

DVHT (Aetna) Open Enrollment/Information meetings scheduled

Open enrollment is available for eligible Kent County employees, retirees, and former employees/dependents with COBRA benefits from April 30 – May 18, 2018. Open enrollment is the only time eligible participants can make changes to certain employee benefits such as health, dental, life, flexible spending, etc., unless an eligible qualifying event occurs during the plan year.

It may be necessary for every employee to complete a new DVHT enrollment form. Highmark has been requested to provide electronic enrollment information to DVHT, but it is uncertain at this time if Highmark will do so.

Information meetings with the new employee & retiree health insurance provider - Delaware Valley Health Trust (Aetna), have been scheduled as follows:

DVHT (Aetna) Info meetings	<i>Administrative Complex-220</i>	<i>Emergency Services Building</i>	<i>Resource Recovery Facility</i>	<i>Recreation Center</i>	<i>County Library</i>
Mon., Apr. 30		5:30 p.m.		2 p.m.	
Tue., May 1	11 a.m. & 2 p.m.		6 a.m.		
Thu., May 3	11 a.m. & 2 p.m.	8:30 a.m.			
Mon., May 7			2:30 p.m.		11 a.m.

Aetna will replace current insurer - Highmark Blue Cross Blue Shield Delaware, effective July 1, 2018. New health insurance cards will be mailed to participants by the end of June.

DVIT (Delaware Valley Insurance Trusts – parent organization for DVHT) is a self-insured non-profit cooperative controlled by member jurisdictions that utilizes the Aetna provider network. A major feature of the DVHT program is an exceptional wellness benefits program, which includes cash rewards for annual biometric screenings, colonoscopy, mammograms, well women exams, certain health education classes, and healthcare consumerism. In addition, reimbursements are offered for gym membership fees, race registration fees, weight watchers program, bike helmets, etc.

According to DVIT, 99.45% of the providers currently used by County employees are in the Aetna network and they have nearly 20 years of experience managing the seamless transition from one health provider network to another.

As a self-insured pool, the Trust develops the annual premiums for each type plan offered by a member jurisdiction based upon that employee group's claims history. An attractive feature of the DVHT shared risk pool is the Rate Stabilization Fund, which is the difference between premiums paid by the 140+ member public entities and the actual costs for claims and administration. The Stabilization Fund can be used to mitigate any premium increases the following year. According to DVIT, while health insurance expenses have increased 224% since 1999, the Health Trust's cumulative increase (net of the RSF) is 69.4% - averaging only 2-4% increases each year.

Rate stability is a very beneficial feature of the DVHT shared risk pool, since unpredictable health insurance premium spikes may be avoided in the future. In order to benefit from the advantages of a shared risk insurance cooperative, the County has committed to remain in the program for at last two years, but more likely for a much longer term.

For more information, contact the Personnel Office at 744-2310.

(Posted 04/16/18)

Delaware Valley Health Trust

Kent County Levy Court

**Aetna Open Choice PPO
HIGH Plan – 100%/80%
(July 1, 2018 – June 30, 2019)**

**DVHT HRA HDHP PPO 100, \$5,000/\$10,000, 80% out of network,
with a \$10 generic/\$25 brand/\$75 non-preferred pharmacy**

