Annual Open Enrollment – Benefits FAQs

1. What is Open Enrollment?

Open Enrollment is your once-a-year opportunity to review, enroll in, or make changes to your benefit elections, including medical, dental, vision, life insurance, and other voluntary benefits.

2. When is the Open Enrollment period?

Open Enrollment begins on May 1, 2025, and ends on May 16, 2025. All elections must be submitted by 11:59 PM on the end date.

3. What happens if I don't take any action?

If you don't actively enroll or make changes:

- **This year**, if you do not actively enroll in a medical plan, your current plan and coverage level will transition to a comparable option. Your dental, vision, life, and long-term disability elections will automatically roll over.
- You may miss the opportunity to learn about what's new, such as updated plan options, rates, special campaigns, and other important changes.
- You may miss the chance to update dependent or plan information.

4. What changes can I make during Open Enrollment?

You can:

- Enroll in or waive coverage.
- Add or remove dependents.
- Switch medical, dental, vision, life, and long-term disability plans.
- Enroll in or modify voluntary benefits (e.g., life insurance, accident, critical illness).
- Retirees **under age 65** may elect or waive medical, dental, and vision coverage, and may also add or drop a dependent.
- Retirees over age 65 may only elect, waive, or make changes to dental and vision plans for themselves and their dependents. Medical plan elections or changes apply to eligible dependents only. When completing the Retiree Open Enrollment Election Form, if you

are not enrolling a spouse or dependent under age 65, select 'Waive Coverage. This selection will not impact your Medicare Supplemental plan coverage.

 Enrollment/changes to the Medicare Supplemental plan, Special Medicfill, can be made during the Medicare Open Enrollment in October.

5. Where do I enroll or make changes?

Visit our Virtual Fair website and log in to FlexNet.

6. Can I make changes after Open Enrollment ends?

Only if you experience a Qualifying Life Event (QLE) such as:

- Marriage or divorce
- Birth or adoption of a child
- Loss or gain of other coverage

Changes due to QLEs must be submitted within 30 days of the event.

7. As a new employee, what steps do I need to take during Open Enrollment?

If your hire date is effective May 1, 2025, or June 1, 2025, you must make your new hire elections within 30 days of your hire date. Effective July 1, 2025, your current medical plan and coverage level will transition to a comparable option. Your dental, vision, life, and long-term disability elections will automatically roll over.

8. Do I need to submit proof for my dependents?

Yes. If you're adding a new spouse or child, you'll be asked to provide **supporting documentation** (e.g., marriage certificate, birth certificate). You may upload supporting documentation in <u>FlexNet</u> or use the <u>Secure Document Submission Form</u>.

9. Will there be any changes to the benefit plans this year?

Yes. **Effective July 1, 2025**, the University will administer medical insurance coverage, replacing the State of Delaware.

This change offers **greater flexibility in benefit design** without affecting:

- Plan providers
- Employee contributions
- Coverage options

Medical plans will still be offered through **Aetna** and **Highmark**, with two renamed Highmark plans:

- Highmark Delaware First State Basic → Highmark Blue Choice Deductible PPO Plan
- Highmark Delaware Comprehensive PPO → Highmark Blue Choice PPO Plan

CVS Caremark will continue to manage the prescription drug plan.

Vision coverage remains with National Vision Administrators (NVA).

Dental coverage continues with **MetLife**.

Working Spouse Surcharge - The University remains committed to **affordable**, **sustainable healthcare** for employees.

The Spousal Coordination of Benefits (SCOB) Form is now called the **Working Spouse Surcharge Verification Form**.

- This form is required annually during Open Enrollment for spouses with access to other employer-sponsored coverage.
- Visit the Medical Insurance website for program details and to access the form.

10. How can I learn more about my benefits?

Attend one of the **Open Enrollment information sessions**, review the **Benefits Guide**, visit the Virtual Benefit Fair, or contact Benefits/Human Resources.

11. What if I have technical issues enrolling?

If you have trouble accessing the enrollment site or submitting elections, contact Benefits/Human Resources.

FAQs for Spouses Working at the University

12. Can my UD spouse and I both enroll separately in benefits?

Yes, but it may not be the most cost-effective option. In many cases, one spouse can cover the other as a dependent, or each can have their own individual coverage. Compare your options carefully.

13. Can we "double cover" ourselves or our dependents?

No. Our policy does not allow for dual coverage under the company's health plans. You and your spouse must coordinate your elections to avoid duplicate coverage.

14. Which UD spouse should cover the family?

Either spouse may choose to enroll in family coverage to include the other spouse and any dependents. Review premium costs and coverage options to decide which makes the most financial sense.

15. Do both UD spouses need to complete Open Enrollment if only one is enrolling the family?

Yes. Both employees must log into the benefits system FlexNet:

- The enrolling spouse will elect the coverage and list dependents.
- The other spouse will waive medical/dental/vision coverage, but should still review and elect mandatory benefits like life or disability insurance.

16. How does this affect life and disability insurance?

Each spouse must elect their own life and disability insurance independently. Coverage amounts and costs are based on each individual's salary and election choices.