list dependents, please use a separate sheet of paper and attach it to this application.**

Name of Your Primary Care Physician		Is this your current physician? <input type="checkbox"/> YES <input type="checkbox"/> NO		Physician's ID Number		Spouse's Primary Care Physician		Spouse's Social Security Number		Spouse's ID Number		Spouse's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Spouse's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date / /	Spouse's ID Number	Spouse's Primary Care Physician	Physician's ID Number	Spouse's Social Security Number	Physician's ID Number	Spouse's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Physician's ID Number	Physician's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Physician's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Dependent's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date / /	Dependent's Social Security Number	Dependent's Primary Care Physician	Physician's ID Number	Dependent's Social Security Number	Physician's ID Number	Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Physician's ID Number	Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Dependent's First Name	M.I.	Last Name (if different), Jr., Sr.	Birth Date / /	Dependent's Social Security Number	Dependent's Primary Care Physician	Physician's ID Number	Dependent's Social Security Number	Physician's ID Number	Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Physician's ID Number	Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Dependent's current physician? <input type="checkbox"/> Y <input type="checkbox"/> N

E. OTHER COVERAGE INFORMATION

Anyone covered by other health insurance? Yes No

If YES, and the coverage is through an employer, list name of employer: _____

Name and Location of Other Insurance Company: _____

Transferring your coverage from another Blue Cross Blue Shield contract? Y N

F. TERMS OF AGREEMENT

I understand that: 1) Rights to service are subject to acceptance of this application and to the terms and conditions specified in the present contract and any future contract between my employer, association and Blue Cross Blue Shield of Delaware (BCBSD) or Aetna. 2) I certify that all representations and information supplied by me are true. My coverage shall be void if any or part of this application is false or incomplete. 3) I authorize my employer, as my agent, if applicable to collect the premiums by payroll deduction or otherwise, for remittance to BCBSD or Aetna, with the understanding that payment will not be complete until actually received. 4) I, on behalf of myself and my covered dependents, authorize any physician, hospital or any other health care provider to release information available to them concerning any diagnosis, treatment or other health care services they render to me or my covered dependents for purposes reasonably related to this contract. 5) I, on behalf of myself and my covered dependents, authorize BCBSD or Aetna to release appropriate demographic information, diagnostic and medical conditions to other persons, entities or organizations for audits, claims processing, coordination of benefits, disease management programs, member satisfaction surveys, other party liability, utilization review, case management, quality improvement and assurance and other reasonably related purposes for the administration of this contract or as required by law.

I ELECT to participate in the State Health Insurance and do agree to the above terms.

I elect NOT to participate in the State Health Insurance.

Signature: _____

Date: _____

Signature: _____

Date: _____

State Of Delaware Office Of Pensions Dental Application



Effective Date

M	M	D	D	Y	Y	Y	Y

Please check the applicable box or boxes.

<input type="checkbox"/> New enrollment	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change of dependents
<input type="checkbox"/> Coverage Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Termination

Please select who coverage is for: Please select one dental plan of your choice:

<input type="checkbox"/> Employee	<input type="checkbox"/> Delta Dental #1260-0001
<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Dominion Dental #15339-*Must provide Dentist
<input type="checkbox"/> Employee & Child(ren)	
<input type="checkbox"/> Family	

NOTE: INCOMPLETE INFORMATION ON THIS FORM WILL DELAY YOUR ENROLLMENT. PLEASE PRINT CLEARLY.

Social Security Number	Employee Name (Last, First, Middle Initial)	Date of Birth
Home Address		Home Phone
City	State	Zip Code
Date of Marriage	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Agency PENSION OFFICE		

PLEASE LIST HERE ALL FAMILY MEMBERS TO BE COVERED BY THIS ENROLLMENT

Last Name	First Name	MI	Sex	Date of Birth	Social Security	*Primary Care Dentist Name	*Primary Care Dentist Code
Self				/ /	- -		
Spouse				/ /	- -		
Child <input type="checkbox"/> fulltime student <input type="checkbox"/> handicapped				/ /	- -		
Child <input type="checkbox"/> fulltime student <input type="checkbox"/> handicapped				/ /	- -		
Child <input type="checkbox"/> fulltime student <input type="checkbox"/> handicapped				/ /	- -		

IMPORTANT: Do you or your dependent(s) have other Group Dental Coverage? YES NO
 If your answer to the above question is yes, please complete the following information.

