

2025 Benefits Guide



CONFIDENTIAL AND PROPRIETARY: This document and the information contained herein is confidential and proprietary information of USI Insurance Services, LLC ("USI"). Recipient agrees not to copy, reproduce or distribute this document, in whole or in part, without the prior written consent of USI. Estimates are illustrative given data limitation, may not be cumulative and are subject to change based on carrier underwriting. © 2022 USI Insurance Services. All rights reserved.

Table of Contents

Table of Contents	1
A Message from New Castle County	2
Medical Insurance	
Medical Insurance	4
Medical and Prescription Sites	5
Medical and Rx Monthly Contributions	5
Flexible Spending Account (FSA)	7
Dental Insurance	8
Vision Insurance	
Life and AD&D Insurance	10
Voluntary Life and AD&D Insurance	10
Voluntary Spouse Life & AD&D Insurance	10
Voluntary Child Life & AD&D Insurance	10
Voluntary Disability Plans	11
Voluntary Worksite Products	12
Voluntary Worksite Products Continued	13
Employee Assistance Program (EAP)	14
Contacts	15

This brochure summarizes the benefit plans that are available to New Castle County eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

A Message from New Castle County

Welcome to your 2025 employee benefits guide. In these pages, you'll learn about the New Castle County benefits program, which is designed to help you stay healthy, secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information in this guide carefully, and for full details about our plans, refer to each plan's summary plan description

Benefit Plan Highlights

- Medical
- Dental
- Vision
- FSA/Dependent Care
- Employer Paid Life & AD&D
- Voluntary Life & AD&D
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Accident
- Critical Illness
- Hospital Indemnity
- Whole Life Insurance

Who is Eligible?

You are eligible for the benefits described here if you are an active permanent full-time employee working for New Castle County at least 30 hours per week.

Your spouse or dependent children are eligible for some benefits, including:

- Medical (spouse, and/or children up to age 26)
- Dental (spouse and/or children up to age 26)
- Vision (spouse and/or children up to age 26)
- Dependent Life and Accidental Death and Dismemberment Insurance (spouse and/or children up to age 26)

When and How Can I Enroll?

If you do not want to make changes to your current benefits your current elections will continue into 2025, except for any FSA elections you must update them every year.

If you wish to make changes to your benefits or review what you currently have, please enroll through PeopleSoft Self-Service located at <u>https://psa.nccde.org/</u>



When is Coverage Effective?

The effective date for your benefits is January 1st each year.

Changing Coverage During the Year

You can change coverage during the year only when you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

All active employees covering a spouse on their medical plan must complete a Coordination of Benefits Form

For questions about your benefits or enrollment options, contact Benefits Division at 302-395-5180.



Medical Insurance

New Castle County will continue to offer medical coverage. The below chart is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Highmark Blue (Proce Blue Shield	Highmark Blue Cross	Highmark Blue Cross	
	Highmark Blue Cross Blue Shield Highmark PPO		Blue Shield	Blue Shield	
			Highmark EPO	Highmark Comp 80	
	In-Network Benefits Out-of-Network Benefits		Schedule of Benefits	Schedule of Benefits	
Annual Deductible				1	
Individual	\$200	\$200	\$0	\$200	
Family	\$400	\$400	\$0	\$400	
Coinsurance	100%	80%	100%	80%	
Maximum Out-of-Pocl	ket				
Individual	\$9,200	N/A	\$9,200	\$9,200	
Family	\$18,400	N/A	\$18,400	\$18,400	
Physician Office Visit			. ,	. ,	
Primary Care	\$25 copay	80% after deductible	\$25 copay	80% after deductible	
Specialty Care	\$35 copay	80% after deductible	\$35 copay	80% after deductible	
Preventive Care					
Adult Periodic Exams/	4000/		4000/	4000/	
Well Child Care	100%	Not covered	100%	100%	
Diagnostic Services					
X-ray and Lab Tests	100%	80% after deductible	100%	100%	
Complex Radiology	100%	80% after deductible	100%	100%	
Urgent Care Facility	\$25 copay	80% after deductible	\$25 copay	80% after deductible	
Emergency Room	\$100 copay per visit;	\$100 copay per visit;	\$100 copay per visit;	100%	
Facility Charges	waived if admitted	waived if admitted	waived if admitted	100 %	
Inpatient Facility	100%	80% after deductible	100%	100%	
Charges	10070			10070	
Outpatient Facility and	100%	80% after deductible	100%	100%	
Surgical Charges					
Mental Health					
Inpatient	100%	80% after deductible	100%	100%	
Outpatient	100%	80% after deductible	100%	80% after deductible	
Substance Abuse					
Inpatient	100%	80% after deductible	100%	100%	
Outpatient	100%	80% after deductible	100%	80% after deductible	
Retail Pharmacy (30 Day Supply)					
Generic	\$8 copay	Not covered	\$8 copay	20% after deductible	
Preferred	\$30 copay	Not covered	\$30 copay	20% after deductible	
Non-Preferred	\$50 copay	Not covered	\$50 copay	20% after deductible	
Mail Order Pharmacy (90 Day Supply)					
Generic	\$16 copay	Not covered	\$16 copay	20% after deductible	
Preferred	\$60 copay	Not covered	\$60 copay	20% after deductible	
Non-Preferred	\$100 copay	Not covered	\$100 copay	20% after deductible	



