



# **NEW HIRE BENEFITS ENROLLMENT GUIDE**

*for City of Boston Employees*

## Welcome to the City of Boston!

We are pleased to offer benefit programs that provide comprehensive coverage to our employees. The *New Hire Benefits Enrollment Guide* is designed to help you and your family review and better understand your benefit choices before enrolling in coverage.

- **As a new hire, you will need to enroll or waive coverage within the first 60 days of hire.**
- **If you wish to enroll in health insurance, you must also enroll in basic life insurance.**
- **Your coverage will be effective the first of the month following your hire date. For example, if you are hired on June 20<sup>th</sup>, your coverage will be effective July 1<sup>st</sup>.**
  - For active full-time uniform police officers and firefighters, your coverage will be effective on your date of hire. For example, if you are hired on June 20th, your coverage will begin on June 20th.
- **All enrollment forms and eligibility documentation must be submitted directly to the Health Benefits & Insurance Division at the address or fax number below:**

**Mail:** Health Benefits & Insurance  
Boston City Hall, Room 807  
Boston, MA 02201

**Fax:** (617) 635-3932
- **Incomplete applications or enrollment forms with missing eligibility documents for dependents cannot be accepted; please be sure only to submit complete applications.**
- **Failure to return a completed enrollment form or waiver within the **60-day** eligibility period will result in an *automatic waiver of coverage*.**

Your next opportunity to enroll in, decline, or change your benefits elections will be during the spring Annual Enrollment for effective July 1<sup>st</sup>, unless you have a qualifying event.

Qualifying events are changes in status that affect your or your dependents' eligibility for coverage.

Here are some examples:

- Marriage, divorce, separation, or annulment
- The birth or adoption of your child
- You or one of your dependents loses or gains health coverage under another health plan
- You are required to provide coverage to a child by court order

If you experience a qualifying event, you have 30 days from the date of the event to change your benefit elections. Contact the Health Benefits Office as soon as possible after a qualifying event occurs for help changing your coverage.

The information in this guide is intended to provide a general overview of the benefits available to you. Additional information about the plans can be found online at:

[www.boston.gov/departments/human-resources/benefits-available-city-workers](http://www.boston.gov/departments/human-resources/benefits-available-city-workers)

From this website, you can download and view the plan comparison chart and the enrollment forms for health and life insurance.

## Who is Eligible?

Your eligibility depends on the terms of your collective bargaining agreement. Refer to your agreement and/or your personnel officer for more information. In general, any employees who regularly work at least 20 hours during the regular workweek of permanent or temporary employment are eligible.

If you're eligible for health coverage, you may also cover your eligible dependents, which include but are not limited to:

- Your biological or adopted child, up to age 26
- Your legal spouse
- Your former spouse as long as neither party has remarried or you are required based on the separation agreement
- Your disabled child over age 26 (special rules apply - contact the health plan with questions)
- Your grandchild, as long as the parent (your child) is covered under the plan

To enroll a family member, you must provide the Health Benefits Office with a completed application and documentation verifying your dependent's eligibility.

Submit a copy of your marriage certificate to enroll your spouse and a birth or adoption certificate to enroll your child. Except for newborn children under 30 days old, you must provide each dependent's Social Security number to enroll them in health coverage.

## Health Insurance

The City offers three different health insurance plans, which are summarized below. Review the attached non-Medicare health insurance comparison chart to help you choose which plan is best for you.

### **AllWays Health Partners Value HMO**

The AllWays Value HMO Plan offers access to the AllWays Value HMO network of high-quality, lower cost doctors and hospitals. You must designate a primary care physician (PCP) under this plan. To receive services from other in-network physicians or specialists, your PCP must provide you with a referral.

Plan highlights:

- You must visit AllWays Value HMO network participating providers to be covered, except in an emergency.
- Doctor office visits are 100% covered after you pay a \$20 copay.
- Specialist office visits are 100% covered after you pay a \$30 copay.
- Hospital care and advanced imaging are 100% covered after you pay a \$50 copay.

### **Blue Cross Blue Shield Standard HMO (Network Blue New England)**

The BCBS Standard HMO Plan offers access to the regional Network Blue New England HMO network of doctors and hospitals that charge lower fees for services provided to plan participants. You must designate a primary care physician (PCP) under this plan. To receive services from other in-network physicians or specialists, your PCP must provide you with a referral.

Plan highlights:

- You must visit Network Blue New England participating providers to be covered, except in an emergency.
- Doctor office visits are 100% covered after you pay a \$20 copay.
- Specialist office visits are 100% covered after you pay a \$35 copay.
- Hospital care and advanced imaging are 100% covered after you pay a \$100 copay and meet your deductible.