Name of Insured	Insurance Company	Policy Number
Name of Insured	Insurance Company	Policy Number
Name of Insured	Insurance Company	Policy Number

Employee's Signature _____ Date _____

State of Delaware – Spousal Coordination of Benefits Policy – Pensioners



The State of Delaware Spousal Coordination of Benefits Policy was instituted on January 1, 1993. The policy states that **if:**

- the pensioner's spouse is employed by another employer, **and**
- that employer offers group health coverage, **and**
- the employer pays at least 50% of the premium for the lowest employee only plan, then, the spouse must obtain coverage as primary through his/her employer.

A box is located on the spousal coordination of benefits form to confirm that spouse is a benefit-eligible State of Delaware employee or retiree.

The Spousal Coordination of Benefits Policy form must be completed in order to cover your spouse in one of the State of Delaware Group Health Insurance medical plans. The completed form is used to determine a spouse's eligibility to receive primary State of Delaware health benefits.

- **If you cover your spouse in one of the State of Delaware Non-Medicare Group Health Insurance medical plans, you MUST complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse's employment or insurance status changes. Failure to complete this form will result in a reduction of spousal benefits.**
 - **You may complete the form online at www.ben.omb.delaware.gov/documents/cob or you may complete the form on page 27 and submit it to the State Pension Office. The form must be completed no later than May 20, 2009.**
- REMINDER!** If completing the form online please print a copy of your submission and retain the copy for your records.
- **If you cover your spouse under the BCBSD Special Medicfill Medicare supplement plan, you do not need to complete a Spousal Coordination of Benefits form.**

Are You and Your Spouse Eligible for Double State Share (D.S.S)?

If you and your spouse are both benefit-eligible State of Delaware employees/pensioners then you are eligible for Double State Share (D.S.S.). (Medical plan names beginning with "D.S.S." are Double State Share Plans).

- Husband and wife eligible for Double State Share may choose two individual plans, an employee/pensioner & spouse plan, or a family plan.
- When electing an "Employee/Pensioner & Spouse" or "Family" medical plan and you choose a D.S.S. plan the Pensioner Share portion of the medical plan with the State of Delaware, is at no cost to you.
- If your spouse is still an Active State employee and you are electing an "Employee and Spouse" or "Family" medical plan, the coverage should be carried under the actively employed spouses' organization. The Pensioner must choose the "waive" coverage option when selecting your health benefit and by doing so will not impact your enrollment.
- Delaware Code states that the increment of cost for the options selected by the two employees/pensioners, which exceeds the cost of two First State Basic family plans, shall be deducted from their salary or pension check.
- **PLEASE NOTE:** At this time, no two combinations of options which may be chosen exceed the cost of two First State Basic family plans; therefore, there is no cost to the employee/pensioner eligible for Double State Share.

Please keep in mind that Double State Share is not under the control of the State Employee Benefits Committee; therefore, the benefit remains in place at this time. Should the legislature amend the Delaware Code regarding Double State Share following open enrollment and such amendments impact the contribution rates of Double State Share members, those affected will be provided an opportunity to change medical plans. For up to date information on any changes, please go to www.ben.omb.delaware.gov/oe.

Spousal Coordination of Benefits Policy Form



State of Delaware

PLEASE PRINT ALL INFORMATION REQUESTED

Check Carrier: Blue Cross Aetna

YOUR FULL NAME - Last, First, Middle Initial		YOUR HOME PHONE - Include area code	
YOUR SOCIAL SECURITY NUMBER		Are you and your spouse both benefit eligible State of Delaware employees or retirees? Yes No	
SPOUSE'S FULL NAME - Last, First, Middle Initial	SPOUSE'S SOCIAL SECURITY NUMBER	Male Female	SPOUSE'S BIRTH DATE / /

SPOUSE INFORMATION

My spouse is:	Not Employed	Employed Full-time	Employed Part-time	Self-employed	Retired
NAME AND ADDRESS OF SPOUSE'S EMPLOYER (If spouse is a benefit eligible State of Delaware employee, simply write State of Delaware in this box and sign/date form)			SPOUSE'S EMPLOYER PHONE NUMBER Include Area Code		
Does your spouse's employer offer medical insurance to employees? Yes No	Is your spouse enrolled in medical insurance through his or her employer? Yes No		If not enrolled, what percentage of the premium of the lowest benefit employee only plan would your spouse be required to pay?*		
	Is this a High Deductible Plan with a Health Savings Account (HSA)? Yes No		*Flexible benefits and credits apply toward employer's contribution		
What is the name of your spouse's medical insurance carrier?	What is your spouse's plan policy number? Effective Date:		Annual plan renewal date for your spouse's employer: Month: Day:		
Does your spouse's medical plan cover prescription drugs? Yes No	Your additional comments:				
If you are completing this form due to your spouse's loss of coverage please indicate the termination date of that coverage.			Date:		

AUTHORIZATION

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers:

- This information will be shared with the State of Delaware's plan administrator(s).
- If spouses take advantage of their own employer's medical coverage, their plans pay their benefits first. Then the State of Delaware will pay additional covered expenses, if any, up to the maximum allowed under our employee's family benefit plan, not exceeding a limit of 100% coverage from both plans combined.
- If spouses do not take advantage of their own employer's medical coverage, the State will pay 20% of covered services provided by the employee's State of Delaware benefit plan.

