



Benefits Plan Overview

2017



Welcome

Delaware State Education Association takes pride in offering a comprehensive and competitive benefit package to our staff.

Delaware State Education Association encourages you to take the time to read and understand the full array of benefits offered so that you may take full advantage of all these programs.

Benefit elections made during open enrollment remain in place for the full plan year. Elections made when first eligible for benefits remain in place until the end of the plan year in which you are hired.

The Internal Revenue Service (*IRS*) states that eligible employees may only make elections to the plan once a year at open enrollment. Dental and Vision benefit choices are binding through August 31st of each year. The following circumstances are the **ONLY** reasons you may change your benefits during the year:

- Marriage
- Divorce
- Birth and Adoption
- Loss of Spouse's job where coverage is maintained through a spouse's plan
- Death of a Spouse
- Death of a Dependent
- Loss of a Dependent Status

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Human Resources contact within 30 days of the life event change. All other changes would be deferred until open enrollment.



Vision



Delaware State Education Association's vision plan allows participants to get an eye examination and lenses (or contact lenses in lieu of lenses and frames) every 12 months. Frames are available to members every 12 months.

Participants have the option of receiving care from an in-network or out-of-network provider; however, if you use an out-of-network provider, you will incur higher out-of-pocket expenses. Dependents are covered up to age 26. A provider directory can be accessed at www.vsp.com.

Vision Benefits Description	In-Network	Out-of-Network
Examinations (once every 12 months)	\$10 Copay	Up to \$45
Material Copay (Includes Lens and Frames)	\$10 Copay	N/A
Lenses (once every 12 months)		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$65
Lenticular	\$10 copay	Up to \$100
Frames (once every 12 months)	\$150 Allowance	Up to \$70
Contact Lenses (once every 12 months)	\$150 Allowance	Up to \$105 Elective Up to \$210 Necessary



Dental



Good dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. MetLife Dental provides affordable coverage based on the type of services obtained – **Preventive, Basic & Major** – whether or not you receive services from a network or non-network provider.

Under this plan, you seek covered services from any dentist. However, If an out-of-network dentist is used, reimbursement is based upon MetLife's Reasonable and Customary charge. Employees who use dentists or dental specialists that are part of MetLife Network (*participating Dental Provider*) will reduce or eliminate out-of-pocket expenses. Dependents are covered up to age 26.

A complete provider directory can be accessed online at www.metlife.com. Select the PDP Plus Network.

Dental Benefits Description	MetLife PPO Plan	
	In-Network	Out-of-Network
Deductible		
Individual		\$0
Family		\$0
Class I - Diagnostic/Preventive Services Oral Exams, X-Rays, Fluoride Treatments, Teeth Cleaning,	100%	100%
Class II - Basic Services Fillings, Endodontics - Root Canal, Periodontal Maintenance , Oral Surgery, General Anesthesia, Pulp Capping , Dentures	100%	100%
Class III - Major Services Implants	80%	80%
Orthodontic Services (dependent child age 19 and under)	50%	50%
Lifetime Orthodontic Maximum	\$1,000	
Annual Maximum per person	\$1,500 excluding Orthodontics	



Basic Life and AD&D



Eligible employees receive Basic Life Insurance/Accidental Death and Dismemberment Insurance. These benefits are paid for by DSEA and provided by Sun Life Financial. All employees receive a flat \$150,000 Life Insurance Benefit.

DSEA also provides dependent Life Insurance for spouses for \$37,500 and children \$7,500 (less than 6 months \$500).

Voluntary Life

Employees have the option to purchase additional voluntary term life insurance on themselves as well as for eligible dependents. Employee must elect Voluntary coverage for themselves in order to enroll their dependents in the plan. **More information can be found on the Sun Life Financial Benefit Summary. There is a change in Voluntary Life rates effective 9/1/17.**

You will be required to complete an Evidence of Insurability (EOI) form on amounts above the guarantee issue for yourself and eligible dependents or if applying for coverage after waiving it when first eligible. Amounts above the Guarantee Issue (GI) limit require underwriting approval.

Voluntary Term Life (Optional Life)

- **Employee (Newly eligible)** - Increments of \$10,000 to a maximum of \$500,000
Not to exceed 5 times your basic annual earnings Guarantee Issue = \$100,000
- **Spouse** - Increments of \$5,000 to a maximum of \$250,000
(Not to exceed 50% of employee amount). Guarantee Issue = \$50,000
- **Child** - Increments of \$1,000, \$2,000 increments to a maximum of \$10,000
(Not to exceed 50% of employee amount). Guarantee Issue = \$10,000

Currently Enrolled Employees - If you are currently enrolled for Voluntary Life insurance, you may be able to purchase another \$10,000 of coverage for yourself without proof of good health. Proof of good health is not required for the \$10,000 increase if you are currently enrolled for an amount less than \$100,000. Proof of good health is required for any increase in excess of \$10,000 or if your new election will give you an amount of coverage in excess of \$100,000. Proof of good health will always be required for an increase in dependent coverage.

Late Entrants - If you and your dependents were previously eligible for, but did not enroll for Voluntary Life insurance, you are a late entrant. You may be required to provide proof of good health.

Long Term Disability



Disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. Eligible employees receive Long Term Disability. These benefits are paid for by DSEA and provided by Sun Life Financial.

Long-Term Disability (LTD) - The LTD benefit equals 66.67% of your monthly earnings to a maximum benefit of \$10,000 per month after a 30 day elimination period.

Flexible Spending Accounts



Delaware State Education Association allows you to defer a portion of your pay through payroll deduction into flexible spending accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before federal and social security taxes are calculated. Because you do not pay income taxes on money that goes into your FSA, you decrease your taxable income.

It is important that you estimate carefully. If you do not use all of the money in your accounts by the end of the plan year, federal law requires you to forfeit any unused balances. You have up to 90 days after the plan year ends to submit qualified expenses for reimbursement incurred during the prior year.

DSEA's FSA program features the mySourceCard® MasterCard® Debit Card issued by Benefit Bank enabling you to pay eligible medical and dependent care

expenses directly from your FSA, eliminating the need for you to pay out of your own personal funds.

Medical FSA: You may deposit up to **\$2,500** per plan year into your medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, routine physicals, uninsured dental expenses, vision care expenses and hearing expenses.

Dependent Care FSA: You may deposit up to **\$5,000** per plan year into dependent care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

Employee account reports are available on-line at www.iaatpa.com

The Health Reimbursement Arrangement (HRA) contribution from DSEA for the 2017 - 2018 plan year is \$3,500.00. Remember that claims submitted to IAA will be reimbursed from your FSA first, then from your Health Reimbursement Arrangement (HRA).

Additional information regarding the HRA plan will be distributed later.

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This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Delaware State Education Association.

