



City of Brockton

Human Resources Department

ROBERT F. SULLIVAN
Mayor

DATE: May 2, 2022
TO: CITY/SCHOOL ACTIVE EMPLOYEES
FROM: HUMAN RESOURCES DEPARTMENT
RE: HEALTH/DENTAL BENEFITS – OPEN ENROLLMENT – NOW THROUGH MAY 16, 2022

The Open Enrollment period is today through 4:30 pm on Monday, MAY 16, 2022 if you want to: 1) Change your health insurance carrier; 2) Enroll for the first time in a health or dental insurance plan; or 3) Add family members to your current policy. The open enrollment period ends at 4:30 pm on **MONDAY, MAY 16, 2022.**

These are your options for health insurance:

Blue Cross Blue Shield Blue Care Elect PPO
Blue Cross Blue Shield Network Blue New England HMO
Harvard Pilgrim Choicenet HMO

This is your option for dental insurance:

Blue Cross Blue Shield Dental Blue Freedom

Premiums for the City's health insurance plans will increase by 4.5% in FY 23. There will be no increase in premiums for the City's dental insurance plan. All of the rates for FY 23 are set out below.

NEXT STEPS:

1. if you are not making any changes to your health or dental insurance coverage, there is nothing you need to do. Your current coverage will continue throughout FY 23.
2. **IF YOU WANT MORE INFORMATION ABOUT THE PLANS:**
 - a. **COME TO THE CITY'S IN PERSON BENEFITS FAIR FROM 11:00 AM TO 4 PM ON MAY 13TH in the G.A.R. Room!** We have invited representatives from Blue Cross and Harvard Pilgrim.
 - b. The summary of benefits for the City's health and dental plans can be found by going to our website page, www.brockton.ma.us/hr, and then navigating to "Open Enrollment." You may also request that information by emailing us at hr@cobma.us
 - c. You can get information directly from our carriers:

1. 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

3. **Please pay attention to each plan’s geographic coverage areas.** The Blue Cross Blue Shield Network Blue New England HMO and Harvard Pilgrim Choicenet HMO plans cover all New England states. Please note that the Harvard Pilgrim Choicenet HMO Massachusetts plan may change the cities and towns in its coverage area. A current list of cities and towns by zip code is available online at www.harvardpilgrim.org

4. If you DO plan to enroll for the first time in a City health or dental insurance plan, make changes to your coverage, or change health insurance carriers, this is what you need to do:
 - a. Access an application form by going to the Human Resources website page at www.brockton.ma.us/hr and navigating to Open Enrollment. You may also request forms by emailing us at HR@cobma.us. Remember that the forms must be **completed** and **returned** to the City Human Resources Department in person or via email (at hr@cobma.us) by 4:30 pm on **Monday, MAY 16, 2022**.

 - b. This is the information you will need to have for everyone you will be adding to a plan:
 1. Social Security number
 2. Date of birth
 3. Name of primary care physician (PCP) if you are enrolling in an HMO plan.
 4. If you are enrolling in or making changes to a family plan, you will need:
 - a. A copy of your marriage certificate if you are adding a spouse;
 - b. A copy of your divorce agreement/decreed if you are adding an ex-spouse;
 - c. Birth certificates for all dependent children. Please note that your children can continue to be covered on your health and dental insurance plans until they turn 26.
 5. If you decide to change your current insurance carrier and your plan is also covering an ex-spouse, please notify HR, since your ex-spouse must also change their carrier.

 - c. Any changes you make during Open Enrollment will be effective on July 1, 2022 and will be reflected in your June paychecks.

THINGS TO REMEMBER:

1. **Once this year’s Open Enrollment period ends on May 16, 2022, you may not make any changes in your health or dental insurance coverage until the next annual Open Enrollment period begins in May of 2023.** The only exception to this rule is if a “qualifying event,” as described below, occurs.

2. Please be aware that you must immediately email the City’s Human Resources Department at hr@cobma.us about any changes **throughout the year** in your health/dental insurance status (e.g., marriage, 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.) It is essential that we receive this information as soon as possible, since we must report all changes (other than those made during Open Enrollment) to your insurance carrier within thirty (30) days of the event. **Failure to notify the Human Resources Department in a timely manner 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.

QUALIFYING EVENT

If you didn't enroll yourself or your dependents (including your spouse) because of other health insurance coverage, you may enroll in the City's health or dental plans outside the Open Enrollment period if your non-City coverage is involuntarily cancelled. Please note that you must request enrollment in the City's plan(s) within 30 days of the date that your other policy was cancelled. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you will be able to enroll yourself and your dependents in the City's plan(s) outside the Open Enrollment period, provided that you request enrollment **within thirty (30) days** of the event.

RATES FOR FY 2023

The City currently pays 75% of the cost of the premium for all health insurance plans and 50% of the cost of the premium for the dental insurance plan. The rates for each plan are:

HEALTH

	<u>Total Monthly Cost</u>		<u>Employee Share</u>	
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
BLUE CROSS BLUE SHIELD	\$1,066.78	\$2,775.77		
BLUE CARE ELECT PREFERRED (PPO)	TWENTY-FIVE (25) PERCENT			
Weekly contribution-52 weeks			\$ 61.54	\$160.14
Weekly contribution-40 weeks			\$ 80.00	\$208.18
Bi-Weekly contribution-26 weeks			\$123.08	\$320.28
Bi-Weekly contribution-20 weeks			\$160.01	\$416.36
BLUE CROSS BLUE SHIELD	\$973.90	\$2,422.82		
NETWORK BLUE NEW ENGLAND (HMO)	TWENTY-FIVE (25) PERCENT			
Weekly contribution-52 weeks			\$ 56.18	\$139.77
Weekly contribution-40 weeks			\$ 73.04	\$181.71
Bi-weekly contribution -26 weeks			\$112.37	\$279.55
Bi-Weekly contribution-20 weeks			\$146.08	\$363.42

HEALTH

	<u>Total Monthly Cost</u>		<u>Employee Share</u>	
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
HARVARD PILGRIM CHOICENET	\$945.81	\$2,460.94		
BEST BUY TIERED COPAYMENT	TWENTY-FIVE (25) PERCENT			
HMO MASSACHUSETTS				
Weekly contribution-52 weeks			\$ 54.56	\$141.97
Weekly contribution-40 weeks			\$ 70.93	\$184.57
Bi-weekly contribution- 26 weeks			\$109.13	\$283.95
Bi-Weekly contribution-20 weeks			\$141.87	\$369.14

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

Please know that all of us in HR are here to help you navigate this process. Please feel free to reach out to us at hr@cobma.us