

City of Brockton - Health Insurance Procedures and Guidelines

This policy outlines the health insurance benefits available to eligible employees of the City of Brockton, aiming to provide access to medical care and promote overall employee well-being.

Purpose

The Human Resources Department is responsible for administering health and dental insurance for all active and retired City and School Department employees. Additionally, Human Resources manages health and dental insurance for surviving spouses of City and School Department employees.

Administration duties include:

- Enrolling new employees.
- Processing changes in insurance status.
- Monitoring employee/retiree payroll deductions.
- Depositing deductions.
- Generating monthly reports.
- Making monthly payments to insurance carriers.

The Human Resources Department also serves as the liaison between subscribers and insurance carriers.

Eligibility

Health insurance coverage is available only to employees who are employed on a regular and permanent basis for not less than 20 hours per week. Temporary, seasonal, or intermittent employees are not eligible for coverage.

Health/Dental Insurance Coverage Types

- **Individual Coverage:** Applies when coverage is limited to one person—either the employee or, in the case of a retiree, the spouse (if the retiree is age 65 or older) or the retiree (if the retiree is under age 65).
 - **Individual plans cover only one person.** Spouses and/or dependents are not eligible to be covered under an individual plan and must be enrolled under a family plan if coverage is desired.
- **Family Coverage:** Covers two or more people in the same household, such as a spouse and/or children (dependents) under the age of 26*.
 - **Dependent Coverage Under 26:** Includes new dependents as a result of marriage, birth, adoption, or placement for adoption.
 - **Dependent Coverage Over 26:** Disabled dependents may be eligible for continued coverage beyond age 26 if they meet specific criteria, such as being incapable of self-support.**

*There is no additional cost to add another member to an existing family plan.

**Contact Human Resources for additional information.

Health/Dental Insurance Plans and Premiums

The City of Brockton offers three (3) health insurance plans and one dental plan. Premiums are paid weekly or biweekly, depending on your pay schedule.

The City currently covers 75% of the premium cost for all health insurance plans and 50% of the premium cost for the dental insurance plan. Employees are responsible for the remaining 25% of health insurance premiums and 50% of dental insurance premiums.

Active Employee Plans

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

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's coverage area (cities and towns) may change. A current list of covered cities and towns by zip code is available online at www.harvardpilgrim.org.

Retiree, Spouse, and/or Surviving Spouse Plans

- Blue Cross Blue Shield - Network Blue New England HMO
- Blue Cross Blue Shield - Blue Care Elect PPP
- Harvard Pilgrim Choicenet HMO
- Blue Cross Blue Shield - Dental Blue Freedom***

The contribution rate for Retiree, Spouse of the retiree, and/or Surviving Spouse of the retiree is 25% of the total monthly premium, unless you qualify for a reduced rate. Reduced rates are 15% for Blue Cross Blue Shield Blue Care Elect (PPO) or 10% for Blue Cross Blue Shield Network Blue (HMO) and Harvard Pilgrim Choicenet (HMO). If you qualified for a lower 10% or 15% rate, this office has previously informed you. Retiree, Spouse of the retiree, and/or Surviving Spouse of the retiree are responsible for 100% of the cost for dental insurance.

To view the current non-Medicare reduced rates, please [click here](#)

***For Retiree, Spouse of the retiree, and/or Surviving Spouse of the retiree, open enrollment for dental insurance ONLY occurs in the fall of every calendar year for a January 1 effective date.

Please note: A retiree's Spouse or Surviving Spouse is eligible to re-enroll in health insurance, provided there is a qualifying event and the Spouse or Surviving Spouse has not remarried.

To view the current health and dental insurance rates and plan descriptions, please click [here](#).

Pre-Tax Health/Dental Insurance Plan

The City of Brockton has adopted a [Pre-Tax Health/Dental Insurance Plan](#) to save you money on your insurance premiums. Under this plan, if you have Health/Dental Insurance through the City of Brockton, your premiums can be deducted from your salary on a Pre-Tax basis. Your premiums can be deducted before federal or state taxes or retirement deductions are withheld. This means that you will not have to pay state or federal income taxes on your share of the costs of Health/Dental insurance premiums, which result in a slightly larger paycheck. This will not affect the amount deducted on your current insurance benefits; coverage will remain the same.

If you wish to have the amount of your Health/Dental premiums deducted from your pre-tax salary please complete Part I of the form. If you do not wish to have your Health/Dental premiums deduction from your pre-tax salary, complete Part II.

Waiver of Group Insurance/Dental

Employees may waive coverage for several reasons, including having alternative insurance through a spouse, parents, or government programs. Employees can opt out of employer-sponsored health and dental insurance plans by signing a waiver form.

Employees must complete both the [Waiver Acknowledgement Form](#) and [State Waiver for Health Insurance Form](#) in order to take advantage of the benefit.

Terminated Employees

Coverage ends on the last day of employment.

Employees may be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage. COBRA allows workers and their families who lose health benefits to continue group health benefits provided by their group health plan for limited periods under specific circumstances. The contribution rate for COBRA is 102% of the monthly premium.