Medical Insurance

New Castle County will continue to offer medical coverage. The below chart is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Aetna	Highmark Blue Cross Blue Shield			
	Open Access Select	Highmark Co-Op 80			
		(Retiree Only)			
	Schedule of Benefits	Schedule of Benefits			
Annual Deductible					
Individual	\$0	\$200			
Family	\$0	\$400			
Coinsurance	100%	80%			
Maximum Out-of-Pocket					
Individual	\$9,200	\$9,200			
Family	\$18,400	\$18,400			
Physician Office Visit					
Primary Care	\$25 copay	80% after deductible			
Specialty Care	\$35 copay	80% after deductible			
Preventive Care					
Adult Periodic Exams	100%	100%			
Well-Child Care	100%	100%			
Diagnostic Services					
X-ray / Lab Tests	100%	100%			
Complex Radiology	100%	100%			
Urgent Care Facility	\$25 copay	80% after deductible			
Emergency Room Facility Charges	\$100 copay; waived if admitted	100%			
Inpatient Facility Charges	100%	\$10 copay per day for first 7 days then 100%			
Outpatient Facility and Surgical Charges	100%	100%			
Mental Health					
Inpatient	100%	\$10 copay per day for first 7 days then 100%			
Outpatient	100%	80% after deductible			
Substance Abuse					
Inpatient	100%	\$10 copay per day for first 7 days then 100%			
Outpatient	100%	80% after deductible			
Other Services					
Chiropractic	80% after deductible; 30 visits per year	80%; 30 visits per year			
Retail Pharmacy (30 Day S	(vlagu				
Generic	\$8 copay	20% after deductible			
Preferred	\$30 copay	20% after deductible			
Non-Preferred	\$50 copay	20% after deductible			
Mail Order Pharmacy (90 Day Supply)					
Generic	\$16 copay	20% after deductible			
Preferred	\$60 copay	20% after deductible			
Non-Preferred	\$100 copay	20% after deductible			

Medical and Prescription Sites

Highmark



YOUR MEMBER WEBSITE AT HIGHMARKBCBSDE.COM MAKES IT EASY AND CONVENIENT FOR YOU TO:

- Find, rate and review providers near you
- Compare care costs and quality
- Contact us for help with questions
- View and print your ID card
- Check on the status of your claims
- Get information about your benefits
- Get health and wellness information
- Contact Customer Service

All available on your desktop, tablet or mobile device



Set up your account today to manage your benefits and more.



AT HOME Visit your member website at Aetna.com to create an account and log in.



