

City of Springfield
Employee Benefits Department
36 Court St., Room 18
Springfield, MA 01103
Office: (413) 787 - 6055
Fax: (413) 787 - 6010



April 1, 2024

Dear City of Springfield Retiree:

The City's annual health insurance open enrollment is once again upon us. Open Enrollment will begin on **Wednesday, April 3, 2024 and continue until Wednesday, May 1, 2024 at 4:00PM EST**. During this time you have the opportunity to enroll in new benefits or make changes to your current health plan. We will continue to offer comprehensive health plans, including dental and vision, to all of our retirees at 25% of the full premium cost. There are not many changes to Health and Dental/Vision plans this year, but please review this packet, and the Decision Guide from the Group Insurance Commission (GIC) carefully, to make the most informed decisions for yourself and your family.

GIC Benefits Highlights for Fiscal Year 2025

- Pharmacy/Prescription Benefits Managers:
 - Active Employees & Non-Medicare Retirees will still have prescription benefits administered by **CVS Caremark**. Prescription benefits (deductible and copays) remain unchanged.
 - Medicare prescriptions will remain with **CVS SilverScript**

Non-Medicare Plan Changes

- Effective July 1, 2024, UniCare is changing its name to **Wellpoint** to reflect their mission of supporting GIC members' whole health. While their name is changing, the doctors, hospitals, and most of all, their commitment to the Massachusetts Group Insurance Commission (GIC) will remain the same.
- This means that the plans will now be Wellpoint Community Choice, Wellpoint Plus, Wellpoint Total Choice and Wellpoint Medicare Extension. Wellpoint will begin mailing new ID cards in June of 2024, prior to the start of the new plan year. Until then, use your existing UniCare ID card to access care and services.

Medicare Plan Changes

- UniCare Medicare Extension will now be named Wellpoint Medicare Extension.
- No changes for Tufts Health Plan Medicare Preferred (Medicare Advantage) or Health New England Medicare Supplement

If you are currently enrolled, GIC Benefit Decision Guides will be mailed directly to your home from the GIC during the open enrollment period. If you do not receive a Decision Guide and would like to request one, please contact our office directly at benefits@springfieldcityhall.com or call (413) 787-6055. You may also visit the GIC's website at <https://www.mass.gov/gic> and view the electronic Municipal Benefits Guide. Please note that the rates provided in the GIC's Benefit Decision Guide are in a monthly format (100% premium) and do not include the cost of the Cigna Dental and Vision benefit.

For your convenience, we have included a rate sheet in this packet that details your actual GIC health plan deductions and your dental/vision plan through Cigna.

Dental & Vision

The City of Springfield will continue to provide dental and vision coverage. If you want to add or cancel dental/vision you will need to complete a Cigna Form which will be included in this packet.

The City offers three Dental plans for FY2025:

The current base DPO4 Dental Plan and PPO Vision Plan will continue to be offered.

- 1.) Employees and Retirees can add supplemental Dental coverage by enrolling in a “Buy-Up” DPOB Plan. The cost of this additional coverage will be paid by the Employee/Retiree. The City will continue to provide 75% of the cost of the DPO4 Dental/PPO Vision Plan.
- 2.) Employees and Retirees can opt into a lower cost narrow network DHMO Q5100 Dental/Vision Plan. This plan has narrow network of providers and City will provide 75% of the cost of this plan.

Enrollment in either of these new plans can be completed by calling Cigna at 800-564-7642 or completing the Cigna Form and returning it to the Employee Benefits Department. Deductions for these plans will begin in June.

If you would like to receive Cigna Dental/Vision Summaries of Benefits, please reach out to the Benefits Department at 413-787-6055 or email benefits@springfieldcityhall.com.

Life Insurance

The City of Springfield will be changing Life Insurance from Guardian to Boston Mutual effective July 1, 2024. Boston Mutual will continue to offer the Basic Life Insurance policy (\$2,000) and a Supplemental (Optional) Life Insurance benefit. You needed to enroll in this program when you were an active employee in order to participate. Boston Mutual’s Supplemental insurance will reduce in volume at seventy (70), seventy-five (75) and eighty (80). If you do not want to maintain your Life Insurance with Boston Mutual, please reach out to the Benefits Department at 413-787-6055 or send an email to benefits@springfieldcityhall.com for assistance. **If you haven’t updated your beneficiary information in a while, please contact us to update your information.**

Health Enrollment Requirements

All GIC enrollment forms can be completed and signed electronically through a secure email link. This electronic capability, myGIC Link, streamlines your benefit enrollment and change process. Please call the Employee Benefits Department at (413) 787-6055 or email: benefits@springfieldcityhall.com, provide us with an email address, and the link will be forwarded to you within 24 hours of the request.