Enrollment and Changes

If you miss the initial enrollment deadline, you generally must wait until Open Enrollment to enroll in the City's benefits. Open enrollment typically takes place from April through May each calendar year for an effective date of July 1.

You can enroll your dependents in the City's plan(s) outside the Open Enrollment period, provided you request enrollment within thirty (30) days of the qualifying event.

When adding an individual to a plan, you will need:

- Social Security number
- Date of birth
- Name of primary care physician (PCP) if enrolling in an HMO plan.

If enrolling in or making changes to a family plan, you will need:

- A copy of your marriage certificate if adding a spouse.

- A copy of your divorce agreement/decreed if adding an ex-spouse*.
- Birth certificates for all dependent children.

Please note that dependent children can remain covered on your health and dental insurance plans until they turn the age of 26 (*Disabled dependents may be eligible for continued coverage beyond age 26 if they meet specific criteria, such as being incapable of self-support*).

Changes to the employees coverage can also be made due to a qualifying event. As an example, if you or your dependents (including your spouse) were not enrolled because you had 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 canceled. You must request enrollment in the City's plan(s) within thirty (30) days of the date your other policy was canceled.

Qualifying events include, but are not limited to:

- Marriage
- Birth, Adoption
- Divorce/Legal Separation
- Death of Spouse/Dependent
- Change in dependent status

*If you decide to change your current insurance carrier and your plan also covers an ex-spouse, please notify Human Resources.

Temporary Continuation of COBRA Coverage: If a child ages out of dependent coverage by turning the age of 26, they may be eligible for COBRA continuation coverage under their parent's plan for up to 36 months. However, they will be responsible for paying the full premium plus a 2% administrative charge.

Leaves

Employees are entitled to maintain group health insurance coverage on the same basis as if they continued working for the City. To maintain uninterrupted coverage, the employee must continue to pay their share of insurance premium payments. Failure to pay their share of the health insurance premium may result in loss of coverage.

- If an employee is on a non-medical leave of absence, the employee must pay the full premium (100%) with no City contribution.
- If an employee is on a medical leave due to the employee's own illness (not a family member), they will continue to pay their portion (25%) of the City's premium.

If an employee's payment is more than thirty (30) days overdue, coverage will be dropped by the City, and the full outstanding amount must be paid before health insurance reinstatement.

Health insurance can be reinstated within sixty (60) days of termination or cancellation if past due premiums are paid in full. Anything beyond sixty (60) days will not be considered.

If an employee does not return to work upon the expiration of their leave, the employer may seek reimbursement from the employee for premiums paid to maintain health coverage during the leave, provided the employee's failure to return.

Non-Payment of Premiums

The City reserves the right to cancel health insurance for non-payment if premiums are not paid on time and in full.

If an Employee, Retiree, Spouse of the retiree, and/or Surviving Spouse of the retiree wishes to reinstate health insurance, all outstanding premiums must be paid in full.

If an employee is set to retire and has an existing balance with the City, that balance must be paid in full in order to continue health insurance.

Health insurance can be reinstated within sixty (60) days of termination or cancellation if past due premiums are paid in full. Anything beyond sixty (60) days will not be considered.

Medicare

Employees who are still working (or have retiree, COBRA, or other types of coverage) have important decisions to make about their health coverage when they become eligible for Medicare.

Please note, if you or your spouse have employer-sponsored health insurance when you turn 65, you can delay enrolling in Medicare Part B without penalty as long as you are still actively working. However, this is dependent on having "current employment" and a group health plan from that employment. Employees still need to apply for Part A at 65, even if they are working, but Part A is free.

Decisions regarding Medicare enrollment when employees become eligible vary based on:

- The reason(s) they're eligible for Medicare.
- If they, a spouse, or a disabled family member are still working.
- If they have employer-sponsored group health plan coverage based on that active employment.

Signing up for Medicare late can increase premium costs for employees for as long as they have Medicare (and well after they retire from the City) and can result in gaps in coverage.

Beneficiaries 65 and over, and still working: Employees and spouses of employees 65 and over, and still working: Not all Medicare eligible employees and Medicare eligible spouses of employees need Medicare at the time they are eligible. If you have a current employer plan and are eligible for Medicare, employees may still need to make vital Medicare enrollment decisions. It is crucial that employees understand these decisions and when they should be made if eligible employees are still employed by the City. It is important to understand how current coverage works with Medicare when employees become eligible for enrollment.

Beneficiaries who are over 65 or under 65 and have a disability: Medicare is for individuals 65 years or older. However, employees may be eligible at an earlier age if you have a disability, End Stage Renal disease, or ALS (Lou Gehrig's disease).

For additional information on the Coordination of Medicare and Other Coverage for Working Beneficiaries with Disabilities please [click here](#).

Please visit [Medicare.gov](https://www.medicare.gov) for additional information to help make informed decisions about health coverage.

The City reserves the right to amend and update the policy at any time.

For questions please contact the Human Resources Department at HR@cobma.us or (508) 580-7820.