



Date: March 22, 2019
To: All Town of Dedham Benefit Eligible Employees
From: Human Resources Department
Re: **2019 Open Enrollment**

Open Enrollment Begins: **Tuesday, April 9, 2019**

Open Enrollment Ends: **Friday, April 26, 2019**
Enrollment forms must be received at the HR office by the close of business on Friday, April 26th

July 1, 2019 marks the beginning of a new plan year for all of your benefits offered through the Town of Dedham.

We will be holding our Annual Benefits Fair on April 9th from 12:00 PM to 4:00 PM at the Town Hall in the Lower Conference Room. Please join us to get information on your benefit plans.

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 current 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, 2020, **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, 2019 RATES ATTACHED

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	7.5%	9.5%
Network Blue HMO	3.0%	5.0%
Tufts HMO	7.5%	9.5%
Fallon Select HMO	6.5%	8.5%
Fallon Direct HMO	6.5%	8.5%

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 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.

FLEXIBLE SPENDING ACCOUNT (FSA)

A 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 Card Account.

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 2019, January 2020, April 2020, June 2020) 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 need to complete a Health Insurance Waiver/Opt-Out form and attach proof of alternate health insurance coverage from your current health insurance carrier and submit them to Human Resources.

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

There will be no major changes in the level of benefits provided, but premium rates for our dental plans will be changing on July 1, 2019. 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.

DENTAL INSURANCE

The costs for dental coverage will be increasing 6% effective July 1, 2019. The following is a comparison of the current and new monthly rates effective July 1, 2019:

LOW PLAN	Current Rates	New Rates
Individual	\$34.83	\$36.92
Individual + Spouse	\$67.07	\$71.09
Individual + Child	\$71.31	\$75.59
Family	\$118.56	\$125.67
HIGH PLAN		
Individual	\$52.67	\$55.83
Individual + Spouse	\$102.49	\$108.64
Individual + Child	\$113.79	\$120.62
Family	\$163.20	\$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

We are happy to announce that LTD rates are not changing this year. More information on the LTD program will be provided for you at our Benefit Fair on April 9th.

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

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 or at the Human Resources office:

Town Employees: <http://www.dedham-ma.gov/townforms>
School Employees: <http://www.dedham-ma.gov/schoolforms>
Retirees: <http://www.dedham-ma.gov/retireeforms>

Return your completed forms to Debbie Deegan, Human Resources, via fax 781-751-9138, interoffice mail, regular mail or drop them off (do not email) by the close of business on Friday, April 26, 2019.

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

Joe King Joe_King@ajg.com or 781-794-1140
Ricki Reed-Kronen Ricki_ReedKronen@ajg.com or 856-380-4710
David Martin davida_martin@ajg.com or 617-646-0252

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 26, 2019.

WHAT IF I MISS OPEN ENROLLMENT 2019 DEADLINE

If you miss the 2019 Open Enrollment deadline (Friday, April 26, 2019) you will have to wait until our next Open Enrollment in 2020. 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

We look forward to seeing you at our Benefits Fair on Tuesday, April 9th between 12:00PM and 4:00 PM.

**TOWN OF DEDHAM
HEALTH INSURANCE RATES
JULY 1, 2019 - JUNE 30, 2020**

BENCHMARK PLANS			90/10			85/15			80/20				75/25		
			Town @ 90%	Employee @ 10%		Town @ 85%	Employee @ 15%		Town @ 80%	Employee @ 20%			Town @ 75%	Employee @ 25%	
		Monthly Premium	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Weekly	Pays Monthly	Pays Monthly	Pays BiWeekly
Harvard Pilgrim HMO	Individual	969.00	872.10	96.90	N/A	823.65	145.35	72.68	775.20	193.80	96.90	48.45	726.75	242.25	121.13
	Family	2,524.00	2,271.60	252.40	N/A	2,145.40	378.60	189.30	2,019.20	504.80	252.40	126.20	1,893.00	631.00	315.50
BC/BS Network Blue HMO	Individual	1,029.00	926.10	102.90	N/A	874.65	154.35	77.18	823.20	205.80	102.90	51.45	771.75	257.25	128.63
	Family	2,759.00	2,483.10	275.90	N/A	2,345.15	413.85	206.93	2,207.20	551.80	275.90	137.95	2,069.25	689.75	344.88
Tufts Navigator HMO	Individual	1,035.00	931.50	103.50	N/A	879.75	155.25	77.63	828.00	207.00	103.50	51.75	776.25	258.75	129.38
	Family	2,709.00	2,438.10	270.90	N/A	2,302.65	406.35	203.18	2,167.20	541.80	270.90	135.45	2,031.75	677.25	338.63
Fallon															
SelectCare HMO	Individual	754.00	678.60	75.40	N/A	640.90	113.10	56.55	603.20	150.80	75.40	37.70	565.50	188.50	94.25
	Family	2,032.00	1,828.80	203.20	N/A	1,727.20	304.80	152.40	1,625.60	406.40	203.20	101.60	1,524.00	508.00	254.00
DirectCare HMO	Individual	702.00	631.80	70.20	N/A	596.70	105.30	52.65	561.60	140.40	70.20	35.10	526.50	175.50	87.75
	Family	1,890.00	1,701.00	189.00	N/A	1,606.50	283.50	141.75	1,512.00	378.00	189.00	94.50	1,417.50	472.50	236.25

HSA - QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS			90/10			85/15			80/20				75/25		
			Town @ 90%	Employee @ 10%		Town @ 85%	Employee @ 15%		Town @ 80%	Employee @ 20%			Town @ 75%	Employee @ 25%	
		Monthly Premium	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Weekly	Pays Monthly	Pays Monthly	Pays BiWeekly
Harvard Pilgrim HDHP	Individual	750.00	675.00	75.00	N/A	637.50	112.50	56.25	600.00	150.00	75.00	37.50	562.50	187.50	93.75
	Family	1,957.00	1,761.30	195.70	N/A	1,663.45	293.55	146.78	1,565.60	391.40	195.70	97.85	1,467.75	489.25	244.63
BC/BS Network Blue HDHP	Individual	831.00	747.90	83.10	N/A	706.35	124.65	62.33	664.80	166.20	83.10	41.55	623.25	207.75	103.88
	Family	2,231.00	2,007.90	223.10	N/A	1,896.35	334.65	167.33	1,784.80	446.20	223.10	111.55	1,673.25	557.75	278.88
Tufts Navigator HDHP	Individual	801.00	720.90	80.10	N/A	680.85	120.15	60.08	640.80	160.20	80.10	40.05	600.75	200.25	100.13
	Family	2,098.00	1,888.20	209.80	N/A	1,783.30	314.70	157.35	1,678.40	419.60	209.80	104.90	1,573.50	524.50	262.25
Fallon															
SelectCare HDHP	Individual	635.00	571.50	63.50	N/A	539.75	95.25	47.63	508.00	127.00	63.50	31.75	476.25	158.75	79.38
	Family	1,713.00	1,541.70	171.30	N/A	1,456.05	256.95	128.48	1,370.40	342.60	171.30	85.65	1,284.75	428.25	214.13
DirectCare HDHP	Individual	592.00	532.80	59.20	N/A	503.20	88.80	44.40	473.60	118.40	59.20	29.60	444.00	148.00	74.00
	Family	1,595.00	1,435.50	159.50	N/A	1,355.75	239.25	119.63	1,276.00	319.00	159.50	79.75	1,196.25	398.75	199.38

