



# City of Brockton

## Human Resources Department

**ROBERT F. SULLIVAN**  
Mayor

**DATE: APRIL 21, 2021**

**TO: CITY OF BROCKTON: NON-MEDICARE ELIGIBLE RETIREES/SPOUSES/SURVIVING SPOUSES**

**FROM: THE HUMAN RESOURCES DEPARTMENT**

**RE: HEALTH INSURANCE – OPEN ENROLLMENT**

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

Coverage for all new health plans will begin on July 1, 2021, unless you, the retiree or your dependents involuntarily lose your current health insurance. No further enrollment in City plans will be allowed until the next open enrollment in May of 2022, unless your Medicare eligibility status changes during the period of July 1, 2021 through June 30, 2022, at which time you must contact the Human Resources Department. Upon becoming Medicare eligible you must enroll in Medicare Parts A & B through Social Security and the Medicare Extension plan through the City. In accordance with Massachusetts General Laws, **if you are eligible and do not enroll in Medicare through Social Security and a Medicare Extension Plan, the City will be forced to terminate your health insurance coverage.**

### **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 retiree requests enrollment within 30-days after the coverage ends due to an involuntary cancellation.

Please be aware that during the year you must notify the Human Resources Department at 508-580-7820 of any changes in your health insurance status (i.e.: marriages, re-marriage of retiree or ex-spouse, deaths, 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 one (1) month 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 Chocinet 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](http://www.harvardpilgrim.org).

Please have Social Security Numbers, dates of birth and if Harvard Pilgrim Choicenet Best Buy Tiered CoPayment HMO Massachusetts, Blue Cross Blue Shield Network Blue New England, 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 summary of benefits for the health and dental plans can be found on the Human Resources website, [www.brockton.ma.us/hr](http://www.brockton.ma.us/hr), and navigate to Open Enrollment or by requesting them through the City Human Resources Department.

Please be advised that if you remarry, as a surviving spouse of a City Retiree, you must advise this office of this change immediately. In accordance with Massachusetts General Laws, Chapter 32B, effective the date of marriage, you will no longer be eligible to continue the health insurance through the City at the Retiree rate. You will, however, be offered COBRA for 36 months which is at 102% of the entire premium rather than the 25%, 15% or 10% you are currently eligible to contribute. **After your COBRA eligibility has ended, you will no longer be eligible for any health insurance through the City of Brockton.**

**If notification is not provided to the City and the City becomes aware of the fact that a surviving spouse has re-married, your insurance will be terminated retroactively to the date of re-marriage and you will be responsible for all claims paid by the City.**

For those retirees/surviving spouses who make direct payments for their health insurance, please take the time to review your, your spouse’s and/or dependent(s) specific health plan(s) and the monthly contributions listed in this letter to calculate your new monthly contribution starting with your check due on June 25th.

New rates will be reflected with your deduction in your June retirement check for July coverage and June direct payments for July coverage. The contribution rate for retirees is twenty five percent of the total monthly premium, unless you qualified for the lower rates of 15% or 10%. For those retirees/surviving spouses who qualified for the lower rates of 15% or 10%, you were notified of that fact in writing by this office.

The following are the health benefit plans offered by the City of Brockton and the monthly premiums for each:

	<u>HEALTH</u>			
	<u>Total Monthly Cost</u>		<u>Retiree/Surviving Spouse</u>	
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
<b>BC/BS BLUE CARE ELECT PREFERRED (If previously qualified)</b>	<b>\$1020.84</b>	<b>\$2656.24</b>	25% <b>\$255.21</b>	<b>\$664.06</b>
			15% <b>\$153.13</b>	<b>\$398.44</b>
<b>BC/BS NETWORK BLUE NEW ENGLAND (If previously qualified)</b>	<b>\$931.96</b>	<b>\$2318.49</b>	25% <b>\$232.99</b>	<b>\$579.62</b>
			10% <b>\$ 93.20</b>	<b>\$231.85</b>
<b>HARVARD PILGRIM CHOICENET BEST BUY TIERED COPAYMENT HMO MA (If previously qualified)</b>	<b>\$905.08</b>	<b>\$2354.97</b>	25% <b>\$226.27</b>	<b>\$588.74</b>
			10% <b>\$ 90.51</b>	<b>\$235.50</b>

The current retiree contribution rate is 25% for all plans, unless you previously qualified for the reduced contribution rate of 15% or 10%. The reduced contribution rate requirements were that you had to have been 65 or older as of July 1, 2003 and your annual household income was 200% of the Federal poverty level or lower, which at that time was \$17,256 or less for a single person over 65 years of age, or \$21,748 for a two-person household with one person over 65. The current income levels, based on the 2019 rates are \$24,980 or less for a single person over 65 years of age, or \$33,820 for a two-person household with one person over 65.

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.

### **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 OPTION #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.**

### **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](http://www.brockton.ma.us/hr) and navigate to Open Enrollment or by request at [HR@cobma.us](mailto:HR@cobma.us). Remember that the forms must be **completed** and **returned** to the City Human Resources Department by **FRIDAY, MAY 21, 2021.**