Benefits Summary	In network	Out of network
Deductible (Kent County Levy Court funds 100% of the deductible)	\$5,000 individual/\$10,000 family	\$5,000 individual/\$10,000 family
Out of Pocket Maximum	\$6,350 individual/\$13,700 family	\$10,000 individual/\$20,000 family
Primary Care Physician	\$10 copay, no deductible	80%, after deductible
Specialist Office Visit	\$20 copay, no deductible	80%, after deductible
Preventive Care/Screening/Immunization (includes physical exams, adult immunizations, colorectal cancer screening, routine gynecological exams, routine mammograms, PSA tests, routine pediatric physical exams and immunizations)	100%, no copay, no deductible	80%, after deductible
Hospitalization Inpatient	100%, after deductible	80%, after deductible
Hospitalization Outpatient	100%, after deductible	80%, after deductible
Maternity (non-preventive facility & professional services)	100%, after deductible	80%, after deductible
Medical/Surgical (except office visits)	100%, after deductible	
Ambulatory Surgery	100%, after deductible	80%, after deductible
Anesthesia	100%, after deductible	
Emergency Room	\$150 copay per visit (waived if admitted), no deductible	
Ambulance	100%, after deductible	
Urgent Care Facility	\$50 copay, no deductible	80%, after deductible
Chiropractic Care	100%, after deductible. Up to 30 visits per benefit period. Visits combined in and out of network.	80%, after deductible. Visits combined in and out of network.
Cardiac Rehabilitation	\$20 copay, no deductible. Limit: 3 sessions a week and 3 months of treatment. Visits combined in and out of network.	80%, after deductible. Visits combined in and out of network.

Delaware Valley Health Trust

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with a \$10 generic/\$25 brand/\$75 non-preferred pharmacy**

Benefits Summary	In network	Out of network
<i>Chemotherapy and Radiation Therapy</i>	100%, after deductible	80%, after deductible
<i>Physical/Speech/Occupational Therapy</i>	\$20 copay, no deductible. Up to 30 visits per plan year for physical and occupational therapy. 30 visits per plan year for speech therapy. Visits combined in and out of network.	80%, after deductible. Visits combined in and out of network.
<i>Mental Health Services</i>	Inpatient 100%, after deductible. Outpatient \$10 copay per visit.	80%, after deductible
<i>Substance Abuse</i>	Inpatient 100%, after deductible. Outpatient \$10 copay per visit.	80%, after deductible
<i>Diagnostic Testing (x-ray/bloodwork)</i>	100%, after deductible	80%, after deductible
<i>Complex Imaging (MRI's, CT/PET Scans)</i>	100%, after deductible	80%, after deductible
<i>Durable Medical Equipment (includes orthotics and prosthetics)</i>	100%, after deductible	80%, after deductible
<i>Home Health Care</i>	100%, after deductible. Up to 100 visits/benefit period. Visits combined in and out of network.	80%, after deductible. Visits combined in and out of network.
<i>Hospice</i>	100%, after deductible	80%, after deductible
<i>Private Duty Nursing</i>	100%, after deductible. Up to 240 hours/benefit period, inpatient only. Combined in and out of network.	80%, after deductible. Combined in and out of network.
<i>Skilled Nursing Facility</i>	100%, after deductible. Up to 120 days per benefit period. Days combined in and out of network.	80%, after deductible. Days combined in and out of network.
<i>Transplant Services</i>	100%, after deductible	80%, after deductible

Delaware Valley Health Trust

Kent County Levy Court

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with a \$10 generic/\$25 brand/\$75 non-preferred pharmacy**

Benefits Summary	In network	Out of network
<i>Vision Exam Benefit</i>	Adult routine vision exam 100%, no copay, no deductible. One routine eye exam every 24 months. Pediatric routine vision exam 100%, no copay, no deductible. One routine eye exam every 12 months. Performed at time of physical by PCP.	80%, after deductible
<i>Prescription Drug Retail</i>	Generic \$10 copay, Preferred Brand \$25 copay, Non-preferred brand \$75 copay. Up to a 34 day supply. Note - a 90-day supply is available at a charge of 2 copays.	80% of recognized charges
<i>Prescription Drug Mail Order</i>	Generic \$20 copay, Preferred Brand \$50 copay, Non-preferred brand \$150 copay.	Not covered
<i>Mandatory Generic</i>	Unless the prescribing physician indicates Dispense as Written, if an individual chooses a preferred or non-preferred brand drug when a generic drug is available, he or she will have to pay the difference between the charge for the preferred or non-preferred brand drug and the generic drug, plus the copay for the brand drug.	

