



Date: April 13, 2021
To: All Town of Dedham Benefit Eligible Employees
From: Human Resources Department
Re: **2021 Open Enrollment**

Open Enrollment Begins: **MONDAY, APRIL 19, 2021**

Open Enrollment Ends: **FRIDAY, APRIL 30, 2021**

Enrollment forms must be submitted electronically to the HR Department by the close of business on **FRIDAY, APRIL 30, 2021**

July 1, 2021 marks the beginning of a new plan year for all your benefits offered through the Town of Dedham.

Due to the current COVID-19 Pandemic, we will not be holding our Annual Benefits Fair. Information will be provided throughout this announcement on ways by which you can access information about the various plans we offer as well as who to contact with questions. The Open Enrollment process will be conducted electronically this year. All forms MUST be completed and submitted through the Town's [website](#).

Open Enrollment is an annual process that gives you the opportunity to enroll in new benefit plans or make changes to your existing coverage. It is also a good time to verify that your dependents and beneficiaries are correct and that we have the current information for them.

If you are not changing your existing benefit coverages, you are **NOT** required to re-enroll. Your current benefits will remain in effect through June 30, 2022, **except for Flexible Spending Account (FSA) Health Care and Dependent Care plans and the Opt-Out Program, which you must re-enroll in EVERY plan year.**

If you are cancelling any benefit coverage(s) please contact Debbie Deegan at 781-751-9174 or ddeegan@dedham-ma.gov.

HEALTH INSURANCE – JULY 1, 2021 RATES ATTACHED (PAGE 6)

The health plan premiums will increase by the following percentages. However, there are no changes in coverage. This increase applies to both employee and employer contributions.

	<u>High Deductible Health Plan</u>	<u>Benchmark Plan</u>
Harvard Pilgrim HMO	4.0%	4.0%
Network Blue HMO	0.7%	0.7%
Tufts HMO	4.5%	4.5%
Fallon Select HMO	3.4%	3.4%
Fallon Direct HMO	3.4%	3.4%

More information about each of the plans can be found on West Suburban Health Group's (WSHG) [website](#).

Health Plan Comparison Charts and additional information can be found [here](#).

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-advantaged medical savings account owned by the member and designed to be used in conjunction with a federally qualified high deductible health insurance plan. Money contributed to the account is not subject to federal and state tax at the time of deposit (pre-tax dollars) and may be used to pay for medical care, dental care and vision care. Unlike amounts in flexible spending accounts that are forfeited if not used by the end of the plan year, unused HSA funds roll over for use in later years, are portable, and can grow tax-free through investment earnings, just like an IRA.

The Town of Dedham will contribute 50% of the annual deductible amount for the HDHP to the HSA of each participating employee based on the effective date of their enrollment. If enrollment occurs outside of Open Enrollment, the Town of Dedham contributions made to the HSA will be prorated.

More information about HSAs can be found [here](#). You can also contact HealthEquity at 866-346-5800.

FLEXIBLE SPENDING ACCOUNT (FSA)

An FSA is a tax-advantaged plan that allows you to set aside a portion of your paycheck to pay for dependent care, medical care, dental care and vision care during the plan year. Money contributed to the account is not subject to federal and state tax at the time of deposit (pre-tax dollars). Amounts in FSA dependent care and FSA health care accounts if not used by the end of the plan year are forfeited.

Employees MUST re-enroll in FSA Dependent Care or FSA Health Care every plan year during Open Enrollment. Your new election value will be added to your existing benefits card.

Teachers enrolled in FSA Dependent Care or FSA Health Care will NOT be eligible for "Lump Sum".

Employee (or their spouse) who contribute to a Health Savings Account (HSA) are NOT eligible for the FSA Health Care Account.

If you have questions about FSAs, you can contact Karen Smith at Cafeteria Plan Advisors, Inc. at 781-848-9848 or info@cpa125.com. More information is also available on their [website](#).

OPT-OUT PROGRAM

Employees who have health insurance coverage through a spouse or other source (other than Medicare), may participate in the Opt-Out Program and receive quarterly (October 2021, January 2022, April 2022, June 2022) Opt-Out payments provided they have been enrolled in one of the health insurance plans offered through the Town of Dedham for *at least two years*. To participate in the Program, you **MUST** complete an Opt-Out form and attach proof of alternate health insurance coverage from your current health insurance carrier and submit them to Human Resources by June 1st.

IMPORTANT: Employees who currently participate in the Opt-Out program are required to submit a new Opt-Out form together with satisfactory proof of alternate health insurance coverage (such as a letter from your spouse/parent's employer or a letter from your current health insurance carrier) EACH YEAR at Open Enrollment if they wish to continue to receive the Opt-Out payments. Submitting the form alone will NOT qualify you to receive Opt-Out payments.

