

Indian River School District

2022-2023 Benefits Summary

Payroll & Benefits Department: 436-1070
Benefits: Ext.#101185 Sue Dilanni
Payroll: Ext #101137 Duane Marvel

For All Benefit Information visit: <https://dhr.delaware.gov/benefits>

State Life Insurance – Securian Financial Group

State life insurance is an **optional benefit**. You will receive an informational packet in the mail to your home address. Enrollment for extra state life insurance as well as questions should be directed to Securian and not payroll. To enroll or make changes, visit dhr.delaware.gov/benefits, click on “K12 Employees” then “Securian Financial”.

Securian Financial Group, Inc. Customer Service ~ [1-877-215-1489](tel:1-877-215-1489).

- Accidental and Critical Illness Insurance

The State of Delaware has partnered with **Securian Financial** to provide Accident and Critical Illness Insurance for State of Delaware employees. It is difficult to anticipate the extra expenses a serious accident or illness may bring, but with Securian Financial, you can be prepared. Accident and Critical Illness Insurance provide lump sum cash payments if you, or a covered dependent, suffer an injury from an accident or are diagnosed with a condition covered under the policy. Access the Securian website through [State of Delaware Employee Self-Service](#). Once logged in, follow the navigation to the Securian website: State of Delaware Employee Self Service > Benefits > Benefits Websites > Securian. Benefit eligible employees may enroll online for Accident or Critical Illness Insurance by Securian Financial during their **90-day** initial eligibility period. Employees who do not enroll during their initial eligibility period must wait until the next Annual Benefits Open Enrollment or experience a qualifying life event.

Short Term & Long Term Disability Insurance - The Hartford

New employees are automatically enrolled in the Short Term/Long Term Disability coverage through The Hartford. There is no cost for coverage as premiums are paid by the State of Delaware. To initiate a claim, contact The Hartford directly at 1-800-945-7781. Short-term disability is paid at a rate of 75% of your salary and Long-term disability insurance will be paid at a rate of 60% of your salary. This compensation is based on approval by the Hartford.

Deferred Compensation Program – VOYA

The Deferred Compensation Program is an **optional benefit**. Any monies contributed are payroll deducted and are pre-taxed. Should you decide to enroll in the State of Delaware’s deferred compensation program through VOYA, Enroll online (dhr.delaware.gov/benefits, K12 Employees, DEFER) or call Voya Financial at 800-584-6001. Representatives are available Monday through Friday from 8 a.m. to 9 p.m. ET (excluding New York Stock Exchange holidays). They will set up your account and payroll deduction and answer any questions you may have.

Compsych Guidance Resources

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

Health Insurance

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

- **Blue Cross Blue Shield Comprehensive:** This plan is a **PPO** plan, you may choose any doctor providing they accept the BCBS health plan. There may be a deductible or co-pay based on your choice of physician.
- **First State Basic Plan:** This plan is subject to deductibles for in-network as well as out of network. After deductions the plan pays either 90% or 70% of allowable charge.
- **Aetna:** This plan is an **HMO**, therefore you must designate a primary care physician within the network. There is no deductible with this plan however you will be subject to a co-pay. This plan does have vision coverage of one exam every 24 months.
- **Aetna CDH Gold:** This plan has a higher deductible than the First State Basic and out-of-network deductible for the Comprehensive PPO plans; however you pay less out of your paycheck for the monthly premium. You continue to use the same network providers. These plans are accompanied by a Health Reimbursement Account funded by the State.

You must complete a Spousal Coordination of Benefits Form online every year you cover your spouse on your health insurance. It is important that you refer to the spousal coordination of benefits policy on the Statewide Benefits Website.

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

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

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

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

Prescription Coverage – CVS Caremark

All of the above mentioned health plans utilize CVS Caremark as their prescription provider. You will receive a separate card for prescriptions. For specific questions, you may contact CVS Caremark at 1-833-458-0835 or visit their website at <https://www.caremark.com/>.

Dental Coverage

YOU MAY SIGN UP FOR DENTAL & VISION EFFECTIVE THE FIRST OF THE FOLLOWING MONTH IN WHICH YOU ARE HIRED OR YOU MUST WAIT 3 MONTHS

- **Dominion National:** This plan is an **HMO**, therefore you must choose a primary care dentist within the network. **PLEASE BE SURE TO CALL THE DENTIST OFFICE TO INQUIRE AS TO IF THEY ARE ACCEPTING NEW PATIENTS. 1-888-518-5338**
- **Delta Dental PPO Plus Premier:** This plan allows you to visit any dentist you choose and receive applicable benefits. **PLEASE BE SURE TO CALL THE DENTIST OFFICE TO INQUIRE AS TO IF THEY ARE ACCEPTING NEW PATIENTS. 1-800-873-4165**

Vision Plan - EyeMed Low –or-- EyeMed High

Review the attached information to review these 2 vision benefits or for more information go to <https://eyemed.com/en-us> or contact EyeMed at 1-855-259-0490.

Flexible Spending Account (FSA) – ASIFlex

Flexible Spending Account is an **optional benefit**. This is a health and dependent care spending account that if elected, will be deducted from your pay pre-taxed. It is based on a calendar year and funds not utilized will be lost. Please see the attached packet information to enroll or review more information at <https://www.asiflex.com/>. Open Enrollment for this plan is in November for January to December coverage. **ASI Flex ~ 1-800-695-3035.**

My.Delaware.GOV registration

Refer to the instructions to create your account to view your paychecks, W2's and Benefits. You will need a home email address to create your account.

Absence Management – AESOP

You will receive a welcome email to your IRSD email account with login instructions. Enter your days off, (assign substitutes if needed) and see your absence leave balances.

- Illness/Personal days are accrued at the rate of one day per month. 10 month employees receive 7 sick and 3 personal days. 12 month employees receive 9 sick and 3 personal. Vacation days (12 Month Employees Only) are accrued at the rate of 1.25 days per month. During the 5th year of employment, vacation accrual increases to 1.75 days per month, pro-rated from the date of hire.
Please note that sick and vacation days are front-loaded into your AESOP account. You must work the month to use the sick or vacation day (i.e; work a month, earn a day).

Affordable Care Act-ACA

Enclosed is a Notice entitled “New Health Insurance Marketplace Coverage Options and Your Health Coverage.” The health care reform law known as the Affordable Care Act (“ACA”) requires that employers provide this Notice to all new employees within 14 days of hire. The Notice provides information about the new Health Insurance Marketplace (“Marketplace”), as well as information regarding the health coverage offered by the State of Delaware (“the State”).

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

➤ **New Hire Enrollment Form**

Please indicate your health care choices for Health, Dental and Vision. If you are waiving benefits, circle “waive” in the appropriate section, sign and date the form. **Even if you are waiving all benefits, circle “waive” in all 3 sections, sign and date.**

➤ **Local Life Insurance Form**

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