Delaware Valley Health Trust

Kent County Levy Court

*Aetna Open Choice PPO
LOW Plan – 90%/70%
(July 1, 2018 – June 30, 2019)*

DVHT HRA HDHP PPO 90 \$5,000/\$10,000, 70% out of network, with a \$20 generic/\$60 brand/\$80 non- preferred pharmacy

Benefits Summary	In network	Out of network
<i>Deductible (Kent County Levy Court funds 100% of the deductible)</i>	\$5,000 individual/\$10,000 family	\$5,000 individual/\$10,000 family
<i>Out of Pocket Maximum</i>	\$6,850 individual/\$13,700 family	\$10,000 individual/\$20,000 family
<i>Primary Care Physician</i>	\$20 copay, no deductible	70%, after deductible
<i>Specialist Office Visit</i>	\$40 copay, no deductible	70%, after deductible
<i>Preventive Care/Screening/Immunization (includes physical exams, adult immunizations, colorectal cancer screening, routine gynecological exams, routine mammograms, PSA tests, routine pediatric physical exams and immunizations)</i>	100%, no copay, no deductible	70%, after deductible
<i>Hospitalization Inpatient</i>	90%, after deductible	70%, after deductible
<i>Hospitalization Outpatient</i>	90%, after deductible	70%, after deductible
<i>Maternity (non-preventive facility & professional services)</i>	90%, after deductible	70%, after deductible
<i>Medical/Surgical (except office visits)</i>	90%, after deductible	
<i>Ambulatory Surgery</i>	90%, after deductible	70%, after deductible
<i>Anesthesia</i>	100%, after deductible	
<i>Emergency Room</i>	\$250 copay per visit (waived if admitted), no deductible	
<i>Ambulance</i>	90%, after deductible	
<i>Urgent Care Facility</i>	90%, after deductible	70%, after deductible

Delaware Valley Health Trust

Kent County Levy Court

*Aetna Open Choice PPO
LOW Plan – 90%/70%
(July 1, 2018 – June 30, 2019)*

DVHT HRA HDHP PPO 90 \$5,000/\$10,000, 70% out of network, with a \$20 generic/\$60 brand/\$80 non- preferred pharmacy

Benefits Summary	In network	Out of network
Chiropractic Care	90%, after deductible. Up to 30 visits per benefit period. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Cardiac Rehabilitation	\$40 copay, no deductible. Limit: 3 sessions a week and 3 months of treatment. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Chemotherapy and Radiation Therapy	90%, after deductible	70%, after deductible
Physical/Speech/Occupational Therapy	\$40 copay, no deductible. Up to 30 visits per plan year for physical and occupational therapy. 30 visits per plan year for speech therapy. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Mental Health Services	Inpatient 90%, after deductible. Outpatient \$20 copay per visit.	70%, after deductible
Substance Abuse	Inpatient 90%, after deductible. Outpatient \$20 copay per visit.	70%, after deductible
Diagnostic Testing (x-ray/bloodwork)	90%, after deductible	70%, after deductible
Complex Imaging (MRI's, CT/PET Scans)	90%, after deductible	70%, after deductible
Durable Medical Equipment (includes orthotics and prosthetics)	90%, after deductible	70%, after deductible
Home Health Care	90%, after deductible. Up to 100 visits/benefit period. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Hospice	90%, after deductible	70%, after deductible

Delaware Valley Health Trust

Kent County Levy Court

*Aetna Open Choice PPO
LOW Plan – 90%/70%
(July 1, 2018 – June 30, 2019)*

DVHT HRA HDHP PPO 90 \$5,000/\$10,000, 70% out of network, with a \$20 generic/\$60 brand/\$80 non- preferred pharmacy

