CITY OF NEWARK
DELAWARE

2026 Open Enrollment Flexible Benefits Plans:
Details, Options, & Costs

This document serves to assist full-time City of Newark staff members learn more about the City's specific fringe benefits options and the costs associated with different options. Once you have reviewed these options, please make your health, dental, and vision insurance selections, as well as supplemental life and dependent life insurance and flexible spending account selections, through Employee Self Service.

Please note that circling options on this form is not sufficient to enroll in specific flexible benefit plans for 2026.

Items to be completed through ESS:

HEALTH - AETNA

Newark has three different health insurance plans for employees to choose from: Preferred Provider Organization (PPO), Health Maintenance Organization (HMO), and High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA). See related plan comparisons for more information on each. **HSA Contribution amounts associated with the HDHP are also available through ESS.**

	Employee's Monthly Contribution			
	Emp Only	Emp/Child	Couple	Family
PPO	$0.00	$149.55	$182.67	$338.51
HMO	$0.00	$160.50	$196.18	$363.82
HDHP (w/ HSA)	$0.00	$0.00	$0.00	$0.00

DENTAL – DELTA DENTAL OF PENNSYLVANIA

Emp Only	Emp/Child	Couple	Family
$0.00	$7.38	$7.65	$15.02

VISION – VISION BENEFITS OF AMERICA

Emp Only	Emp/Child	Couple	Family
$0.00	$0.57	$0.57	$0.57

HEALTH & LIMITED FLEXIBLE SPENDING ACCOUNT (FSA) – WEX/DISCOVERY BENEFITS

Medical FSA: You choose the pre-tax amount that will be withheld from your paycheck for qualifying medical expenses or for qualifying reimbursements not covered by insurance. **Max contribution amount: $3,400.00. The City is contributing $300 so the max contribution by the employee is $3,100.00. Employee may rollover a max of $680 into 2027 from 2026.**

Limited FSA: Provides similar benefits of the Health FSA for those enrolled in the High Deductible Health Plan (HDHP) with a HSA, but these funds can be used for dental and vision expenses **ONLY**. (See summary sheet for more details.) **Max contribution amount: $3,400.00. The City is contributing $300 so the max contribution by the employee is $3,100.00. Employee may rollover a max of $680 into 2027 from 2026.**

DEPENDENT CARE ACCOUNT – WEX/DISCOVERY BENEFITS

You choose the pre-tax amount that will be withheld from your paycheck for dependent care for children up to the age of thirteen (13), a disabled dependent of any age, or a disabled spouse. **Max contribution amount: $7,500.00. These funds do not roll over.**

HEALTHCARE SAVINGS ACCOUNT (HSA)

You choose the pre-tax amount that will be withheld from your paycheck to use for out-of-pocket expenses until your annual deductible is met. The City is funding 100% of the deductible ($1,700 for employee and $3,400 for family). Funds in addition to those amounts may be withheld. **Because the City is contributing 100% of the deductible, the Max contribution amount by the employee is: $2,700 for employee only; $5,350 for family. These funds may rollover and there is no rollover max.**

SUPPLEMENTAL LIFE INSURANCE – SYMETRA

Basic life coverage for employees, which is in addition to the City-covered portion employees have as part of their employment. Depends on your age at the time of enrollment (see below). Selections must be made in $10,000 increments.

AGE DURING YEAR OF COVERAGE	PER $1,000 OF COVERAGE
18 TO 29 YEARS OF AGE	$0.06
30 TO 34 YEARS OF AGE	$0.08
35 TO 39 YEARS OF AGE	$0.11
40 TO 44 YEARS OF AGE	$0.18
45 TO 49 YEARS OF AGE	$0.29
50 TO 54 YEARS OF AGE	$0.49
55 TO 59 YEARS OF AGE	$0.79
60 TO 64 YEARS OF AGE	$1.24

DEPENDENT LIFE INSURANCE – SYMETRA

5,000 Spouse/2,000 each child	$1.35 per month
10,000 Spouse/2,000 each child	$2.38 per month

FUNdraiser Friday

$5.00 per month. All contributions are donated to the Newark Area Welfare Committee.

Benefits to be established through third-party vendors (not through ESS):

GROUP SHORT-TERM DISABILITY INSURANCE – COLONIAL LIFE – Replaces a portion of your income if you are unable to work because of a covered accident or illness **– coverage-based – contact rep Nick Cusmano for a quote (nickc@colonialdemd.com; 302-235-3088 x1).**

GROUP ACCIDENT INSURANCE – COLONIAL LIFE – Pays a range of benefits for simple and complex accidents — whether it's a fall or a car accident, you can count on us to support you **– coverage-based – contact rep Nick Cusmano for a quote (nickc@colonialdemd.com; 302-235-3088 x1).**

CANCER INSURANCE – COLONIAL LIFE – Pays you a range of benefits to help cover medical and non-medical expenses related to a cancer diagnosis and treatment **– coverage-based – coverage-based – contact rep Nick Cusmano for a quote (nickc@colonialdemd.com; 302-235-3088 x1).**

WHOLE LIFE INSURANCE – COLONIAL LIFE – Provides peace of mind and financial protection to your family members if you pass away **– coverage-based – contact rep Nick Cusmano for a quote (nickc@colonialdemd.com; 302-235-3088 x1).**

LEGALSHIELD – Assistance with Legal Advice

	Emp	Family
Weekly Amount	$5.52	$5.52
Monthly Amount	$22.08	$22.08

IDSHIELD – Assistance with Credit Monitoring

	Emp	Family
Weekly Amount	$2.07	$5.52
Monthly Amount	$22.08	$22.08

LEGALSHIELD AND IDSHIELD COMBINED

Emp	Family
$7.59	$8.98

Contact LegalShield/IDShield reps Mike Schwartz (mssrvp@comcast.net; 302-275-8898) and/or Ebens Jean (ebens.jean@yahoo.com; 443-359-6598) for more information.