In the event an employee must reinstate health insurance coverage through the Town of Dedham during the waived plan year, the employee will cease receiving the Opt-Out payments.

Employees with a spouse who is also employed by the Town or School and is enrolled in one of the health insurance plans offered through the Town of Dedham are not eligible for the Opt-Out Program.

VOLUNTARY INSURANCE PLANS

The following is a list of our Voluntary Plans:

- Dental Insurance: Delta Dental
- Vision Insurance: EyeMed
- Supplemental Life Insurance: Minnesota Life
- Long Term Disability: Madison National Life Insurance Company, Inc.
- Short Term Disability: Colonial Life
- Whole Life Insurance: Colonial Life
- Accident Insurance: Colonial Life
- Critical Illness: Colonial Life

If you have questions about any of the voluntary insurance plans, please contact one of the representatives below from Gallagher Benefit Services (GBS) who assist the town with voluntary insurance enrollments:

Melissa Skinner	Melissa_Skinner@ajg.com	617-646-0262
Olivia Santosuosso	Olivia_Santosuosso@ajg.com	617-646-0261
Ricki Read-Kronen	Ricki_ReedKronen@ajg.com	856-380-4710

We are happy to announce that rates for all our voluntary plans are not changing this year and there will be no major changes in the level of benefits provided. The following are some important notices about your coverage and enrollment beginning July 1st.

LIFE INSURANCE

If you did not enroll for Basic or Supplemental life for yourself or your spouse when you were first hired, or if you did enroll but now want to increase the level of coverage, your enrollment will require the completion of an Evidence of Insurability form and will be subject to underwriting approval. Employees can elect child life coverage for dependents from birth to age 26 without having to answer any health questions.

If you have beneficiary changes, please complete a new beneficiary designation form.

DENTAL INSURANCE

The monthly premium rates for your dental plan will NOT be changing this year.

LOW PLAN	
Individual	\$36.92
Individual + Spouse	\$71.09
Individual + Child	\$75.59
Family	\$125.67
HIGH PLAN	
Individual	\$55.83
Individual + Spouse	\$108.64
Individual + Child	\$120.62
Family	\$172.99

You will only have to complete a new dental enrollment form if you are making changes to your existing dental plan.

LONG TERM DISABILITY

If you did not enroll for LTD when you were first hired, your enrollment will require completion of an Evidence of Insurability form and will be subject to underwriting approval.

If you are already enrolled in LTD you can increase your coverage without any Evidence of Insurability.

VISION INSURANCE

The monthly premium rates for your vision plan will not be changing this year.

Employee	\$6.07
Employee + Spouse	\$11.52
Employee + Children	\$12.13
Employee + Family	\$17.83

WHERE DO I FIND ENROLLMENT FORMS

Health insurance enrollment forms are available ON the following links (they will go live on 4/19/2021):

Town Employees: <http://www.dedham-ma.gov/departments/human-resources/open-enrollment-2021/town-employee-forms>

School Employees: <http://www.dedham-ma.gov/departments/human-resources/open-enrollment-2021/school-employee-forms>

Submit your completed forms through the Town's [website](#) by the close of business on **FRIDAY, APRIL 30, 2021**.

Voluntary insurance enrollment forms. Please contact one of the representatives below from Gallagher Benefit Services (GBS) who assist the town with voluntary insurance enrollments:

Melissa Skinner	Melissa_Skinner@ajg.com	617-646-0262
Olivia Santosuosso	Olivia_Santosuosso@ajg.com	617-646-0261
Ricki Read-Kronen	Ricki_ReedKronen@ajg.com	856-380-4710

Return your completed forms **to all three of the representatives above**. You can scan a copy and attach it to an email or take a picture with your Smart Phone and send it that way. Forms must be received by the close of business on **FRIDAY, APRIL 30, 2021**.

WHAT IF I MISS THE OPEN ENROLLMENT 2021 DEADLINE

If you miss the 2021 Open Enrollment deadline (**FRIDAY, APRIL 30, 2021**), you will have to wait until our next Open Enrollment in 2022. However, there are qualifying life events that can make you eligible for a Special Enrollment Period allowing you to enroll in health insurance outside the yearly Open Enrollment Period. The Special Enrollment Period is 30 days from the date of the event.

