



Open Enrollment for Group Health, Dental, Vision Insurance and Flexible Spending Account
May 2, 2022 – May 20, 2022

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To: City of Holyoke active eligible employees (*regularly working @ least 20 hrs per wk & retirees eligible for coverage under HNE*)

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, 2022, the City will remain with both Health New England (HNE) for medical and Blue Cross Blue Shield (BCBS) for dental. We have added a Voluntary Vision plan through BCBS.

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 action is needed.

If you are seeking to enroll, make changes to your existing coverage, or cancel coverage for **Health New England Health and/or Blue Cross Blue Shield Dental or Vision**. The completion of these forms and supporting documentation (birth certificate, marriage certificate, etc.) is required for changes and/or new enrollments.

If you wish to enroll or renew, the voluntary **Flexible Spending Account (FSA)** to reduce your taxable income while paying for medical and/or dependent expenses through TASC, complete the attached form. *The completion of this form is required every year regardless of enrollment or change status.*

We will continue to maintain the Health Reimbursement Arrangement (HRA) as an additional benefit for eligible employees. There has been no change in the cost of our Dental Plan. *There has been an increase in pharmacy co-pays for our Health Plan. Since the pharmacy co-pay has increased, the city has added an HRA Reimbursement for prescription co-pays.*

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

<u>City Staff and Active Retirees:</u>	<u>Holyoke Public Schools Staff:</u>	<u>Holyoke Water Works Staff:</u>
City of Holyoke Personnel Department	Human Resources Department	Human Resources
20 Korean Veterans Plaza	57 Suffolk Street	20 Commercial Street
Holyoke, MA 01040	Holyoke, MA 01040	Holyoke, MA 01040
413-322-5555	413-534-2000 Ext: 1505	413-536-0442

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

Open enrollment will end promptly on Friday, May 20, 2022 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.

Learn more and meet representatives from Health New England, Blue Cross Blue Shield MA, the City’s Personnel Department, and the City’s insurance consultants at either of the following informational meetings that will be held at:
Holyoke High School, 500 Beech St. Holyoke MA, 01040
Wednesday, May 11, 2022 from 4:00pm-6:00pm & Tuesday, May 17, 2022 from 3:30pm-5:30pm

Sincerely,

Kelly A. Curran, Personnel Director

Health, Dental and Vision Insurance Plans
FY 2023

**PLAN DESIGN EFFECTIVE JULY 1, 2022 - JUNE 30,
2023**

	HNE	HNE	HNE	BCBSMA Dental	
Plan Name	Essential \$4000 w/ HRA	Essential \$5000 w/ HRA	PPO \$4000 w/ HRA	<i>For Benefit Eligible Employees and Retirees</i>	
Network	HNE-HMO	HNE-HMO	National	Plan Name	Dental Blue With Ortho
Referrals Required?	No	No	No	Deductible	\$50/person \$150/family
Out of Network Co-Insurance	No Coverage	No Coverage	member pays 20%	Calendar Year Benefit	\$1,000 per person
Deductible paid by the CITY	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	Routine Cleanings & Scaling	100% covered
Deductible paid by the EMPLOYEE	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	\$1,000/person \$2,000/family	Routine Exams	100% covered
Maximum Out of Pocket (MOOP)	\$7,350/person \$14,7000/family	\$7,350/person \$14,7000/family	\$7,350/person \$14,7000/family In Net \$9,000/\$18,000 OON	Emergency Exams	100% covered
MOOP City Reimbursement	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	Pediatric Fluoride (to age 19) Pediatric Sealants (to age 14) Pediatric Spacers (to age 19)	100% covered
Routine/Preventive Care	\$0	\$0	\$0	Study Models and Casts	100% covered
Non-Routine Office Visits	\$20/\$25	\$20/\$25	\$20/\$25	Routine X-rays	100% covered
Speech & Physical Therapy	\$25	\$25	\$25	Panoramic X-rays	100% covered
Chiropractic Visit	\$20	\$20	\$20	Fillings	deductible + 80% covered
Diagnostic Labwork	\$0	\$0	\$0	Periodontal Scaling & Surgery	deductible + 80% covered
Diagnostic Procedures & Imaging	deductible	deductible	deductible	Oral Surgery	deductible + 80% covered
High Tech Imaging Imaging	\$100	\$100	\$100	Extractions	deductible + 80% covered
Retail Rx (30 day supply)	\$20/\$30/\$45	\$20/\$30/\$45	\$20/\$30/\$45	Endodontics- Root Canal	deductible + 80% covered
Mail Order Rx (90 day supply)	\$20/\$30/\$45	\$20/\$30/\$45	\$20/\$30/\$45	Crowns	deductible + 50% covered
Ambulance	deductible	deductible	deductible	Inlays/Onlays	deductible + 50% covered
Emergency Room (covered worldwide)	\$150	\$150	\$150	Bridges	deductible + 50% covered
Urgent Care Visit (covered worldwide)	\$20	\$20	\$20	Dentures	deductible + 50% covered
Hospital Outpatient	deductible	deductible	deductible	Orthodontia (Braces)	\$1,000 allowance to age 19
Hospital Inpatient	deductible	deductible	deductible	Total Monthly Cost of Single Plan	\$30.00
Renewal Monthly Single Medical	\$725.08	\$705.57	\$745.21	Total Monthly Cost of Family Plan	\$88.00
Renewal Monthly Family	\$1,868.72	\$1,818.45	\$1,920.61	City Contribution	50% Single 50% Family
City Contribution Single	71.50%	72.50%	66.00%	BiWeekly Single Deduction (24 pays)	\$7.50
City Contribution Family	67.50%	68.50%	64.00%	BiWeekly Family Deduction (24 pays)	\$22.00
BiWeekly Single Employee Deduction	\$103.32	\$97.02	\$126.69	Monthly Single Deduction**	\$15.00
BiWeekly Family Employee Deduction	\$303.67	\$286.41	\$345.71	Monthly Family Deduction**	\$44.00

OPTIONAL VISION INS	INSIGHT NETWORK	
BCBS BLUE 20/20	MONTHLY PREMIUMS	
\$10 Exam Copay	\$7.40	Employee
\$25 Lens Copay	\$12.58	Empl + Spouse
\$130 Frames Allowance	\$12.95	Empl + One or More Children
\$130 Contacts Allowance	\$20.36	Family