



**Date:** April 4, 2022  
**To:** All Town of Dedham Benefit Eligible Employees  
**From:** Human Resources Department  
**Re:** **2022 Open Enrollment**

Open Enrollment Begins: **MONDAY, APRIL 12, 2022**

Open Enrollment Ends: **FRIDAY, APRIL 29, 2022**

**Enrollment forms must be submitted to the HR Office at Town Hall, 3<sup>rd</sup> Floor by the close of business on **FRIDAY, APRIL 29, 2022****

July 1, 2022 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 NOT be conducted electronically this year. All health insurance forms MUST be completed and submitted to the HR office at Town Hall by the close of business on **FRIDAY, APRIL 29, 2022.****

**All health insurance enrollment forms are on the Town's [website](http://www.dedham-ma.gov/FY23OpenEnrollment) (www.dedham-ma.gov/FY23OpenEnrollment).**

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 wish to change your beneficiary, please contact Debbie Deegan at [Ddeegan@dedham-ma.gov](mailto:Ddeegan@dedham-ma.gov).

If you are enrolled in Harvard Pilgrim, Blue Cross or Tufts plan and 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, 2023. All Fallon health plans are being discontinued as of June 30, 2022. If you are enrolled in a Fallon health plan you must re-enroll in a new health insurance plan. Members of Fallon health plans who do not re-enroll in a new health plan during open enrollment will automatically be enrolled in a Blue Cross product. **You must enroll every year in the for Flexible Spending Account (FSA) Health Care and Dependent Care plans and**

the Opt-Out Program. Flexible Spending Accounts and the Opt-Out Program do not roll over from year to year.

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

## **HEALTH INSURANCE – JULY 1, 2022 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 Plan</u>	<u>Benchmark Plan</u>
Harvard Pilgrim HMO - Individual	3.5%	3.5%
Harvard Pilgrim HMO - Family	3.5%	3.5%
Network Blue HMO - Individual	-13.8%	-17.4%
Network Blue HMO - Family	-13.5%	-17.1%
Network Blue Select HMO – Individual	0.0%	0.0%
Network Blue Select HMO – Family	0.0%	0.0%
Tufts HMO - Individual	3.5%	3.5%
Tufts HMO - Family	3.5%	3.5%

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](tel: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](tel:781-848-9848) or [info@cpa125.com](mailto: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 2022, January 2023, April 2023, June 2023) 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 1<sup>st</sup>.

**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:

Ricki Read-Kronen	<a href="mailto:Ricki_ReedKronen@ajg.com">Ricki_ReedKronen@ajg.com</a>	<a href="tel:856-380-4710">856-380-4710</a>
Mike Colacchio	<a href="mailto:mike_colacchio@ajg.com">mike_colacchio@ajg.com</a>	<a href="tel:781-794-1101">781-794-1101</a>

Keri Jasper

[keri\\_jasper@ajg.com](mailto:keri_jasper@ajg.com)

[617-646-0328](tel:617-646-0328)

Taylor Whitcomb

[Taylor\\_Whitcomb@ajg.com](mailto:Taylor_Whitcomb@ajg.com)

[617-646-0334](tel:617-646-0334)

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 1<sup>st</sup>.

## **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.

<b>LOW PLAN</b>	
Individual	\$36.92
Individual + Spouse	\$71.09
Individual + Child	\$75.59
Family	\$125.67
<b>HIGH PLAN</b>	
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 4/12/2022):

Town Employees: <http://www.dedham-ma.gov/FY23TownForms>

School Employees: <http://www.dedham-ma.gov/FY23SchoolForms>

Submit your completed forms to the HR Office at Town Hall by the close of business on **FRIDAY, APRIL 29, 2022**.

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

Ricki Read-Kronen	<a href="mailto:Ricki_ReedKronen@ajg.com">Ricki_ReedKronen@ajg.com</a>	<a href="tel:856-380-4710">856-380-4710</a>
Mike Colacchio	<a href="mailto:mike_colacchio@ajg.com">mike_colacchio@ajg.com</a>	<a href="tel:781-794-1101">781-794-1101</a>
Keri Jasper	<a href="mailto:keri_jasper@ajg.com">keri_jasper@ajg.com</a>	<a href="tel:617-646-0328">617-646-0328</a>
Taylor Whitcomb	<a href="mailto:Taylor_Whitcomb@ajg.com">Taylor_Whitcomb@ajg.com</a>	<a href="tel:617-646-0334">617-646-0334</a>

Return your completed forms **to all four 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 29, 2022**.

