

Charter School Benefits Overview

Statewide Employee Benefit Programs

Statewide Benefits Office

Website: www.ben.omb.delaware.gov



Office of Management and Budget

State Employee Benefit Programs are administered by the Statewide Benefits Office

with the exception of Pension Benefits & Deferred Compensation

Two health care vendors for medical coverage offer six health plans:

- Highmark Delaware – First State Basic PPO plan, CDH Gold plan, HMO plan and Comprehensive PPO plan; and
- Aetna – CDH Gold Plan and HMO plan.

Enrollment in the health care program provides automatic enrollment in:

- Prescription drug plan, managed by Express Scripts;
- Employee Assistance Program, HMS, (for active employees and non-Medicare retirees only), and
- DelaWELL Health Management Program

Two dental vendors for dental coverage:

- Delta Dental – PPO plus Premier Plan
- Dominion Dental – HMO Plan

EyeMed Vision Care for vision coverage.

State Employee Benefit Programs administered by the Statewide Benefits Office - continued

Flexible Spending Account (FSA), managed by ASIFlex:

Two Types of Accounts

- Health Care FSA &
- Dependent Care FSA

Pre-Tax Commuter Benefit Program, managed by ASIFlex:

Two Distinct Categories – employees traveling to and from work

- Pre-Tax Parking expenses
- Mass Transit/Van Pooling

Blood Bank of Delmarva

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State Employee Benefit Programs administered by the Statewide Benefits Office - continued

Group Universal Life Insurance (GUL), managed by Minnesota Life

Disability Insurance (DIP), managed by The Hartford

- Short Term Disability – self-insured through State
- Long Term Disability – fully-insured through Hartford
- Return to Work (RTW) Program

Supplemental Benefits, managed by AFLAC effective July 1, 2015

- Accident coverage
- Critical Illness including cancer coverage

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HR/Benefit Representatives Responsibilities

- Remain current on all benefit plans and understanding of Eligibility & Enrollment Rules
- Timely education of new hires and newly eligible employees on employee benefits and subsequent enrollment in PHRST
- Maintain benefits enrollment files for all employees for recordkeeping and auditing purposes.
- Assist employees with open enrollment and accessing their Benefits Summary through **Employee Self-Service** at www.employeeselfservice.omb.delaware.gov in May of each year for a July 1 effective date
- Referral of employees to the Statewide Benefits Office for claims questions
- Collection of benefit plan premiums via refund/adjustment or personal check when employee deduction is missed.

HR/Benefit Representatives Responsibilities

- Maintain security of employee protected health information - Take HIPAA online course for Human Resource professionals as HR/Benefit manager and have supervisors/manager in your school take the HIPPA course designated for supervisors/manager and use Iron Port to send communications via secure email.
- Maintain compliance with Affordable Care Act:
 - Provide new employees with Marketplace Notice within 14 days of hire. Notices can be found on the secure ben rep site for full-time, part-time and casual/seasonal employees
 - Casual/seasonal employees, substitutes and coaches hours must be limited to less than 30 hours per week. Weekly record keeping of the work hours of employees in this category must be maintained in a spreadsheet and provided to OMB monthly.
- Participate in training sessions offered by the Statewide Benefits Office and PHRST.

Getting You Started – The State of Delaware Group Health Insurance Program (GHIP)

The Charter School benefit representative should contact the Statewide Benefits Office to schedule a half-day non-PHRST Benefits Review training prior to attending the PHRST system training or attend a Statewide Benefits Training course.

- This training provides Charter School Benefit Representatives with first hand knowledge of State of Delaware benefits as well as knowledge of State laws and regulations related to employee benefits.

Charter Schools must contact the Statewide Benefits Office *before* they begin hiring employees who will be paid through the State payroll system to ensure benefit plans are properly communicated to employees and properly entered in PHRST.

For additional information and to schedule a non-PHRST Benefits Review training session please email Brenda Lakeman (brenda.lakeman@state.de.us) at the Statewide Benefits Office or call 1-800-489-8933.