## **Blue Cross Blue Shield Blue Care Elect Preferred PPO Plan**

The BCBS PPO Plan gives you direct access to the nationwide Blue Cross Blue Shield network of doctors and hospitals that charge lower fees for services provided to plan participants. You can see any physician or specialist in the network at any time—no referrals are necessary. You also aren't required to designate a primary care physician (PCP). The amount of costs covered by the plan depends on whether you receive care in-network or out-of-network.

Plan highlights:

- Your cost is lowest when you receive care from BCBS PPO network providers.
- In-network doctor office visits are 100% covered after you pay a \$20 copay.
- In-network specialist office visits are 100% covered after you pay a \$35 copay.
- In-network hospital care and advanced imaging are 100% covered after you pay a \$100 copay and meet your deductible.

## **Opt-Out Program**

If you choose to receive coverage under another medical plan outside of the City of Boston's group coverage, you may waive the City of Boston plan and receive an annual opt-out payment through your paycheck. Based on your union code, you may qualify for the regular or enhanced opt-out program, which differs in stipulations and payout, as noted below. The program generally runs subsequent to annual enrollment in the June timeframe.

### **Eligibility**

- To participate, employees must currently be enrolled in medical coverage through the City of Boston and drop the coverage for at least one year; or your collective bargaining agreement states that you qualify because you had City of Boston health insurance coverage for at least one year during your employment with the City and had previously dropped the coverage (enhanced program only).
- Employees are eligible for the payment if they have coverage under another plan. Other plans include:
  - Your spouse's/ partner's plan (as long as he or she is covered by someone other than the City of Boston, Boston Water & Sewer Commission, or the Boston Public Health Commission);
  - A private plan;

- A plan offered through a second employer (if you have another job that provides health care benefits); or
- A retiree health plan from an employer other than one of the City of Boston groups.
- Employees must be active or on leave at the time of the opt-out payout. If an employee is separated from the City or retirees at the time of payout, they will no longer be eligible to receive the amount.

### **Annual Opt-Out Payment Amount**

- Regular opt-out program: The annual opt-out payment amount is \$1,000 for waiving an individual health insurance plan or \$1,500 for waiving a family health insurance plan.
- Enhanced opt-out program: The annual opt-out payment amount is \$1,500 for waiving an individual health insurance plan or \$2,500 for waiving a family health insurance plan.
- The opt-out payment will be issued as a lump sum in one of your July payroll checks.

Please note that the amounts you receive under this plan are subject to federal, state, and Medicare taxes.

### **Applying for the Annual Opt-Out Payment**

- The City of Boston wants you to stay on the road to good health. Therefore, if you choose to waive medical plan coverage, you must certify that you have coverage under another medical plan by:
  1. Completing and signing a “Waiver of Health Insurance Coverage” application through an online Google form; and
  2. Providing written documentation of your other coverage on employer or group letterhead signed by an authorized representative of the employer or health insurance group providing the alternative coverage; and
  3. Copy of your marriage certificate or one of your dependent’s birth certificate if you are applying for the family benefit.

### **If you Waive Coverage and Need to Rejoin the City’s Health Insurance Program**

If you waive coverage and then lose your other coverage during the City of Boston’s medical plan year, you can rejoin the plan, but you must:

- Notify the City of Boston within thirty (30) days of the date of insurance cancellation;
- Provide verification of loss of coverage; and
- Enroll in a medical plan offered by the City

If you do not enroll in a City health plan within the 30 days, the City of Boston will not be responsible for any medical claims you incur after your loss of other coverage, and you must wait until the next Annual Enrollment period to reapply for coverage.

### **Repayment of Cash Benefit Payment**

If you waive coverage, receive your cash benefit, and then rejoin the City of Boston's medical plan at a later date, you must pay back a prorated amount of the annual opt-out payment. The amount you pay will be calculated to reflect the period for which you received payment minus the number of months that you will now be covered by one of the plans offered by the City of Boston.

### **Life Insurance**

A Basic Term Life Insurance policy is offered to employees of the City. The value of the benefit is \$5,000 or \$10,000 based on Union affiliation. This policy also includes a separate benefit of equal value for accidental death and dismemberment coverage.

Basic Term Life Insurance is mandatory for any employee enrolled in a City administered Group Health Insurance Plan. Enrollment is voluntary for benefits-eligible employees but who are not enrolled in a City administered Group Health Insurance Plan. The cost for this benefit is shared 50/50 between the City and the employee.

The City also offers employees the option of enrolling in Optional Life Insurance coverage based on their salary with a maximum amount of \$74,000. This policy also includes a separate benefit of equal value for accidental death and dismemberment coverage. The cost of the policy is based on benefit value and the employee's age. Upon retirement, the full benefit is available at a higher premium until age 75, at which time all benefits terminate and conversion is available. The cost of the benefit is 100% paid for by the employee.

