



Benefit Open Enrollment
May 11, 2020 – May 29, 2020

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IMPORTANT: Due to the current health climate, the City of Holyoke will not conduct in person open enrollment sessions this year. Instead, please read carefully below for information pertaining to this year's open enrollment process.

To: City of Holyoke active eligible employees (*regularly working at least 20 hours per week & retirees eligible for coverage under Health New England*)

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, 2020, the City will remain with both Health New England (HNE) and Blue Cross Blue Shield (BCBS) as its carriers for medical and dental. *Plan design is available on the back of this notice.*

In addition to remaining with both carriers, we will also continue to maintain the Health Reimbursement Arrangement (HRA) as an additional benefit for 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 via Health Equity, 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.

As in previous years, the opportunity to voluntarily participate in a Flexible Spending Account (FSA) through Total Administrative Services Corporation (TASC) will also be available.

Lastly, we are happy to announce there will be a Premium Holiday benefit included into this year's dental design. This means, dental deductions will not be deducted from your paycheck during the month of June.

Following this letter, please complete the:

1. Health New England and/or Blue Cross Blue Shield enrollment form if you are seeking to enroll, make changes to your existing coverage, or cancel coverage. The completion of these forms and supporting documentation (birth certificate, marriage certificate, etc) is required for changes and/or new enrollments.
2. Total Administrative Services Corporation (TASC) enrollment form to enroll or renew your enrollment in the FSA benefit. *The completion of this form is required every year regardless of enrollment or change status.*

Please note, if you are currently enrolled in a HNE medical and/or BCBS dental plan and do not wish to make any changes, your coverage will carry over into the new plan year. No enrollment form is needed.

Please mail the completed forms to your corresponding Human Resources Department:

City Staff and Active Retirees:
City of Holyoke Personnel Department
20 Korean Veterans Plaza
Holyoke, MA 01040
413-322-5555

Holyoke Public Schools Staff:
Human Resources Department
57 Suffolk Street
Holyoke, MA 01040
413-534-2000 Ext: 1505

Holyoke Water Works Staff:
Human Resources
20 Commercial Street
Holyoke, MA 01040
413-536-0442

Electronic documents and plan summaries are available at: <https://www.holyoke.org/personnel-open-enrollment/>

Documents must be received by your Human Resources Department no later than May 29, 2020.

Sincerely,

Hector Carrasquillo
Director of Personnel

**Plan Design Effective
July 1, 2020-June 30, 2021**

Plan Name	HNE		HNE		HNE		BCBSMA Dental <i>For Benefit Eligible Employees and Retirees</i>
	Essential \$4000 w/ HRA HNE-HMO	No Coverage \$3,000/person \$6,000/family	Essential \$5000 w/ HRA HNE-HMO	No Coverage \$3,000/person \$6,000/family	PPO \$4000 w/ HRA National	Dental Blue With Ortho \$50/person \$150/family	
Referrals Required?	No	No	No	No	No	\$1,000 per person	100% covered
Out of Network Co-Insurance Deductible paid by the CITY	No Coverage \$3,000/person \$6,000/family	\$3,000/person \$6,000/family	No Coverage \$3,000/person \$6,000/family	\$3,000/person \$6,000/family	member pays 20%	\$1,000 per person	100% covered
Deductible paid by the EMPLOYEE	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family	\$1,000/person \$2,000/family	100% covered	100% covered
Maximum Out of Pocket (MOOP)	\$7,350/person \$14,700/family	\$7,350/person \$14,700/family	\$7,350/person \$14,700/family	\$7,350/person \$14,700/family In Net \$9,000/\$18,000 OON	\$7,350/person \$14,700/family	100% covered	100% covered
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	100% covered	100% covered
Routine/Preventive Care	\$0	\$0	\$0	\$0	\$0	100% covered	100% covered
Non-Routine Office Visits	\$20/\$25	\$20/\$25	\$20/\$25	\$20/\$25	\$20/\$25	deductible + 80% covered	deductible + 80% covered
Speech & Physical Therapy	\$25	\$25	\$25	\$25	\$25	deductible + 80% covered	deductible + 80% covered
Chiropractic Visit	\$20	\$20	\$20	\$20	\$20	deductible + 80% covered	deductible + 80% covered
Diagnostic Labwork	\$0	\$0	\$0	\$0	\$0	deductible + 80% covered	deductible + 80% covered
Diagnostic Procedures & Imaging	deductible	deductible	deductible	deductible	deductible	deductible + 80% covered	deductible + 80% covered
High Tech Imaging Imaging	\$100	\$100	\$100	\$100	\$100	deductible + 80% covered	deductible + 80% covered
Retail Rx (30 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	deductible + 80% covered	deductible + 80% covered
Mail Order Rx (90 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	deductible + 50% covered	deductible + 50% covered
Ambulance	deductible	deductible	deductible	deductible	deductible	deductible + 50% covered	deductible + 50% covered
Emergency Room (covered w/ or/bw/ide)	\$150	\$150	\$150	\$150	\$150	deductible + 50% covered	deductible + 50% covered
Urgent Care Visit (covered w/ or/bw/ide)	\$20	\$20	\$20	\$20	\$20	deductible + 50% covered	deductible + 50% covered
Hospital Outpatient	deductible	deductible	deductible	deductible	deductible	\$1,000 allowance to age 19	\$1,000 allowance to age 19
Hospital Inpatient	deductible	deductible	deductible	deductible	deductible	\$30.00	\$30.00
Renewal Monthly Single Medical	\$680.44	\$661.66	\$661.66	\$661.66	\$699.04	\$88.00	\$88.00
Renewal Monthly Family	\$1,752.94	\$1,705.07	\$1,705.07	\$1,705.07	\$1,800.85	50% Single 50% Family	50% Single 50% Family
City Contribution Single	71.50%	72.50%	72.50%	72.50%	66.00%	\$7.50	\$7.50
City Contribution Family	67.50%	68.50%	68.50%	68.50%	64.00%	\$22.00	\$22.00
BiWeekly Single Employee Deduction	\$96.96	\$90.98	\$90.98	\$90.98	\$118.84	\$15.00	\$15.00
BiWeekly Family Employee Deduction	\$284.85	\$288.55	\$288.55	\$288.55	\$324.15	\$44.00	\$44.00