



Benefit Open Enrollment
May 3, 2021 – May 19, 2021

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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, 2021, 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.

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 25, 2021**.

Sincerely,

Naiomy Colón
Acting Director of Personnel

PLAN DESIGN EFFECTIVE JULY 1, 2021 - JUNE 30, 2022

	HNE	HNE	HNE	HNE	HNE
Plan Name	Essential \$4000 w/ HRA	Essential \$5000 w/ HRA	PFO \$4000 w/ HRA	BCSMA Dental	
Network	HNE-HMO	HNE-HMO	National	For Benefit Eligible Employees and Retirees	
Referrals Required?	No	No	No	Dental Blue With Ortho	
Out of Network Co-insurance	No Coverage	No Coverage	member pays 20%	Deductible	
Deductible paid by the CITY	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	Calendar Year Benefit \$50/person \$150/family	
Deductible paid by the EMPLOYEE	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	\$1,000/person \$2,000/family	Routine Cleanings & Scaling \$1,000 per person 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 Net \$9,000/\$18,000 OON	Routine Exams 100% covered	
MOOP City Reimbursement	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	Emergency Exams 100% covered	
Routine/Preventive Care	\$0	\$0	\$0	Pediatric Fluoride (to age 19) 100% covered	
Non-Routine Office Visits	\$20/\$25	\$20/\$25	\$20/\$25	Pediatric Sealants (to age 14) 100% covered	
Speech & Physical Therapy	\$25	\$25	\$25	Pediatric Spacers (to age 19) 100% covered	
Chiropractic Visit	\$20	\$20	\$20	Study Models and Casts 100% covered	
Diagnostic Labwork	\$0	\$0	\$0	Routine X-rays 100% covered	
Diagnostic Procedures & Imaging	deductible	deductible	deductible	Labs, Panoramic X-rays deductible + 80% covered	
High Tech Imaging Imaging	\$100	\$100	\$100	Fillings deductible + 80% covered	
Retail Rx (30 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	Periodontal Scaling & Surgery deductible + 80% covered	
Mail Order Rx (90 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	Oral Surgery deductible + 80% covered	
Ambulance	deductible	deductible	deductible	Extractions deductible + 80% covered	
Emergency Room (covered worldwide)	\$150	\$150	\$150	Endodontics - Root Canal deductible + 80% covered	
Urgent Care Visit (covered worldwide)	\$20	\$20	\$20	Crowns deductible + 50% covered	
Hospital Outpatient	deductible	deductible	deductible	Inlays/Onlays deductible + 50% covered	
Hospital Inpatient	deductible	deductible	deductible	Bridges deductible + 50% covered	
Renewal Monthly Single Medical	\$714.18	\$694.97	\$734.01	Dentures deductible + 50% covered	
Renewal Monthly Family	\$1,840.63	\$1,790.37	\$1,890.95	Orthodontia (Braces) \$1,000 allowance to age 19	
City Contribution Single	71.50%	72.50%	66.00%	Total Monthly Cost of Single Plan \$30.00	
City Contribution Family	67.50%	68.50%	64.00%	Total Monthly Cost of Family Plan \$88.00	
BiWeekly Single Employee Deduction	\$101.77	\$95.56	\$124.78	City Contribution 50% Single 50% Family	
BiWeekly Family Employee Deduction	\$299.10	\$281.98	\$340.37	BiWeekly Single Deduction (24 pays) \$7.50	
				BiWeekly Family Deduction (24 pays) \$22.00	
				Monthly Single Deduction** \$15.00	
				Monthly Family Deduction** \$44.00	