



City of Brockton

Human Resources Department

ROBERT F. SULLIVAN
Mayor

DATE: April 10, 2024
TO: CITY OF BROCKTON: NON-MEDICARE ELIGIBLE RETIREES/SPOUSES/SURVIVING SPOUSES
FROM: THE HUMAN RESOURCES DEPARTMENT
RE: HEALTH INSURANCE – OPEN ENROLLMENT FOR FY 25 - APRIL 22, 2024 THROUGH MAY 17, 2024

The Open Enrollment period for FY 25 will be Monday April 22, 2024 through 4:30 pm on Friday, May 17, 2024 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 Friday, MAY 17, 2024.

Any changes you make will become effective on July 1, 2024 and will remain in effect through June 30, 2025.

These are your options for health insurance:

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

Premiums for the City's health insurance plans will increase by 6% in FY 25. All of the rates for FY 25 are set out below.

NEXT STEPS:

1. If you are not making any changes to your health insurance coverage, there is nothing you need to do. Your current coverage will continue throughout FY 25 (i.e., July 1, 2024 - June 30, 2025).
2. **IF YOU WANT MORE INFORMATION ABOUT THE PLANS:**
 - a. **COME TO THE CITY'S IN PERSON BENEFITS FAIR FROM 10:00 AM TO 4 PM ON MAY 8TH in the Brockton Public Library!** We have invited representatives from Blue Cross and Harvard Pilgrim and many of our voluntary programs.
 - b. The summary of benefits for the City's health 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

3. **Please pay attention to each plan’s geographic coverage areas.** The Network Blue New England plan covers all New England states. Please note that the Harvard Pilgrim Choicenet Best Buy Tiered 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 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. **Please include “Insurance for FY 25” in the subject line of the email.** Remember that the forms must be **completed** and **returned** to the City Human Resources Department via email (at hr@cobma.us) by **4:30 pm on Friday, MAY 17, 2024.**
 - 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/deedee 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 by email at HR@cobma.us since your ex-spouse must also change their carrier.
 - c. Any changes you make during Open Enrollment will be effective on July 1, 2024.

THINGS TO REMEMBER:

1. **Once this year’s Open Enrollment period ends on May 17, 2024, you may not make any changes in your health insurance coverage until the next annual Open Enrollment period begins in April of 2025.** 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 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. **Please use “Insurance Status Change” as the subject line of the email. 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.**

3. If you decide to change your current insurance carrier and your plan is also covering an ex-spouse, please notify HR by email at HR@cobma.us since your ex-spouse must also change their carrier.

4. Please be advised that if you are a surviving spouse of a City Retiree and you remarry, you must advise HR 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 effective the date of the re-marriage. You will, however, be able to continue your health insurance through the City for up to 36 months by paying the COBRA rate, which is 102% of the entire monthly premium (rather than the 10%, 15%, or 25% of the premium you are currently contributing). **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 you, 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.**

5. The contribution rate for retirees/surviving spouses is 25% of the total monthly premium, unless you qualify for the lower 15% rate. Please note that if you did qualify for the lower 15% rate, this office has previously provided you with that information. (Please see “Reduced Contribution Rate Eligibility” below).

6. The new rates for July, 2024 coverage will be reflected in the deduction in your June retirement check.

7. 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 rate. Please remember to pay this new rate beginning with the check that is due on June 25th, 2024.

QUALIFYING EVENT

If you didn’t enroll yourself or your dependents (including your spouse) because you had other health insurance coverage, you may enroll in the City’s health 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.

HEALTH INSURANCE PLANS AND MONTHLY PREMIUMS FOR FY 25:

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

HEALTH

Total Monthly Cost Retiree/Surviving Spouse

Individual Family Individual Family

BC/BS BLUE CARE ELECT PREFERRED PPO	\$1181.67	\$3074.71	25%	\$295.42	\$768.68
(If previously qualified)				15%	\$117.25 \$461.21
BC/BS NETWORK BLUE NEW ENGLAND (HMO)	\$1078.78	\$2683.75	25%	\$269.70	\$670.94
(If previously qualified)				10%	\$107.88 \$268.38
HARVARD PILGRIM CHOICENET BEST	\$1047.67	\$2668.74	25%	\$261.92	\$667.19
BUY TIERED COPAYMENT HMO MA				10%	\$104.77 \$266.84

(If previously qualified)

REDUCED CONTRIBUTION RATE ELIGIBILITY:

In order to be eligible for the reduced contribution rate, you had to have been 65 or older as of July 1, 2003 and your annual household income can not exceed 200% of the Federal poverty level. The current income levels are \$29,160 or less for a single person over 65 years of age or \$39,440 for a two-person household with one person over 65. **Please submit all questions regarding eligibility for the reduced contribution rate to the Human Resources Department at hr@cobma.us.**

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. Remember that the forms must be **completed** and **returned** to the City Human Resources Department by **Friday, MAY 17, 2024**.