ON THE GO m Get the Aetna Health app by texting "AETNA" to 90156 for a link to download the app. Message and data rates may apply.*

RX Benefits-Express Scripts

My RxBenefits website will allow you to:

- Chat with a live agent Monday Friday, 9 a.m. to 6 p.m. CT
- Access real-time prior authorization status, including explanations of determinations, and view 18 months of prior authorization activity
- View, download and email copies of ID cards
- View 18 months of pharmacy claims (including claims for eligible dependents)
- Access your account across multiple devices, including computers, tablets, and phones
- Manage your communication preferences
- View pharmacy benefits coverage information

By registering for My RxBenefits, you'll gain access to robust information related to your pharmacy benefits.

Access your information when it's convenient for you, **24 hours a day, 7 days a week**.



Sign up for the portal at: https://member.rxbenefits.com



Medical and Rx Monthly Contributions

Employee Contributions (Monthly)			
Highmark PPO	87/13	90/10	
Employee	\$148.71 \$114.39		
Employee & Spouse	\$263.65	\$202.81	
Employee & Child(ren)	\$223.06	\$171.58	
Employee & Spouse & Child(ren) (Family)	\$416.37	\$320.29	
Highmark EPO	90/	/10	
Employee	\$112	2.18	
Employee & Spouse	\$198	3.89	
Employee & Child(ren)	\$168.26		
Employee & Spouse & Child(ren) (Family)	\$314.08		
Highmark Comp 80	90/10		
Employee	\$0.00		
Employee & Spouse	\$0.00		
Employee & Child(ren)	\$0.00		
Employee & Spouse & Child(ren) (Family)	\$0.00		
Aetna Select	90/10		
Employee	\$92.13		
Employee & Spouse	\$163.06		
Employee & Child(ren)	\$138.18		
Employee & Spouse & Child(ren) (Family)	\$257.95		

Flexible Spending Account (FSA)

FSAs provide you with an important tax advantage that can help you pay for non-reimbursed health care, dependent care, and transit expenses on a pre-tax basis. By anticipating your health care, dependent care, and transit costs for the next year, you can lower your taxable income.

For each of the FSAs you've elected, you can set aside dollars annually out of your paycheck before paying income taxes. Then, during the year you can use money from your account(s) to for certain IRS-approved expenses (see www.irs.gov or http://www.wexinc.com/insights/benefits-toolkit/eligible-expenses) for a complete list of qualified expenses).

Set your contribution amount at the beginning of the year. After that, you cannot change it unless you have a qualifying life event. Additionally, due to the "use or lose" rule, if you do not use the full amount set aside in the account at the end of the year, the remaining money will be forfeited

FSA: Health Care Account

- 2025 Contribution Limit: Up to \$3,300 per year
- For you, your spouse, dependent children, and any dependent who is physically or mentally incapable of caring for himself/herself
- Co-pays and deductibles
- Over-the-counter medications
- Vitamins (you will need a written prescription from your medical provider for these to be covered)
- Vision services, including contact lenses, eye exams, prescription eyeglasses, and copays/deductibles
- Dental expenses, including orthodontics and co-pays/deductibles

FSA: Dependent Care Account

- 2025 Contribution Limits: Up to \$5,000 per household per year (\$2,500 if married and filing separately)
- For children under age 13; a dependent or spouse who is physically or mentally incapable of caring for himself/herself; or elder care
- Fully licensed day care, summer day camps, or before and after school programs

One Online Account, Mobile App, And Debit Card

The WEX benefits platform makes it possible for participants to easily access and manage all their benefits with one online account, one mobile app, and one debit card.



Dental Insurance

New Castle County will continue to offer dental insurance through MetLife Insurance Company and Dominion Dental.



