Kent **County**

Personnel Office

EQUAL OPPORTUNITY EMPLOYER
www.co.kent.de.us

Kent County Levy Court
Administrative Complex
555 Bay Road
Dover, Delaware 19901
(Handicapped Accessible)

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Notice of Kent County Levy Court Dental Benefits Change & Opt-Out rights

April 24, 2013

Effective with pay checks & pension checks dated on or about June 1, 2013, a $3.00 per month nominal premium for dental benefits will be deducted unless the employee/retiree waives coverage by submitting a cancellation form to the Personnel Office by May 15, 2013.

Under the Patient Protection & Affordable Care Act, self-insured dental insurance programs like that offered by Kent County must charge a "nominal" premium for dental benefits or allow eligible participants to opt out of (waive) dental insurance coverage.

Kent County Levy Court has set the nominal premium at **$3.00 per month** – payable one month in advance. Previously, County employees and retirees have received individual dental insurance coverage at no cost.

Employees and retirees can avoid the new $3.00 monthly premium by completing a Delta Dental form cancelling coverage and submitting the form to the Personnel Office by May 15, 2013. Thereafter, benefits can be canceled at any time, but can only be added annually during open enrollment – typically held in May *(premium deductions begin in June, but benefits are not effective until July 1).*

In addition to the new $3.00 monthly nominal premium for dental insurance, Levy Court has increased the annual benefit maximum from $1,000 per calendar year to $1,500.

Due to rising claims cost, the dependent dental insurance premium will increase from $31.00 per month to $35.00 per month beginning with the first pay check/pension check in June *(which when added to the new $3.00 individual premium equals **$38.00** per month for family coverage.)*

For additional information about dental or other Kent County Levy Court employee/ retiree benefits, contact the Personnel Office at (302) 744-2310.

Enrollment/ Change Form

One Delta Drive, Mechanicsburg, PA 17055
(800) 932-0783
TTY/TDD (888) 373-3582
www.deltadentalins.com

Please check the applicable box or boxes.

- ☐ New enrollment
- ☐ COBRA
- ☐ Coverage change
- ☐ Name change
- ☐ Address change
- ☐ Change of dependents
- ☐ Termination
- ☐ Decline Coverage

Please check the applicable box or boxes.

- ☒ Delta Dental Premier®
- ☐ Delta Dental PPO℠
- ☐ Delta Dental PPO plus Premier
- ☐ DeltaCare® USA

Please check the Delta Dental plan that administers your dental benefits.

- ☐ Delta Dental of Pennsylvania
- ☐ Delta Dental of New York
- ☐ Delta Dental Insurance Company
- ☒ Delta Dental of Delaware
- ☐ Delta Dental of West Virginia

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender ☐ Male ☐ Female

Alternate Identification Number *(if applicable)*	Address (Is this a change of address? ☐ Yes ☐ No)	Street	City	State	Zip Code

Group Number	Sublocation	Group Name
1232		Kent County Levy Court

DeltaCare USA Primary Care Dentist *(required for DeltaCare USA enrollees)*

DeltaCare USA Primary Dental Office ID No. *(required for DeltaCare USA enrollees)*

Change of Coverage

New Coverage: Former Coverage:

Name Change

From: To:

Dependent Change

Please check one of the boxes: ☐ Add dependent(s) listed below ☐ Delete dependent(s) listed below

Do you or your dependents have other dental coverage?

☐ Yes ☐ No *If yes, please complete the following:*

Carrier Name and Address: ______

Group Number: ______

Last name (if different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse			M F		
Children			M F		
			M F		
			M F		
			M F		
			M F		

Date of Hire:	Effective Date: 7/1/2013	Primary Enrollee Signature

If Applicable

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Enrollees whose company is headquartered in the state of New York and who commit a fraudulent insurance crime shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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