

# Open Enrollment (April 29-May 16) is only time changes can be made to health/dental/life/disability/FSA changes\*

Open enrollment is available for eligible Kent County employees, retirees, dependents, and former employees/dependents with COBRA benefits from April 29 – May 16, 2019. Open enrollment is the only time eligible participants can make additions/changes to certain employee type benefits such as health and dental, etc., \*unless a qualifying event occurs during the plan year.



This will be the second year of a 2-year agreement with Delaware Valley Health Trust utilizing the **Aetna network** for County employee/eligible retiree health insurance coverage. The DVHT/Aetna renewal included a small increase for the upcoming plan year which resulted in about a +7% premium adjustment for active full-time employees, pre-Age 65 retirees, and dependents and a +6% adjustment for the eligible dependent premium for the Medicare supplement (age 65+) and retiree dependents over age 65. No enrollment forms are required this year, unless you wish to change coverage or add or drop an eligible dependent for health or dental coverage. If you want DVHT or the Personnel Office to assist with claims resolution, you must complete a HIPAA form – unless one was submitted last year.

The DVHT (Aetna) plans are unchanged for 2019-20 with a High PPO/Modified HRA option and a Low PPO/Modified HRA option except that the plan design now includes an integrated HRA – meaning that the \$5,000 single/\$10,000 family deductible fully paid by the County will cover both in-network and out-of-network expenses, and the addition of infertility coverage to incorporate provisions of a new State law. As a PPO, eligible participants can use non-Aetna network providers, but will be required to pay the applicable co-insurance percentage. Kent County pays 100% of the HRA expense.

Retirees/dependents over age 65 are covered under a PPO \$0 100% Medicare supplement plan that offers out-of-network benefits by providers accepting Medicare.

The County deducts health insurance premiums one month in advance, so any plan, dependent, or rate change will be reflected on the June 14, 2019 paycheck direct deposit or June 1, 2019 pension direct deposit for retirees. Learn more at [www.co.kent.de.us](http://www.co.kent.de.us)

<b>FY2020 (July 1, 2019 – June 30, 2020)</b>	<b>Employee/Retiree</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
<b>PPO 100%/Modified HRA – High DVHT-Aetna 7% employee &amp; 20% dependents</b>	Employee pays <b>\$79.98/month</b>	Employee pays <b>\$377.04/month</b>	Employee pays <b>\$217.08/month</b>	Employee pays <b>\$491.30/month</b>
<b>PPO 90%/Modified HRA – Low DVHT - Aetna 7% employee &amp; 20% dependents</b>	Employee pays <b>\$77.08/month</b>	Employee pays <b>\$363.34/month</b>	Employee pays <b>\$209.20/month</b>	Employee pays <b>\$473.46/month</b>
<b>PPO \$0 Medicare–(retirees 65+) DVHT - Aetna \$0 retiree &amp; 20% dependent</b>	<b>\$0.00/month</b>	Retiree pays <b>\$145.83/month</b>		

<i>DENTAL INSURANCE – (July 1, 2019 – June 30, 2020)</i>	<i>Employee/ Retiree only</i>	<i>Family coverage – employee &amp; spouse &amp;/or children</i>
Delta Dental of Delaware	<b>\$3.10/month</b>	Employee pays <b>\$45.10/month</b>

*Dependent rates for 2019-20 are set at 20% (all employees & retirees under age 65 pay 7%/month of premium)*

No changes were made to the current dental program, which begins the second year of a 3-year term with Delta Dental of Delaware.

The AFLAC representative Eunice Craig will be in Room 221 of the Kent County Administrative Complex on Tuesday, May 21, 2019 beginning at 9:00 a.m. to meet with interested employees by appointment about these voluntary insurances. Please make an appointment by contacting the Personnel Office.

A MassMutual (which recently acquired MetLife) representative will be scheduled in late May or early June to review existing still valid Metlife insurance policies with those interested employees and also provide information about portable whole life insurance available for you, your spouse, your children and grandchildren from MassMutual. This whole life insurance policy can be continued into retirement at the same rate, while the optional term life insurance policy currently offered to employees from SunLife loses the lower cost group rate upon retirement.

A big change this year is the transition of Flexible Spending Accounts administration to ASIFlex featuring a no cost debit card for the eligible participating employee. Employees must enroll in the Flexible Spending Account program during open enrollment. Current participants will continue to be administered by the Personnel Office for any rollover, but all new plan year expenses will be administered by ASIFlex and enrollment can be completed electronically. Much more information will be forthcoming about the new program.

If you have questions or concerns, please contact the Personnel Office for more information.

*(Posted 04/17/19)*



# Flexible Spending Accounts Save You Money!

*Want to save money on Medical or Child Care Expenses?  
Sign up for the Flexible Spending Account and  
put more money in your pocket!*



*Save 25% or more on eligible expenses.*

**Flexible Spending Accounts** (FSAs) are year-to-year accounts that allow you to set aside money from your paycheck on a pre-tax basis to pay for medical and child/elder care expenses. That means you do not have to pay federal, and in most cases, state income tax, or FICA taxes on those dollars...which means you have more money in your pocket! Most people can save at least 25% on each dollar that is set aside, for expenses they are paying for anyway!

The FSA is easy to manage, and you can take advantage of the spending accounts by following three easy steps:

- 1) Review your expenses for medical and/or child/elder care for the previous year. Make note of what you spend on regular, planned expenses, and what expenses you may incur in the coming year.
- 2) Sign up for your FSA during your employer's annual open enrollment period.
- 3) Submit claims to ASIFlex for reimbursement of your expenses.