## **Accidental Line of Duty Death Insurance**

All active full-time police officers and firefighters employed by the City of Boston are automatically enrolled in this coverage at no cost to the employee. The benefit amount is based on the base annual salary at the time of death.

## **Dental/Vision Insurance**

Dental/Vision benefits can differ depending on the employee's collective bargaining agreement. Many City employees receive this benefit at no cost through the Massachusetts Public Employee Fund (MPE Fund).

Employees eligible for coverage under the MPE Fund will receive an enrollment form directly from the MPE Fund once they have completed 6 months of service to the City. Employees must complete the form to indicate whether they would like the Network Plan or the Indemnity Plan. They must also indicate whether they would like to have an Individual or Family plan. You may be able to add dependents to your plan during the plan year if you experience a qualifying event such as a marriage or birth/adoption of a child. You will need to contact the MPE Fund directly.

A small number of employees may opt for a Dental/Vision plan through their Union; these include employees in the Boston Teachers Union, Boston Police Patrolmen's Association, Boston Police Superior Officers Association, Boston Police Detectives Benevolent Society, and the Boston Firefighters L718. Employees in these Unions should contact their Union representative directly for more information about these programs.

## **Flexible Spending Accounts (FSAs)**

The City of Boston offers several tax-advantaged options to help active employees pay for healthcare, dependent care, and commuting expenses. Your contributions are tax free and so are reimbursements that you claim. Our Flexible Spending Accounts (FSAs) are administered by Cafeteria Plan Advisors, Inc.

For each FSA option you select, the City of Boston deducts your contribution from your paycheck on a pretax basis. As a result, you pay less in federal income and Massachusetts state income tax. Your FSA elections might even lower your tax bracket!

New employees may enroll in this benefit within 30 days of their date of hire, or within 30 days of a qualifying event. The Annual Open Enrollment Period for this benefit takes place in the Fall. The plan year runs from January 1<sup>st</sup> – December 31<sup>st</sup>.

We offer four FSA options. You can enroll in none, some, or all of them. The IRS determines the maximum annual amount you're allowed to contribute to each FSA account.

- Health Care: Up to \$2,750 per year
- Dependent Care: Up to \$5,000 per family per year
- Transportation (parking): \$3,240 per year (\$270 per month)
- Transportation (transit): \$3,240 per year (\$270 per month)

The \$4 monthly FSA administrative fee is covered by the City of Boston.

### **457 Deferred Compensation – The SMART Plan**

The Massachusetts Deferred Compensation SMART Plan (IRS 457) is a Voluntary Retirement Account available to City of Boston employees. Employees may choose to contribute anywhere from \$10 per pay period up to the IRS legal limit. The money is withheld from your pay on a pre-tax basis, and your contributions are invested as you have selected. There are two ways for you to invest. You can choose to have your plan professionally managed under one option, which involves a small fee. Under another option, you may choose to build and monitor your portfolio. Please see the attached flyer for more details.

### **Employee Wellness Portal**

The Employee Wellness Portal includes valuable resources to support healthy lifestyles for you and your family members. From the Power of Eight articles (highlighting the eight key pillars of well-being) to online activities, including recipes and meditations, finding information has never been easier! Additionally, you can qualify for random prizes throughout the year with the prize mail. Employees are encouraged to utilize these resources to make positive changes that will lead to a healthier lifestyle.

Everyone can join. All employees and their families can participate.

### **It is a Great Day to Get Started – Here is How:**

1. Go to [bostonwellness.livehealthyignite.com](http://bostonwellness.livehealthyignite.com)
2. Click **Join Now**

3. Enter the group code: **wickedhealthy**
4. Create your account by entering your name, email address, username, and password.
5. Click the link in your email to confirm your account information.
6. Log in to your account, and complete your profile.

**That is it!** Once you are registered, you are free to use the meal planner to monitor your diet, find the perfect workout video, or sync apps and devices. Explore the website and see how it can help you on your wellbeing journey.

## Contact Information

### Health Benefits Office

1 City Hall Square, Room 807 Boston, MA 02201

**Email:** [HBI@boston.gov](mailto:HBI@boston.gov)

**Phone:** 617-635-4570

**Fax:** 617-635-3932

**Office hours:** Monday–Friday, 9 a.m.–5 p.m.

**Website:** [boston.gov/city-workers](http://boston.gov/city-workers)

### AllWays Health Partners

**Phone (current member):** 866-567-9175

**Phone (non-member):** 800-871-2223

**Website:** [alwayshealthpartners.org/cityofboston](http://alwayshealthpartners.org/cityofboston)

### Blue Cross Blue Shield of Massachusetts

**Phone:** 888-714-0189

**Website:** [accounts.bluecrossma.com/city-of-boston](http://accounts.bluecrossma.com/city-of-boston)

### Cafeteria Plan Advisors, Inc.

**Phone:** 781-848-9848

**Website:** [cpa125.com](http://cpa125.com)