



**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:

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/>

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

OPTIONAL VISION INS	INSIGHT NETWORK	
<b>BCBS BLUE 20/20</b>	<b>MONTHLY PREMIUMS</b>	
\$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

<b>Total Monthly Cost of Single Plan</b>	\$30.00
<b>Total Monthly Cost of Family Plan</b>	\$88.00
<b>City Contribution</b>	50% Single 50% Family
<b>BiWeekly Single Deduction (24 pays)</b>	<b>\$7.50</b>
<b>BiWeekly Family Deduction (24 pays)</b>	<b>\$22.00</b>
<b>Monthly Single Deduction**</b>	<b>\$15.00</b>
<b>Monthly Family Deduction**</b>	<b>\$44.00</b>