Getting Your Employees Started – The State of Delaware Group Health Insurance Program (GHIP)

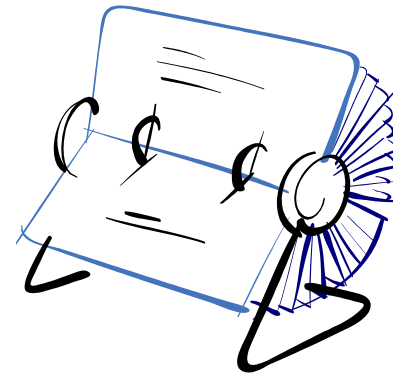
- It's important that the charter school Benefit Representative contact the Statewide Benefits Office at least a month prior to opening to schedule an employee benefits orientation meeting.
- The meetings are usually held during an in-service day as soon as employees are hired and prior to the first day of school opening.
- The Statewide Benefits Office will coordinate the meeting between the charter school Benefit Representative and the health, dental and vision insurance carriers who will be present at the meeting.
- The Statewide Benefits Office will request the benefit vendors ship informational materials to the charter school upon request and/or upon confirmation of a scheduled employee meeting.
- To prevent any delay in employees' benefit coverage it's imperative to coordinate the benefits meetings so benefits are set-up in PHRST for enrollments to be transmitted electronically to the insurance carriers without delay, so employees receive their insurance ID cards prior to accessing care.

Statewide Benefits Office Website

www.ben.omb.delaware.gov

Documentation

- [Health Insurance Marketplace Notices](#)
- [Spousal & Dependent Child Coordination of Benefits](#)
- [Quick Reference to Benefit Vendors](#)
- [Statewide Benefits Office Contact List / Primary Responsibilities](#)
- [Communications](#)
- [Group Health Eligibility & Enrollment Rules](#)
- [Medicare Enrollment Information](#)
- [COBRA](#)
- [HIPAA](#)
- [NOTICES](#)



Secure Benefit Representative Website

The Secure Benefit Representative website was designed specifically for Benefit Representatives. The site contains important benefit program information with updates for all benefits administered by the Statewide Benefits Office.

Be sure to visit this site regularly to access up to the minute news and information concerning employee benefits and locate related benefit forms.

Website is <http://reps.omb.delaware.gov> or when in Statewide Benefits website, click on Benefit Representatives in left hand column.

Login using the following user name and password

- Username – reps
- Password – BEN@hrm*122

Statewide Benefits Office Customer Service

- Automated Recording
(302) 739-8331 or 1-800-489-8933
- Select appropriate option for Benefit Representative
- Separate option for Group health members to call

Group Health Insurance Eligibility & Enrollment Rules

- Employees must meet benefits eligibility in order to obtain benefits coverage under the State of Delaware Group Health Insurance Program.
- Updated as required to ensure compliance with Federal & State Laws, policy and procedure changes.
- Approved by the State Employee Benefits Committee (SEBC) and administered by the Statewide Benefits Office.

The Group Health Eligibility & Enrollment Rules can be found online from the Statewide Benefits Office website at www.ben.omb.delaware.gov located on the right side of the page under the “*Documentation*” section.

Disability Program Rules and Regulations

- Defines eligibility rules and administration policies
- Updated as required to ensure compliance with Federal & State Laws, policy and procedure changes.
- Approved by the State Employee Benefits Committee (SEBC) and administered by the Statewide Benefits Office.

The Disability Insurance Program Rules can be found online from the Statewide Benefits Office website at; www.ben.omb.delaware.gov, located on the right side of the page under the “*Documentation*” section.

Spousal Coordination of Benefits Policy

- Spouse of an active employee or pensioner, must participate in employer's health care plan (or former employer if spouse is retired) when eligible, unless spouse would pay more than 50% of the premium for the lowest "Employee-Only" plan.
- Employees must complete Spousal Coordination of Benefits form each year during Open Enrollment and any time during the year that their spouse's health care coverage or employment status changes.

Policy and online form available at:

www.ben.omb.delaware.gov/documents/cob

COBRA Online Processing

Group Health Insurance Program's COBRA Administrator is Ceridian Benefits Services

- HR/Benefits Office is responsible for notifying **Ceridian Benefits Services** within 30 days of an event *via the Ceridian website for all requests*:
 - **New Hire Notifications** - when an employee is first enrolled in benefits through the Group Health Insurance Program and
 - **Qualifying Event packages** - including but not limited to employee's death, termination of employment, reduced hours of work for the covered employee resulting in loss of coverage, as well as divorce and loss of dependent eligibility status.
 - If your office is not notified of a divorce or loss of dependent eligibility status within 60 days of the event, the spouse and/or dependent are **not** eligible for COBRA coverage.

Ceridian Benefits Services COBRA Administration information is provided on the Secure Benefit Representative website at; - <http://reps.omb.delaware.gov>
Under COBRA.

QUESTIONS

