



City of Brockton

Human Resources Department

ROBERT F. SULLIVAN
Mayor

DATE: April 26, 2021
TO: CITY/SCHOOL ACTIVE EMPLOYEES
FROM: THE HUMAN RESOURCES DEPARTMENT
RE: HEALTH/DENTAL BENEFITS – OPEN ENROLLMENT

The Open Enrollment period is now through FRIDAY, MAY 21, 2021 for: 1.) Making changes in your health insurance carrier, 2.) Enrolling as a new subscriber in health/dental or 3.) Adding family members to your current policy. The open enrollment period ends on **FRIDAY, MAY 21, 2021**.

Coverage under a new carrier or changes to the existing policy will begin on **July 1, 2021** unless you or your dependents involuntarily lose your current health/dental insurance. **No further enrollment in City plans will be allowed until the next Open Enrollment period in April of 2022, unless you have a qualifying event.**

NOTICE OF SPECIAL ENROLLMENT RIGHTS/QUALIFYING EVENTS

If you declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in a health plan, provided that the employee requests **enrollment within thirty (30) days** after the coverage ends due to an involuntary cancellation. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment **within thirty (30) days** after the event.

Please be aware that during the year you must notify the Human Resources Department at 508-580-7820 of any changes in your health/dental insurance status (i.e.: marriages, re-marriage of employee or ex-spouse, births, adoptions, deaths, retirement, Medicare additions or changes, involuntary loss of insurance, change of address, change in dependent children status, etc.) immediately as all changes other than open enrollment must be submitted to the insurance company within thirty (30) days of the qualifying event. **Failure to notify the Human Resources Department within one (1) month may result in non-payment of claims for you, your dependents or your ex-dependents. The non-payment of claims by the City may also result in the claims being billed directly to you as the subscriber.**

RESIDENCY REQUIREMENT

All members enrolled through City health insurance must comply with any residency requirement and must abide by the carriers service area regulations, failure to comply could result in non-payment of claims. The Network Blue New England plan, covers all New England states, therefore if you reside in a New England state, you are eligible to enroll in the Network Blue New England. From time to time the Harvard Pilgrim Choicenet Best Buy Tiered CoPayment HMO Massachusetts may change the cities and towns in the enrollment area. A current list of cities and towns by zip code is available online at www.harvardpilgrim.org.

Please have Social Security Numbers, dates of birth and Primary Care Physician information for all members on the policy. **Also, if enrolling in or making changes to a family plan you will be required to provide a copy of the**

marriage certificate for spouse, divorce agreement for ex-spouse and birth certificates for all dependent children. **No application will be processed without the required information.** The National Health Care Reform allows dependents to be covered up to the age of 26 for health insurance only, even if they are offered or have their own employer sponsored plan. The dental insurance also covers dependents up to the age of 26.

The summary of benefits for the health and dental plans can be found on the Human Resources website, www.brockton.ma.us/hr, and navigate to Open Enrollment or by requesting them through the City Human Resources Department.

HEALTH & DENTAL INFORMATION SESSIONS

HARVARD PILGRIM INFORMATION IS AVAILABLE THROUGH THE HARVARDPILGRIM.ORG WEBSITE. FOLLOW THE LINK BELOW OR VISIT THE CITY OF BROCKTON HUMAN RESOURCES DEPARTMENT WEBPAGE FOR MORE INFORMATION.

<https://www.harvardpilgrim.org/public/your-benefits-fair?pid=91-84-207-182-183-97-162-160-173-213-120-142-215-254-28-44-176-157-191-196-143-232-109-58>

REPRESENTATIVES FROM BLUE CROSS BLUE SHIELD WILL BE AVAILABLE TO ANSWER QUESTIONS VIA TELECONFERENCE. YOU MAY CALL 1-800-782-3675 AND CHOOSE OTPION #3. ADVISE THE REPRESENTATIVE THAT YOU ARE AN EMPLOYEE OF THE CITY OF BROCKTON. YOU MAY CALL ANY TIME MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8:00 A.M. – 6:00 P.M. DURING OUR OPEN ENROLLMENT PERIOD.

The current contribution rate for all employees, for all health plans is 25%. The dental contribution rate for all employees is 50%. The rates for each plan are:*

	<u>HEALTH</u>		<u>Employee Share</u>	
	<u>Total Monthly Cost</u>		<u>Individual</u>	<u>Family</u>
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
BLUE CROSS BLUE SHIELD	\$1,020.84	\$2,656.24		
BLUE CARE ELECT PREFERRED (PPO)	TWENTY-FIVE (25) PERCENT			
	Weekly contribution-52 weeks		\$ 58.89	\$153.24
	Weekly contribution-40 weeks		\$ 76.56	\$199.22
	Bi-Weekly contribution-26 weeks		\$117.79	\$306.49
	Bi-Weekly contribution-20 weeks		\$153.13	\$398.44
BLUE CROSS BLUE SHIELD	\$931.96	\$2,318.49		
NETWORK BLUE NEW ENGLAND	TWENTY-FIVE (25) PERCENT			
	Weekly contribution-52 weeks		\$ 53.77	\$133.76
	Weekly contribution-40 weeks		\$ 69.90	\$173.89
	Bi-weekly contribution -26 weeks		\$107.53	\$267.52
	Bi-Weekly contribution-20 weeks		\$139.79	\$347.77

	<u>HEALTH</u>		<u>Employee Share</u>	
	<u>Total Monthly Cost</u>		<u>Individual</u>	<u>Family</u>
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
HARVARD PILGRIM CHOICENET	\$905.08	\$2,354.97		
BEST BUY TIERED COPAYMENT	TWENTY-FIVE (25) PERCENT			
HMO MASSACHUSETTS	Weekly contribution-52 weeks		\$ 52.22	\$135.86
	Weekly contribution-40 weeks		\$ 67.88	\$176.62

Bi-weekly contribution- 26 weeks	\$104.43	\$271.73
Bi-Weekly contribution-20 weeks	\$135.76	\$353.25

DENTAL

Total Monthly Cost
Individual Family

Employee Share
Individual Family

BC/BS DENTAL BLUE PPO

\$43.18 \$105.56

FIFTY (50) PERCENT

Weekly contribution-52 weeks	\$ 4.98	\$ 12.18
Weekly contribution-40 weeks	\$ 6.48	\$ 15.83
Bi-Weekly contribution-26 weeks	\$ 9.96	\$ 24.36
Bi-Weekly contribution-20 weeks	\$12.95	\$ 31.67

****Employee rate specified does not include savings under cafeteria plans.**

New rates will be reflected for all City/School Employees with your June deductions for July coverage.

If during the open enrollment period you elect to change your current insurance carrier and you are presently covering an ex-spouse on an individual basis you must notify the City as your ex-spouse must change their health insurance carrier as well.

ENROLLMENT DEADLINE DATE

Should you decide to enroll in health insurance, change the status of your health insurance, or wish to change your health insurance carrier, application forms may be obtained on the Human Resources web site at www.brockton.ma.us/hr and navigate to Open Enrollment or by request at HR@cobma.us. Webinars are also available so that you may speak with representative from each health plan and a representative from Human Resources. Remember that the forms must be **completed** and **returned** to the City Human Resources Department by **FRIDAY, MAY 21, 2021**.