I understand this form must be completed in order to cover my spouse on my State of Delaware Group Health Insurance plan. The form is used to determine a spouse's eligibility to receive primary State of Delaware health benefits. Generally, the following spouses are eligible for primary coverage:

- Spouses not working full time, or
- Spouses whose employer does not offer medical coverage, or
- Spouses whose employers require a contribution of more than 50% of the premium for the lowest benefit employee only plan available.

If any of this information changes, I must complete a new form within 30 days.

Notice to all parties completing this form: To insure benefits are coordinated properly between employers, the State of Delaware will verify the accuracy of information by conducting audits, contacting you, and contacting your spouse's employer. It is fraudulent to fill out this form with any information which is false or to omit important facts. Providing false information may result in disciplinary action.

Please return completed form to your organization's Human Resources or Benefits Representative.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT

Employee's Signature

Date: / /

A complete copy of the State of Delaware's Spousal Coordination of Benefits Policy can be found online at www.ben.omb.delaware.gov/documents/cob

Benefits Health Fairs



Mark Your Calendar to Attend a Health Fair!

If you have questions about the 2009 Open Enrollment or your benefits, please attend a benefit health fair scheduled at various site locations in each county. Health Fair dates and location information are listed below:

Date	Time	Location	Address
Kent County			
Wednesday, May 6, 2009	10 a.m. - 2 p.m.	Delaware Technical and Community College, Terry Campus Education & Technology Building – Room 727	100 Campus Drive • Dover, DE 19901 Directions: www.dtcc.edu/terry/pages/directions.html
Monday, May 11, 2009	2 p.m. - 6 p.m.	Delaware Hospital for the Chronically ILL (DHCI) Candee Building	100 Sunnyside Road • Smyrna, DE 19977 Directions: http://www.dhss.delaware.gov/dhss/main/maps/dhci/cndebldg.htm
Sussex County			
Monday, May 4, 2009	10 a.m. - 2 p.m.	Delaware Technical and Community College, Owens Campus Carter Partnership Center - Room 540 A-H	Rte. 18 • Georgetown, DE 19947 Directions: www.dtcc.edu/owens/directions
Friday, May 15, 2009	2 p.m. - 6 p.m.	DHSS Stockley Center All-Star Building	Rte. 113 • Georgetown, DE 19947 Directions: http://www.dhss.delaware.gov/dhss/main/maps/stockley/stockley.htm
New Castle County			
Friday, May 8, 2009	10 a.m. - 2 p.m.	Delaware Technical and Community College, Stanton Campus Conference Rooms A116/A114	400 Stanton Christiana Road Newark, DE 19713 Directions: www.dtcc.edu/stanton-wilmington/maps/stanton_map.htm
Wednesday, May 13, 2009	2 p.m. - 6 p.m.	Carvel State Building 2nd Floor Mezzanine	820 N. French Street Wilmington, DE 19801 Directions: http://www.delawarepersonnel.com/admin/office/locations.shtml

2009

Phone Numbers and Websites

Company Name	Phone Number	Website
Aetna	1-877-542-3862	www.aetna.com
Blue Cross Blue Shield of Delaware	302-429-0260 or 1-800-633-2563	www.bcbsde.com
Human Management Services, Inc. (HMS) (Employee Assistance and Work/Life Program)	1-800-343-2186	www.hmsincorp.com USERNAME: Delaware PASSWORD: statehms04
Medco	1-800-939-2142	www.medco.com
Delta Dental	1-800-873-4165	www.deltadentalins.com/ stateofdelaware
Dominion Dental Services	1-888-518-5338	www.dominiondental.com
Blood Bank of Delmarva	302-737-8400 or 1-888-825-6638	www.delmarvablood.org
Motivano, Statewide Supplemental Benefits Administrator	1-866-664-4603	www.motivano.com USERNAME: delaware PASSWORD: delaware05
Ceridian, COBRA Administration	1-800-877-7994	www.ceridian-benefits.com
Office of Pensions	302-739-4208 or 1-800-722-7300	www.delawarepensions.com
Elder Information Hotline	1-800-336-9500	
Statewide Benefits Office, Office of Management and Budget	302-739-8331 or 1-800-489-8933	www.ben.omb.delaware.gov