Benefits Summary	In network	Out of network
Private Duty Nursing	90%, after deductible. Up to 240 hours/benefit period, inpatient only. Combined in and out of network.	70%, after deductible. Combined in and out of network.
Skilled Nursing Facility	90%, after deductible. Up to 120 days per benefit period. Days combined in and out of network.	70%, after deductible. Days combined in and out of network.
Transplant Services	90%, after deductible	70%, after deductible
Vision Exam Benefit	Adult routine vision exam 100%, no copay, no deductible. One routine eye exam every 24 months. Pediatric routine vision exam 100%, no copay, no deductible. One routine eye exam every 12 months.	70%, after deductible
Prescription Drug Retail	Generic \$20 copay, Preferred Brand \$60 copay, Non-preferred brand \$80 copay. Up to a 34 day supply. Note - a 90-day supply is available at a charge of 2 copays.	70% of recognized charges
Prescription Drug Mail Order	Generic \$40 copay, Preferred Brand \$120 copay, Non-preferred brand \$160 copay. Up to a 90 day supply.	Not covered
Mandatory Generic	Unless the prescribing physician indicates Dispense as Written, if an individual chooses a preferred or non- preferred brand drug when a generic drug is available, he or she will have to pay the difference between the charge for the preferred or non-preferred brand drug and the generic drug, plus the copay for the brand drug.	

Delaware Valley Health Trust

Kent County Levy Court – Retirees

**Aetna Open Choice PPO
Medicare supplement - Age 65+
(July 1, 2018 – June 30, 2019)**

DVHT PPO \$0 with a \$10 generic/\$25 brand/\$75 non-preferred pharmacy

Benefits Summary	In network	Out of network
Deductible	N/A	\$10,000 individual/\$20,000 family
Out of Pocket Maximum	\$6,350 individual/\$12,700 family	\$10,000 individual/\$20,000 family
Primary Care Physician	100%, no copay	50%, after deductible
Specialist Office Visit	100%, no copay	50%, after deductible
Preventive Care/Screening/Immunization (includes physical exams, adult immunizations, colorectal cancer screening, routine gynecological exams, routine mammograms, PSA tests, routine pediatric physical exams and immunizations)	100%, no copay	50%, after deductible
Hospitalization Inpatient	100%, no copay	50%, after deductible
Outpatient Surgery	100%, no copay	50%, after deductible
Maternity	100%, no copay	50%, after deductible
Emergency Room	100%, no copay. Waived if admitted.	
Ambulance	Emergency 100%, no copay. Non-emergency 100%, no copay.	Emergency 100%, no deductible. Non-emergency 50%, after deductible.
Urgent Care Facility	100%, no copay	50%, after deductible
Walk-in Clinic	100%, no copay	50%, after deductible
Chiropractic Care	100%, no copay. Up to 20 visits per calendar year. Visits combined in and out of network.	50%, after deductible. Visits combined in and out of network.
Cardiac Rehabilitation	100%, no copay	50%, after deductible
Chemotherapy and Radiation Therapy	100%, no copay	50%, after deductible
Physical/Speech/Occupational Therapy	100%, no copay. Up to 60 visits per plan year all therapies combined. Visits combined in and out of network.	50%, after deductible. Visits combined in and out of network.

