



Benefit Open Enrollment
May 9, 2019 – May 23, 2019

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IMPORTANT: All Cigna health plans through the City of Holyoke will expire at **midnight on June 30, 2019. All employees currently enrolled in health insurance **MUST** choose a new plan through Health New England and submit their completed enrollment forms no later than **Thursday, May 23, 2019** in order to continue receiving health coverage through the City of Holyoke**

To: City of Holyoke Active Eligible Employees (*regularly working at least 20 hours per week & retirees on the current Cigna plan*)

Subject: Open Enrollment for Group Health, Dental Insurance, and Flexible Spending Account

This letter is to inform you that the City of Holyoke has completed its review of group health benefits for the new year. We are excited to announce that effective July 1, 2019, the City has selected Health New England as its new health carrier and will remain with Blue Cross Blue Shield (BCBS) for dental. *Plan design is available on the back of this notice.*

In an effort to keep premiums low, the City has decided to implement a Health Reimbursement Arrangement (HRA) as an additional benefit available to eligible employees. The purpose of an HRA is to keep the employee's deductible capped within its corresponding plan design; i.e. Essential \$4000, the employee deductible will be \$1,000/person, \$2,000/family and the City will pay the \$3,000/person, \$6,000/family difference. The billing will be processed using a third-party administrator, meaning employees who exceed their base deductible will not have any out-of-pocket expenses that are applied to the deductible. More information will be available during open enrollment sessions.

The City will also continue to offer active eligible employees the opportunity to participate voluntarily in a Flexible Spending Account (FSA) through Total Administrative Services Corporation (TASC).

You are invited to meet with representatives from Health New England, Blue Cross Blue Shield MA, the City's Personnel Department and the City's insurance consultants at any of the four informational meetings that will be held at Holyoke High School, 500 Beech St. Holyoke MA, 01040.

Monday, May 13, 2019 from 6pm-8:00pm
Thursday, May 16, 2019 from 4:30pm-6:30pm
Saturday, May 18, 2019 from 9:00am-11:00am
Monday, May 20, 2019 from 4:30pm-6:30pm

Due to the change of carrier, all employees are encouraged to attend one of the open enrollment sessions to complete their new enrollment forms. If you do not submit your new enrollment forms by Thursday, May 23, 2019, you will automatically be enrolled into the lowest costing plan. **Open enrollment will end promptly on Thursday, May 23, 2019 at 4:30pm.** Unless you experience a qualifying event, this will be the only opportunity to enroll or make changes to your medical and dental coverage.

If you have any questions, please contact the Personnel Department.

Sincerely,

Hector Carrasquillo
Director of Personnel

Plan Name	HNE		HNE		HNE	
	Essential \$4000 w/ HRA	HNE-HMO	Essential \$5000 w/ HRA	HNE-HMO	PPO \$4000 w/ HRA	National
Network	No	No	No	No	member pays 20%	No
Referrals Required?	No	No	No	No	member pays 20%	No
Out of Network Co-insurance	No Coverage	No Coverage	No Coverage	No Coverage	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family
Deductible paid by the CITY	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family
Deductible paid by the EMPLOYEE	\$1,000/person \$2,000/family	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family	\$1,000/person \$2,000/family	\$1,000/person \$2,000/family
Maximum Out of Pocket (MOOP)	\$7,350/person \$14,700/family In Network	\$7,350/person \$14,700/family In Network	\$7,350/person \$14,700/family In Network	\$7,350/person \$14,700/family In Network	\$7,350/person \$14,700/family In Network	\$7,350/person \$14,700/family In Network
MOOP City Reimbursement	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family
Routine/Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Non-Routine Office Visits	\$20/\$25	\$20/\$25	\$20/\$25	\$20/\$25	\$20/\$25	\$20/\$25
Speech & Physical Therapy	\$25	\$25	\$25	\$25	\$25	\$25
Chiropractic Visit	\$20	\$20	\$20	\$20	\$20	\$20
Diagnostic Labwork	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Procedures & Imaging	deductible	deductible	deductible	deductible	deductible	deductible
High Tech Imaging Imaging	\$100	\$100	\$100	\$100	\$100	\$100
Retail Rx (30 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Mail Order Rx (90 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Ambulance	deductible	deductible	deductible	deductible	deductible	deductible
Emergency Room (covered worldwide)	\$150	\$150	\$150	\$150	\$150	\$150
Urgent Care Visit (covered worldwide)	\$20	\$20	\$20	\$20	\$20	\$20
Hospital Outpatient	deductible	deductible	deductible	deductible	deductible	deductible
Hospital Inpatient	deductible	deductible	deductible	deductible	deductible	deductible
Renewal Monthly Single Medical	\$667.10	\$667.10	\$648.88	\$648.88	\$685.33	\$685.33
Renewal Monthly Family	\$1,718.57	\$1,718.57	\$1,671.62	\$1,671.62	\$1,765.52	\$1,765.52
City Contribution Single	71.50%	71.50%	72.50%	72.50%	66.00%	66.00%
City Contribution Family	67.50%	67.50%	68.50%	68.50%	64.00%	64.00%
BiWeekly Single Employee Deduction	\$95.06	\$95.06	\$89.22	\$89.22	\$116.51	\$116.51
BiWeekly Family Employee Deduction	\$279.27	\$279.27	\$263.28	\$263.28	\$317.79	\$317.79

BCBSMA Dental		For Benefit Eligible Employees and Retirees	
Plan Name	Deductible	Dental Blue With Ortho	\$50/person \$150/family
Calendar Year Benefit	\$1,000 per person		
Routine Cleanings & Scaling	100% covered		
Routine Exams	100% covered		
Emergency Exams	100% covered		
Pediatric Fluoride (to age 19) Pediatric Sealants (to age 14) Pediatric Spacers (to age 19)	100% covered		
Study Models and Casts	100% covered		
Routine X-rays	100% covered		
Labs, Panoramic X-rays	deductible + 20%		
Fillings	deductible + 20%		
Periodontal Scaling & Surgery	deductible + 20%		
Oral Surgery	deductible + 20%		
Extractions	deductible + 20%		
Endodontics- Root Canal	deductible + 20%		
Crowns	deductible + 50%		
Inlays/Onlays	deductible + 50%		
Bridges	deductible + 50%		
Dentures	deductible + 50%		
Orthodontia (Braces)	\$1,000 allowance to age 19		
Total Monthly Cost of Single Plan			\$30.00
Total Monthly Cost of Family Plan			\$88.00
City Contribution	50% Single 50% Family		
BiWeekly Single Deduction (24 pays)	Monthly Single Deduction**		\$7.50
BiWeekly Family Deduction (24 pays)	Monthly Family Deduction**		\$22.00
	Monthly Family Deduction**		\$15.00
			\$44.00