IRS Qualifying Life Events

Loss of Coverage

- Losing existing health coverage
- Turning 26 and losing coverage through a parent's plan

Changes in Household

- Getting married or divorced
- Having a baby or adoption of a child
- Death in the family

Changes in residence

- Moving out of service area

**TOWN OF DEDHAM
HEALTH INSURANCE RATES
JULY 1, 2021 - JUNE 30, 2022**

			90/10			85/15			80/20				75/25				
			Town @ 80%		Employee @ 10%		Town @ 85%		Employee @ 15%		Town @ 80%		Employee @ 20%		Town @ 75%		Employee @ 25%
			Monthly Pays	Monthly	BIWeekly	Monthly	Monthly	BIWeekly	Monthly	Monthly	BIWeekly	Weekly	Monthly	Monthly	BIWeekly		
BENCHMARK PLANS																	
		Monthly Premium															
Harvard Pilgrim	Individual	1,071.00	963.90	107.10	N/A	910.35	160.65	80.33	856.80	214.20	107.10	53.55	803.25	267.75	133.88		
HMO	Family	2,790.00	2,511.00	279.00	N/A	2,371.50	418.50	209.25	2,232.00	558.00	279.00	139.50	2,092.50	697.50	348.75		
BC/BS Network Blue	Individual	1,075.00	967.50	107.50	N/A	913.75	161.25	80.63	860.00	215.00	107.50	53.75	806.25	268.75	134.38		
HMO	Family	2,883.00	2,594.70	288.30	N/A	2,450.55	432.45	216.23	2,306.40	576.60	288.30	144.15	2,162.25	720.75	360.38		
Tufts Navigator	Individual	1,133.00	1,019.70	113.30	N/A	963.05	169.95	84.98	906.40	226.60	113.30	56.65	849.75	283.25	141.63		
HMO	Family	2,966.00	2,669.40	296.60	N/A	2,521.10	444.90	222.45	2,372.80	593.20	296.60	148.30	2,224.50	741.50	370.75		
Fallon																	
SelectCare	Individual	817.00	735.30	81.70	N/A	694.45	122.55	61.28	653.60	163.40	81.70	40.85	612.75	204.25	102.13		
HMO	Family	2,200.00	1,980.00	220.00	N/A	1,870.00	330.00	165.00	1,760.00	440.00	220.00	110.00	1,650.00	550.00	275.00		
DirectCare	Individual	761.00	684.90	76.10	N/A	646.85	114.15	57.08	608.80	152.20	76.10	38.05	570.75	190.25	95.13		
HMO	Family	2,047.00	1,842.30	204.70	N/A	1,739.95	307.05	153.53	1,637.60	409.40	204.70	102.35	1,535.25	511.75	255.88		

			90/10			85/15			80/20				75/25				
			Town @ 80%		Employee @ 10%		Town @ 85%		Employee @ 15%		Town @ 80%		Employee @ 20%		Town @ 75%		Employee @ 25%
			Monthly Pays	Monthly	BIWeekly	Monthly	Monthly	BIWeekly	Monthly	Monthly	BIWeekly	Weekly	Monthly	Monthly	BIWeekly		
HSA - QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)																	
		Monthly Premium															
Harvard Pilgrim	Individual	829.00	746.10	82.90	N/A	704.65	124.35	62.18	663.20	165.80	82.90	41.45	621.75	207.25	103.63		
HDHP	Family	2,163.00	1,946.70	216.30	N/A	1,838.55	324.45	162.23	1,730.40	432.60	216.30	108.15	1,622.25	540.75	270.38		
BC/BS Network Blue	Individual	868.00	781.20	86.80	N/A	737.80	130.20	65.10	694.40	173.60	86.80	43.40	651.00	217.00	108.50		
HDHP	Family	2,331.00	2,097.90	233.10	N/A	1,981.35	349.65	174.83	1,864.80	466.20	233.10	116.55	1,748.25	582.75	291.38		
Tufts Navigator	Individual	877.00	789.30	87.70	N/A	745.45	131.55	65.78	701.60	175.40	87.70	43.85	657.75	219.25	109.63		
HDHP	Family	2,297.00	2,067.30	229.70	N/A	1,952.45	344.55	172.28	1,837.60	459.40	229.70	114.85	1,722.75	574.25	287.13		
Fallon																	
SelectCare	Individual	688.00	619.20	68.80	N/A	584.80	103.20	51.60	550.40	137.60	68.80	34.40	516.00	172.00	86.00		
HDHP	Family	1,855.00	1,669.50	185.50	N/A	1,576.75	278.25	139.13	1,484.00	371.00	185.50	92.75	1,391.25	463.75	231.88		
DirectCare	Individual	641.00	576.90	64.10	N/A	544.85	96.15	48.08	512.80	128.20	64.10	32.05	480.75	160.25	80.13		
HDHP	Family	1,730.00	1,557.00	173.00	N/A	1,470.50	259.50	129.75	1,384.00	346.00	173.00	86.50	1,297.50	432.50	216.25		