Delaware Valley Health Trust

Kent County Levy Court - Retirees

**Aetna Open Choice PPO
Medicare supplement - Age 65+
(July 1, 2018 – June 30, 2019)**

DVHT PPO \$0 with a \$10 generic/\$25 brand/\$75 non-preferred pharmacy

Benefits Summary	In network	Out of network
<i>Mental Health Services</i>	Inpatient 100%, no copay. Outpatient 100%, no copay	50%, after deductible
<i>Substance Abuse</i>	Inpatient 100%, no copay. Outpatient 100%, no copay.	50%, after deductible
<i>Diagnostic testing (x-ray/bloodwork)</i>	100%, no copay	50%, after deductible
<i>Complex imaging (MRI's, CT/PET Scans)</i>	100%, no copay	50%, after deductible
<i>Durable Medical Equipment (includes orthotics and prosthetics)</i>	100%, no copay	50%, after deductible
<i>Home Health Care</i>	100%, after deductible. Up to 100 visits/benefit period. Visits combined in and out of network.	50%, after deductible. Visits combined in and out of network.
<i>Hospice</i>	100%, no copay	50%, after deductible
<i>Skilled Nursing Facility</i>	100%, no copay. Up to 120 days per benefit period. Days combined in and out of network.	50%, after deductible. Days combined in and out of network.
<i>Vision Exam Benefit</i>	100%, no copay. Once every 24 months.	50%, after deductible
<i>Prescription Drug Retail</i>	Generic \$10 copay, Preferred Brand \$25 copay, Non-preferred brand \$75 copay. Up to a 34 day supply. Note - a 90-day supply is available at a charge of 3 copays.	50% of recognized charges
<i>Prescription Drug Mail Order</i>	Generic \$20 copay, Preferred Brand \$50 copay, Non-preferred brand \$150 copay. Up to a 90 day supply.	Not covered
<i>Mandatory Generic</i>	Unless the prescribing physician indicates Dispense as Written, if an individual chooses a preferred or non-preferred brand drug when a generic drug is available, he or she will have to pay the difference between the charge for the preferred or non-preferred brand drug and the generic drug, plus the copay for the brand drug.	

Delaware Valley Health Trust New Hire/Termination/Change Form

A. Employee Information-Please read, fill in the entire form and sign. Please print clearly.

Public Entity Kent County, DE	Last name	First Name and Middle Initial	Social Security #	Date of Birth	Marital Status (select one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/>
Department N/A	Home Street Address		Apt #	City	State ZIP Code
Home Telephone	Work Telephone	Email address (if available)			Hours worked per week

New Hire: Effective Date 07/01/2018 Hire Date N/A
 Change in Coverage: Effective Date _____ **Type of Event:** _____
 Change of Address: Effective Date _____
 Name Change: Effective Date: _____ Change Name To: _____
 Termination: Effective Date _____ **Offer COBRA:** Yes - COBRA Qualifying Event Date: _____ No - Reason _____

COBRA Qualifying Event Type:
Member: Voluntary Termination Retirement Resignation Involuntary Termination (Other than Gross Misconduct) Reduction of Hours Military Leave
Dependent: Divorce or Legal Separation Dependent No Longer Eligible Death of covered member Employee Medicare Eligible (this is rare)
DEPENDENT ADDRESS: If dependent lives at a different address please note name of dependent and provide his/her address:

B. Individuals Covered - List individuals for whom you are requesting coverage/change. For additional children, please attach another sheet.

	Last name, First name, M.I.	(A)dd (C)hange (R)emove	Gender M F	Date of Birth	Social Security Number	Check if dependent is a Full-Time Student (FTS) or Dependent with a Disability (D)		HMO/QPOS Primary Care Physician Info		
								Primary Office Number (6 digits or less)	Primary Care Physician Name (Last Name, First Name)	Office Location (city &/or zip code)
Self			<input type="checkbox"/> <input type="checkbox"/>					N/A	N/A	N/A
Spouse			<input type="checkbox"/> <input type="checkbox"/>			FTS	D	N/A	N/A	N/A
Child			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Child			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Child			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A

C. Plan Option & Coverage Level Selection -Select coverage level

Medical Plan Selection (select Open Choice PPO)	Plan co-pay High=10/25/75Rx Low=20/60/80Rx	Medical Coverage Level (select one)	Dental Coverage Level (N/A - NOT APPLICABLE)
HMO	<input type="checkbox"/>	N/A	Employee Only <input type="checkbox"/>
QPOS	<input type="checkbox"/>	N/A	Employee and Spouse <input type="checkbox"/>
Choice POS II (Open Access)	<input type="checkbox"/>	N/A	Employee and Child <input type="checkbox"/>
Open Choice PPO High or Low	<input type="checkbox"/>	Employee and Children <input type="checkbox"/>	Employee and Children <input type="checkbox"/>
Indemnity	<input type="checkbox"/>	N/A	Family <input type="checkbox"/>

E. Other Insurance Information: No Yes If yes for any family member, please provide a photocopy of insurance card

F. Employee Signature I represent that all the information supplied on this form is true and complete.

Employee Signature - Required X	Date: / /20	Employer Verification X	Date: / /20
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