		e Dental gh	MetLife Dental Medium		MetLife Dental Low		Dominion Select DHMO
	In-Network Benefits	Out-of- Network Benefits	In-Network Benefits	Out-of- Network Benefits	In-Network Benefits	Out-of- Network Benefits	Schedule of Benefits
Annual Deductible	Per Calendar Ye	ear			•		
Individual	\$50	\$50	\$50	\$50	\$50	\$100	\$0
Family	\$150	\$150	\$150	\$150	\$150	\$300	\$0
Waived for Preventive Care	Yes	Yes	Yes	Yes	Yes	Yes	See Benefit Summary
Orthodontia Services	50%	50%	N/A	N/A	N/A	N/A	See Benefit Summary
Orthodontia Lifetime Benefits Maximum	\$1,500 per	\$1,500 per employee/spouse/ child	N/A	N/A	N/A	N/A	See Benefit Summary
Annual Maximum	Per Calendar Ye	ar					
Per Person / Family	\$2,000	\$1,500	\$1,500	\$1,000	\$1,500	\$500	N/A
Preventive	100%	100%	100%	100%	100%	100%	Various copays apply
Basic	80%	80%	80%	60%	50%	50%	Various copays apply
Major	50%	50%	50%	40%	50%	50%	Various copays apply

Employee Contributions (Monthly)			
High Plan			
Employee	\$46.04		
Employee & 1 Dep	\$87.31		
Employee & 2+ Deps	\$131.43		
Medium Pan			
Employee	\$37.54		
Employee & 1 Dep	\$71.19		
Employee & 2+ Deps	\$107.16		
Low Plan			
Employee	\$27.91		
Employee & 1 Dep	\$52.88		
Employee & 2+ Deps	\$131.43		
Dominion Select DHMO			
Employee	\$26.35		
Employee & Dep(s)	\$62.14		

Vision Insurance

New Castle County provides vision insurance through EyeMed Vision Care.

	EyeMed Vision Care		
Сорау	In- Network	Out of Network Member Reimbursement	
Routine Exams (Annual)	\$10 copay	Up to \$45	
Retinal Imaging	Up to \$39	Not Covered	
Vision Materials			
Materials Copay	\$20 copay	Reimbursement May Vary on Type	
Lenses	Benefit varies by type of lens. Covered every 12 months	Up to \$45 -\$65 based on type of lenses	
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$175 allowance plus 15% off balance over \$175 allowance every 12 months	Up to \$140 Medically necessary contacts may be covered up to \$210	
Frames	Covered at \$175 allowance plus 20% off balance over \$175 allowance every 12 months	Up to \$88	

Employee Contributions (Monthly)		
EyeMed		
Employee	\$8.43	
Employee & Spouse	\$15.34	
Employee & Child(ren)	\$16.10	
Employee & Spouse & Child(ren) (Family)	\$24.82	

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience – anytime, anywhere.

EyeMed Members App



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
 Grab special offers to help
- you save more • Find an in-network eye doctor
- with the Provider Locator
- View your ID card at-a-shake
 Set upcoming exam and contact
- Iens replacement reminders
 Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Life and AD&D Insurance

New Castle County provides Basic Life and A&D benefits to eligible employees. Be sure to designate a beneficiary for the life insurance benefit.

New Castle County provides all eligible employees, at no cost, with a basic Life and Accidental Death and Dismemberment benefit through Hartford Life and Accident Insurance Company

• 1.5 times your annual earnings to a maximum of \$200,000. Life insurance pays your beneficiary a benefit if you die while you are covered.

Voluntary Life and AD&D Insurance

Since every employee has different needs when it comes to life insurance, New Castle County provides you with the opportunity to apply and purchase for Voluntary Life Insurance through Hartford Life and Accident Insurance Co. This plan is 100% employee paid via payroll deductions.

- You can purchase supplemental Life and AD&D insurance in increments of \$10,000.
- The maximum amount you can purchase cannot be more than 5 times your annual earnings or \$500,000. Annual earnings are as defined in The Hartford's contract with your employer.
- Employee must elect coverage in order to elect coverage for dependents. The coverage must be at least \$10000 for children or closest equal amount for your spouse.

If applying for additional coverage outside of the initial offering, you and your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

Voluntary Spouse Life & AD&D Insurance

If you elect supplemental life and AD&D insurance for yourself, you may choose to purchase spouse supplemental life and AD&D insurance in increments of \$5,000, to a maximum of \$50,000.

