



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

May 2, 2022

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 1, 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 |