



**Open Enrollment for Group Health, Dental, Vision Insurance and Flexible Spending Account  
May 1, 2023 – May 19, 2023**

Date: April 28, 2023  
To: City of Holyoke active eligible employees *(regularly working @ least 20 hrs per wk & retirees eligible for coverage under HNE)*  
From: Kelly Curran, Personnel Director  
Re: **Open Enrollment for Group Health, Dental, Vision Insurance and Flexible Spending Account;  
May 1, 2023 – May 19, 2023**

**We are excited to announce some important changes for 2023-2024 Plans!**

**Health Insurance**

Effective July 1, 2023 your health insurance rates will **decrease**. We listened to our employees and increased coverage for ALL! **All HMO 4000 members will be transferred into the PPO Essential 4000 National as of 7/1/23. All HMO 5000 members will be transferred into the PPO Essential 5000 National as of 7/1/23.** If you are happy with this change, no action is needed. If you would like to change to the PPO \$5,000, you will have to complete an enrollment change form. *See the attached chart for the new rates and detailed plan information.*

**Dental Insurance** There has been no change in the cost of our Dental Plan.

**Flexible Spending Account (FSA)**

The Healthcare FSA max election this year *has increased to \$3,050*. If you wish to enroll or renew the voluntary 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.*

**Health Reimbursement Arrangement (HRA)**

We will continue to maintain the HRA as an additional benefit for eligible employees.

In an effort to reduce paper waste, we are no longer sending out packets unless requested. If you need enrollment forms mailed to you, please call 413-322-5555. Otherwise, electronic documents and plan summaries are available at: <https://www.holyoke.org/personnel-open-enrollment/>

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, Rm 206  
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

**Open enrollment will end promptly on Friday, May 19, 2023 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  
Tuesday, May 16, 2023 from 3:30pm-5:30pm and  
Thursday, May 18, 2023 from 4:00-6:00pm**

**HEALTH, DENTAL AND VISION INSURANCE PLANS JULY 1, 2023 - JUNE 30, 2024**

<b>HNE Renewal</b>		
<b>Plan Name</b>	<b>PPO \$4000 w/ HRA</b>	<b>PPO \$5000 w/ HRA</b>
<b>Network</b>	<b>National</b>	<b>National</b>
Referrals Required?	No	No
Out of Network Co-Insurance	Member pays 20%	Member pays 20%
Deductible	\$4,000/person \$8,000/family	\$5,000/person \$10,000/family
<b>Deductible paid by: The CITY</b>	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family
<b>Deductible paid by: The EMPLOYEE</b>	<b>\$1,000/person \$2,000/family</b>	<b>\$2,000/person \$4,000/family</b>
Maximum Out of Pocket (MOOP)	\$7,350/person \$14,700/family	\$7,350/person \$14,700/family
MOOP City Reimbursement	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family
Routine/Preventive Care	\$0	\$0
Non-Routine Office Visits	\$20/\$25	\$20/\$25
Speech & Physical Therapy	\$25	\$25
Chiropractic Visit	\$20	\$20
Diagnostic Labwork	\$0	\$0
Diagnostic Procedures & Imaging	deductible	deductible
High Tech Imaging	\$100	\$100
Retail Rx (30 day supply)	<b>\$10/\$20/\$35</b>	<b>\$10/\$20/\$35</b>
Mail Order Rx (90 day supply)	<b>\$10/\$20/\$35</b>	<b>\$10/\$20/\$35</b>
Ambulance	deductible	deductible
Emergency Room (covered worldwide)	\$150	\$150
Urgent Care Visit (covered worldwide)	\$20	\$20
Hospital Outpatient	deductible	deductible
Hospital Inpatient	deductible	deductible
Renewal Monthly Single	\$699.70	\$680.88
Renewal Monthly Family	\$1,803.31	\$1,754.77
City Contribution Single	71.50%	72.50%
City Contribution Family	67.50%	68.50%
BiWeekly Single Employee Deduction	\$99.71	\$93.62
BiWeekly Family Employee Deduction	\$293.04	\$276.38

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

<b>2023 BCBSMA Dental</b>	
<b>For Benefit Eligible Employees and Retirees</b>	
Plan Name	<b>Dental Blue With Ortho</b>
Deductible	\$50/person \$150/family
Calendar Year Benefit	\$1,000 per person
Out of Network Coverage	none
Routine Cleanings & Scaling	100% covered
Routine Exams	100% covered
Emergency Exams	100% covered
Pediatric Fluoride(to age 19)	
Pediatric Sealants(to age 14)	
Pediatric Spacers(to age 19)	
Study Models and Casts	100% covered
Routine X-rays	100% covered
Labs, Panoramic X-rays	100% covered
Fillings	deductible + 20%
Periodontal Scaling & Surgery	deductible + 20%
Oral Surgery	deductible + 20%
Extractions	deductible + 20%
Endodontics- Root Canal	deductible + 20%
Crowns	deductible + 50%
Inlays/Onlays	deductible + 50%
Bridges	deductible + 50%
Dentures	deductible + 50%
Orthodontia (Braces)	\$1,000 allowance to age 19
Total Monthly Cost of Single Plan	\$30.00
Total Monthly Cost of Family Plan	\$88.00
City Contribution	50% Single 50% Family

<b>EMPLOYEE Portion</b>	
Monthly Single	<b>\$15.00</b>
Monthly Family	<b>\$44.00</b>