If applying for additional coverage outside of the initial offering, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

Voluntary Child Life & AD&D Insurance

If you elect supplemental life and AD&D insurance for yourself, you may choose to purchase child(ren) supplemental life and AD&D insurance coverage in the amount(s) of \$5,000 for each child – no medical information is required.

- Your child(ren) must be from Live Birth but not yet age 26 to be covered.
- Child(ren) age 26 or older may be covered if they were disabled **prior** to attaining age 26.
- Child(ren) from live birth but not yet age 6 months are limited to a reduced benefit of \$1,000.

*A summary of the benefits can be found in the complete employee handbook.

Voluntary Disability Plans

Short-Term Disability Insurance

Short term Disability Insurance replaces part of your monthly income if you can't work because of a covered injury, illness or childbirth. How long you can recover benefits will depend on your plan and how long you are disabled. See Certificate of Coverage for benefit duration.

You: You are eligible for coverage if you are an active employee* in the United States working a minimum of 30 hours per week. Choose a monthly benefit between \$400 and \$5,000 for covered disabilities due to injury or illness. Coverage of up to 60% of your gross monthly salary may be offered. You may have to answer some additional health questions.

Elimination period (EP) and Benefit duration (BD)

You can choose from 0/14/6 or 14/14/6 plans. The first number is the elimination period for a covered off-the-job accident. The second number is the elimination period for an illness. And the third number is your benefit duration. Elimination period is the number of days that must pass between your first day of a covered accident or illness and the day you can start receiving disability benefits. Benefit duration is the number of months you could receive benefits while you are disabled.

Long-Term Disability Insurance

Long Term Disability Insurance replaces part of your income if you are sick or injured for an extended period. It can pay a monthly benefit as long as you are considered disabled, according to your policy. These benefits could be reduced if you are also receiving other replacement income sick as Social Security Disability Insurance. See Certificate of Coverage for benefit duration.

You: You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week. Coverage amounts Choose from \$200 to \$1,400 a month, in \$100 increments. You can cover up to 60% of your monthly income. The monthly benefit may be reduced or offset by other sources of income.

Elimination period (EP)

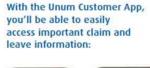
Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.



Unum Customer









Voluntary Worksite Products

Accident & Injury

Accidents can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

Who can get coverage?

You: If you're actively at work*

Your spouse: Ages 17 and up

Your children: Dependent children from birth until their 26th birthday, regardless of marital or student status.

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Unum Life Insurance Company of America group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

Who can get coverage?

You: Choose \$10,000, \$20,000 or \$30,000 of coverage. Coverage is guaranteed up to \$30,000 if you apply during this enrollment.

Your spouse: Spouses from age 17 and up can get \$5,000, \$10,000 or \$15,000 of coverage during this enrollment. Coverage is guaranteed up to \$15,000 with no medical questions as long as you have purchased coverage for yourself.

Your children: Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

For additional questions, contact UNUM at 855-938-1329.

Voluntary Worksite Products Continued

Hospital Insurance

Hospital Insurance can pay you a benefit when you are admitted to the hospital for a covered injury or illness. It can help with out-of-pocket expenses medical insurance may not cover such as co-pays and deductibles. You decide how to spend the money. Coverage is also available for your spouse and children.

Who can get coverage?

You: If you're actively at work*

Your spouse: Ages 17 and up

Your children: Dependent children from birth until their 26th birthday, regardless of marital or student status.

What's included?

- \$1,000 for each covered hospital admission once per year
- \$100 for each day of your covered hospital stay, up to 60 days once per year
- \$200 for each day you spend in intensive care, up to 15 days once per year

Whole Life Insurance

Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more. But it provides much more than a death benefit - it can also build cash value that you can use while you are living. And you can keep your Whole life coverage after you retire, making it a complement to Term Life Insurance. Once you've bought the coverage, your cost won't increase as you age. The benefit amount stays the same; it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

You: You can purchase \$2,000 - \$200,000 in increments of \$5,000 of coverage for yourself.

Your spouse: Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for

yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase \$2,000 - \$50,000 in increments of \$5,000 of coverage for your spouse.