## **WHAT IF I MISS THE OPEN ENROLLMENT 2022 DEADLINE?**

If you miss the 2022 Open Enrollment deadline (**FRIDAY, APRIL 29, 2022**), you will have to wait until our next Open Enrollment in 2023. 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, 2022 - JUNE 30, 2023

<b>BENCHMARK PLANS</b>			<b>90/10</b>			<b>85/15</b>			<b>80/20</b>				<b>75/25</b>			<b>Increase / Decrease Percent</b>					
			<b>Monthly Premium</b>	<b>Town @ 90% Pays</b>		<b>Employee @ 10% Pays</b>		<b>Town @ 85% Pays</b>	<b>Employee @ 15% Pays</b>		<b>Town @ 80% Pays</b>	<b>Employee @ 20% Pays</b>			<b>Town @ 75% Pays</b>		<b>Employee @ 25% Pays</b>				
				<b>Monthly</b>	<b>Monthly</b>		<b>BiWeekly</b>		<b>Monthly</b>	<b>Monthly</b>		<b>Monthly</b>	<b>Monthly</b>	<b>BiWeekly</b>			<b>Weekly</b>	<b>Monthly</b>	<b>Monthly</b>		
					<b>Monthly</b>	<b>Monthly</b>				<b>BiWeekly</b>									<b>Monthly</b>	<b>Monthly</b>	<b>BiWeekly</b>
Harvard Pilgrim HMO	Individual	1,108.00	997.20	110.80	N/A	941.80	166.20	83.10	886.40	221.60	110.80	55.40	831.00	277.00	138.50	3.5%					
	Family	2,888.00	2,599.20	288.80	N/A	2,454.80	433.20	216.60	2,310.40	577.60	288.80	144.40	2,166.00	722.00	361.00	3.5%					
BC/BS Network Blue NE HMO	Individual	888.00	799.20	88.80	N/A	754.80	133.20	66.60	710.40	177.60	88.80	44.40	666.00	222.00	111.00	-17.4%					
	Family	2,391.00	2,151.90	239.10	N/A	2,032.35	358.65	179.33	1,912.80	478.20	239.10	119.55	1,793.25	597.75	298.88	-17.1%					
BC/BS Network Blue <u>Select</u> * HMO	Individual	827.00	744.30	82.70	N/A	702.95	124.05	62.03	661.60	165.40	82.70	41.35	620.25	206.75	103.38	New FY 23					
	Family	2,225.00	2,002.50	222.50	N/A	1,891.25	333.75	166.88	1,780.00	445.00	222.50	111.25	1,668.75	556.25	278.13	New FY 23					
Tufts Navigator HMO	Individual	1,173.00	1,055.70	117.30	N/A	997.05	175.95	87.98	938.40	234.60	117.30	58.65	879.75	293.25	146.63	3.5%					
	Family	3,070.00	2,763.00	307.00	N/A	2,609.50	460.50	230.25	2,456.00	614.00	307.00	153.50	2,302.50	767.50	383.75	3.5%					

\* New Plan: Provider and Hospital Networks are Limited

<b>HIGH DEDUCTIBLE PLANS HSA Qualified</b>			<b>90/10</b>			<b>85/15</b>			<b>80/20</b>				<b>75/25</b>			<b>Increase / Decrease Percent</b>					
			<b>Monthly Premium</b>	<b>Town @ 90% Pays</b>		<b>Employee @ 10% Pays</b>		<b>Town @ 85% Pays</b>	<b>Employee @ 15% Pays</b>		<b>Town @ 80% Pays</b>	<b>Employee @ 20% Pays</b>			<b>Town @ 75% Pays</b>		<b>Employee @ 25% Pays</b>				
				<b>Monthly</b>	<b>Monthly</b>		<b>BiWeekly</b>		<b>Monthly</b>	<b>Monthly</b>		<b>Monthly</b>	<b>Monthly</b>	<b>BiWeekly</b>			<b>Weekly</b>	<b>Monthly</b>	<b>Monthly</b>		
					<b>Monthly</b>	<b>Monthly</b>				<b>BiWeekly</b>									<b>Monthly</b>	<b>Monthly</b>	<b>BiWeekly</b>
Harvard Pilgrim HMO	Individual	858.00	772.20	85.80	N/A	729.30	128.70	64.35	686.40	171.60	85.80	42.90	643.50	214.50	107.25	3.5%					
	Family	2,239.00	2,015.10	223.90	N/A	1,903.15	335.85	167.93	1,791.20	447.80	223.90	111.95	1,679.25	559.75	279.88	3.5%					
BC/BS Access Blue NE <u>Saver</u> HMO	Individual	748.00	673.20	74.80	N/A	635.80	112.20	56.10	598.40	149.60	74.80	37.40	561.00	187.00	93.50	-13.8%					
	Family	2,016.00	1,814.40	201.60	N/A	1,713.60	302.40	151.20	1,612.80	403.20	201.60	100.80	1,512.00	504.00	252.00	-13.5%					
Tufts Navigator HMO	Individual	908.00	817.20	90.80	N/A	771.80	136.20	68.10	726.40	181.60	90.80	45.40	681.00	227.00	113.50	3.5%					
	Family	2,377.00	2,139.30	237.70	N/A	2,020.45	356.55	178.28	1,901.60	475.40	237.70	118.85	1,782.75	594.25	297.13	3.5%					

<b>PPO INDEMNITY PLANS</b>			<b>50/50</b>			<b>Increase / Decrease Percent</b>		
			<b>Monthly Premium</b>	<b>Town @ 50% Pays</b>			<b>Employee @ 50% Pays</b>	
				<b>Monthly</b>	<b>Monthly</b>		<b>Monthly</b>	<b>BiWeekly</b>
Harvard Pilgrim PPO	Individual	2,751.00	1,375.50	1,375.50	687.75	3.5%		
	Family	6,109.00	3,054.50	3,054.50	1,527.25	3.5%		