You can submit claims via the ASIFlex Mobile App, online at [asiflex.com](http://asiflex.com); or otherwise by fax or mail.

Estimating your plan year election amount is easy! ASIFlex offers the following tips and tools to help!

First, take a look at your prior year's expenses, as this is a good indicator of what you might anticipate for next year.

Then make a list of your predictable or recurring expenses that you know you have, such as copays, annual deductible, monthly prescriptions, dental or vision expenses, over-the-counter health care products or ongoing child care costs.

Next, think about any other anticipated expenses you plan to incur next year, such as eyeglasses or orthodontia.

You can review ASIFlex's Eligible Expense list as a reference of the hundreds of eligible expenses.

Then you can use the ASIFlex expense estimator and the tax savings calculator to see your savings!

Remember that the more you set aside, the more you save, so it is to your advantage to do a thorough review of your expenses.



**Have questions?**



1.800.659.3035

Customer Service Hours: 7:00 am - 7:00 pm CT Monday -Friday; 9:00 am - 1:00 pm CT Saturday



[www.asiflex.com](http://www.asiflex.com)



[asi@asiflex.com](mailto:asi@asiflex.com)

# There are two types of accounts

The **Health Care FSA** provides you an opportunity to use pre-tax dollars to pay for out-of-pocket medical, dental, vision and hearing expenses for you, your spouse and any of your dependents (even if they are on a different insurance plan). There are hundreds of eligible expenses, including copays, deductibles, prescription drugs and many more. Check the Eligible Expense list at [asiflex.com](http://asiflex.com) for more information.

Check your employer plan for the amount that you can contribute to the Health Care FSA each year. You can use these dollars for eligible expenses you incur throughout the year. And, your full plan year election is available to you on the first day of your plan year!



The **Dependent Care FSA** is for qualifying work-related child care expenses, but you can also use DC FSA money to pay for work-related expenses for older tax dependents who are not capable of self-care. Eligible expenses include daycare, summer day camps (overnight camps are NOT eligible), babysitting, before and after school care, nursery school and pre-kindergarten expenses that are primarily for the protection and well-being of the dependent.

You can set aside up to \$5,000 per household per calendar year; or \$2,500 if married and filing separate income tax returns. You can be reimbursed up to the cash balance in your account.



## Don't forget...

Remember that your FSA election is fixed once your employer's open enrollment period has closed, so please take your time when determining your annual election. The FSA accounts are year-to-year commitments, and you will want to spend all funds you have set aside each year.

Unused funds are forfeited. But don't let this keep you from participating! You can avoid forfeitures by planning carefully and setting aside money only for predictable and recurring expenses that you know you will have. So, take your time and make an informed decision regarding how much to set aside in the Health Care and/or Dependent Care FSA.

Remember, the FSA helps you avoid paying taxes which means you have more spendable income in your pocket! If you have questions, just contact ASIFlex! We are here to help!

Check your account statement, submit claims, and manage your personal account settings at [asiflex.com](http://asiflex.com). Click on the Online Access/Account Detail Tab to sign in!



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[asi@asiflex.com](mailto:asi@asiflex.com)



DELAWARE VALLEY  
HEALTH  
TRUST

### Authorization for Release of Personal Health Information

I, \_\_\_\_\_ (the "Individual"), whose birth date is \_\_\_\_\_  
*[Print Name]* *[MM/DD/YYYY]*  
authorize the use or disclosure of my protected health information ("PHI") as described below.

1. Party or parties authorized to disclose my PHI:

Kent County Personnel Office Staff and DVHT

*[List each individual and/or organization that you authorize to disclose your PHI.]*

2. Party or parties authorized to receive my PHI:

Kent County Personnel Office Staff and DVHT

*[List each individual and/or organization that you want to receive your PHI. Only parties listed here will receive your PHI.]*

3. Specific description of the PHI that you want disclosed:

Claims adjudication

*[Provide a detailed description of the PHI that you want disclosed. For example, if you want help with the adjudication, payment or denial of a claim or an appeal, please include information about the type of claim/service and relevant dates.]*

4. Purpose of the disclosure:

Claims adjudication

*[Describe why you want your PHI disclosed. For example, if you want help with the adjudication of a claim, you can write "I want help with the adjudication of a claim" or if you want to share your PHI with a spouse, significant other or member of your employer's HR staff, you can write "I want to share my PHI with {Insert Person}". If you would rather not say why you are requesting the disclosure, please write "At the request of the Individual" in this section.]*

You may refuse to sign this authorization. The Delaware Valley Health Trust will not condition treatment, payment, enrollment or eligibility for benefits on your signing of this authorization. However, refusal to sign this authorization may prevent the party that you want to receive your PHI from acting on your behalf.

This authorization will expire either one (1) year from the date of your signature or upon final resolution of the matter for which the PHI is used or disclosed, whichever is later.

You may revoke this authorization at any time by notifying the party or parties named above in writing. This revocation will have no effect on actions taken or information provided before the receipt of the revocation.

PHI disclosed pursuant to this authorization may be re-disclosed by the recipient(s) without your permission and may no longer be protected by applicable privacy law. However, you have the right to seek assurances from such party that the PHI will not be re-disclosed.

\_\_\_\_\_  
Signature of Individual or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Individual or Personal Representative

\_\_\_\_\_  
Email Address / Phone Number

\_\_\_\_\_  
Description of Personal Representative's authority to act for Individual (if applicable)

Please return to [dvhtclaims@dvtrusts.com](mailto:dvhtclaims@dvtrusts.com)