Your children: Your children can have individual coverage, even if you don't get coverage for yourself. If you

leave your employer, your children can keep their coverage. You can purchase a benefit amount of \$5,000 - \$25,000 in increments of \$5,000 of coverage for each child.

For additional questions, contact UNUM at 855-938-1329.

Employee Assistance Program (EAP)

EAP + Work/Life Program Features:

- 24/7, unlimited telephone access
- Up to 5 sessions per issue, per year
- Access to virtual support options
- Free consultation with an attorney and/or financial specialist
- Monthly member webinar
- Financial Fitness Center
- Management Assistance Program (MAP)

Short-term problem resolution with EAP Professionals for help addressing a wide range of issues:

- Stress, depression, anxiety
- Marital/family/parenting issues
- Work conflicts
- Anger, grief and loss, substance abuse
- Provides referrals for more long-term support

Help with financial issues

- Free consultation with an independent financial specialist:
- Credit management
- Debt counseling
- Budgeting
- College planning
- Restoring credit
- Student loans
- Identity theft
- Home refinancing
- Retirement planning
- Divorce planning
- Investments
- Life Insurance Needs
- Tax/IRS matters

877.240.6863

Email: answers@HealthAdvocate.com Web: HealthAdvocate.com/members



Your mobile app is now available!

Free · Convenient · On-the-Go Help

- Review Member Benefits
- Confidential support from Licensed Professional Counselors for personal, family and work issues
- Work/Life Services locates the right help with childcare/eldercare, legal/financial, relocation and more
 - One-Touch Calling: Talk to a Licensed Professional Counselor
- Quick Email Contact: Ask a question or address an issue

24/7 EAP+Work/Life Website

- View EAP+Work/Life Orientation Video
- Enhance your skills with Online Trainings
- View our Webinars
- Take Health and Well-being Assessments
- · Browse topics from caregiving to retirement planning
- · Access calculators for budgeting, loans, college, etc.

Contacts

15

Additional information regarding benefit plans can be found on New Castle Counties "NEW" benefit site <u>https://nccde.eebenefits.site</u> Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

Benefits Plan	Carrier	Phone Number	Website
Medical PPO, EPO, Imdenity	Highmark BCBS	800-633-2563	www.highmarkbcbsde.com
Medical OA Select	Aetna	855-281-8858	www.aetna.com
Dental (High, Medium, Low)	MetLife	800-942-0854	www.metlife.com
Dental HMO	Dominion Dental	888-518-5338	www.dominionnational.com
Vision	EyeMed Vision	866-723-0073	www.eyemed.com
Life and AD&D	Hartford	877-320-0484	www.thehartford.com
Voluntary Life	Hartford	877-320-0484	www.thehartford.com
Short Term Disability (STD)	Unum	855-938-1329	www.unum.com
Long Term Disability (LTD)	Unum	855-938-1329	www.unum.com
Voluntary Critical Illness	Unum	855-938-1329	www.unum.com
Voluntary Hospitalization Only	Unum	855-938-1329	www.unum.com
Voluntary Accident	Unum	855-938-1329	www.unum.com
FSA / DCSA	Wex	866-451-3399	www.wexinc.om
Employee Assitance Program (EAP)	Health Advocate	877-240-6863	www.Healthadvocate.com/members
Deferred Comp (Access online Account)	MetLife	Customer Support: 800-543-2520 Reps: Lisa Rydcefski Stephanie – 302-781-1092	www.metlife.com/enrollnow
Pharmacy	RX Benefits/Express Scripts	800-334-8134	https://member.rxbenefits.com
Wellness	Health Check360	866-511-360	www.myhealthcheck360.com

New Castle County 87 Reeds Way New Castle, Delaware 19720

CONFIDENTIAL AND PROPRIETARY: This document and the information contained herein is confidential and proprietary information of USI Insurance Services, LLC ("USI"). Recipient agrees not to copy, reproduce or distribute this document, in whole or in part, without the prior written consent of USI. Estimates are illustrative given data limitation, may not be cumulative and are subject to change based on carrier underwriting. © 2022 USI Insurance Services. All rights reserved.