If you are enrolling for the first time, or if you are changing your health plan, you must complete the *GIC Retiree/Survivor Enrollment/Change Form (Form-RS)* and return it, along with any supplemental documentation, to the Benefits Office. All enrollment documents must be received by the Benefits Office **no later than Wednesday, May 1, 2024 at the close of business (4:00PM EST)**. **All GIC health insurance forms can be completed and signed electronically if you prefer; otherwise, paper forms require a wet signature; no copies, emails, or faxes are allowed at this time. Please mail any paper forms to City of Springfield, Attn: Employee Benefits Dept., 36 Court Street, Room 18, Springfield, MA 01103.**

Please ensure that all information requested on the form is complete and all applicable required documents are included. Incomplete forms will be returned to you. We **will not** be able to process incomplete forms until all information is complete. **Please note the May 1, 2024 deadline still applies even if your form has been returned to you.**

Canceling Coverage or Dropping Dependent(s)

If you plan on canceling your existing plan for yourself and/or your family members, you will need to complete the first page of the *GIC Retiree/Survivor Enrollment/Change Form (Form-RS)* electronically or send a paper form back to us. Please note dropping insurance plans without proof of other insurance is only allowed during Open Enrollment. Outside of the Open Enrollment, in order to cancel your plan (drop coverage), a qualifying status event is required and you will have to provide proof (supporting documentation) within 50 days of the qualifying event, in addition to filling out the *GIC Retiree/Survivor Enrollment/Change Form (Form-RS)*.

Friendly Reminders

Medicare Enrollment – All eligible retirees are required to enroll in Medicare Part A & B to maintain their retiree health insurance through the City of Springfield. This requirement pertains to only those eligible for free Part A coverage through Medicare.

Please Note: If you are eligible to receive Medicare through your spouse and your spouse is younger than you; you cannot get Medicare Part A until your spouse reaches age 62. However, you may be subject to a penalty for not enrolling in Part B when you were first eligible at age 65.

Deferred Compensation – If you were enrolled in one of the City’s deferred compensation plans, you need to start withdrawals by the time you turn 72 years of age. Please contact your deferred compensation provider (Empower, Nationwide, Valic) to discuss your account and request a disbursement form prior to contacting the Benefits Department. The Benefits Department can sign off on your completed disbursement request, but cannot begin the process for you.

Address Changes – Please notify the Employee Benefits Office at Benefits@springfieldcityhall.com should your address change so that we may notify your vendor. If you move out of your health insurance provider service area, you may need to change your insurance plan!

Beneficiaries – Please be sure that your Guardian life insurance beneficiary information is on file and up to date.

Dependent Children – If your child reaches the limiting age on the plan (26 years old) – please notify the Benefits Department 60 days prior to your child turning 26 so we can make the appropriate changes to your plan. Coverage for a dependent child terminates on the last day of the month they turn 26. Dependent children between the ages of 19 and 26 require a *Dependent Age 19 to 26 Enrollment/Change Form*.

Ex-Spouses – If you are covering an ex-spouse on your health insurance and either you or your ex-spouse remarries, the ex-spouse is no longer an eligible dependent on your plan. Additionally, ex-spouses are not eligible to become surviving spouses should the retiree pass away.

Surviving Spouses – If you remarry, you are no longer eligible for the City’s health insurance plan.

Status Changes – Please notify the Benefits Department if your dependent has a change in status:

- Dependent child turns age 26

- Spouse to ex-spouse
- Spouse turns 65
- Dependent passes away
- You remarry (for retirees only, does not include Surviving Spouses)

If you have any questions or concerns, please feel free to visit our Employee Benefits website at <https://www.springfield-ma.gov/hr/benefits>. You may also call us at (413) 787-6055 or send an email to benefits@springfieldcityhall.com. Our office is open during normal business hours Monday through Friday 9:00AM - 4:00PM.

Thank you,

City of Springfield Benefits Team



Non-Medicare Insurance Rates for Active Employees & Retirees
(Rates begin June 2024 for July 1st Coverage)

Plan Name	Coverage	52 Weeks	26 Weeks	22 Weeks	Monthly
Cigna Dental/Vision Plan- Base DPO4	Individual	1.63	3.27	3.86	7.08
	Family	3.78	7.56	8.94	16.39
Dental Buy-Up DPOB <i>*Supplemental paid by EE/RET</i>	Individual	2.76	5.52	6.52	11.95
	Family	6.92	13.85	16.36	30.00
Narrow Network Dental/Vision DHMO Q5100	Individual	1.51	3.03	3.58	6.56
	Family	3.27	6.54	7.73	14.16
Health New England	Individual	44.90	89.80	106.13	194.56
	Family	107.71	215.42	254.59	466.74
Wellpoint Community Choice	Individual	42.98	85.96	101.59	186.24
	Family	106.68	213.36	252.15	462.27
Harvard Pilgrim Quality	Individual	45.46	90.93	107.46	197.01
	Family	115.72	231.44	273.52	501.45
Wellpoint Plus	Individual	55.31	110.61	130.72	239.66
	Family	131.77	263.54	311.46	571.01
Mass General Brigham Complete	Individual	56.40	112.81	133.32	244.42
	Family	149.16	298.32	352.56	646.36
Harvard Pilgrim Explorer	Individual	61.61	123.22	145.62	266.97
	Family	152.65	305.30	360.80	661.48
Wellpoint Total Choice	Individual	86.62	173.23	204.73	375.34
	Family	192.21	384.43	454.33	832.93
Harvard Pilgrim Access America	Individual	72.66	145.31	171.74	314.85
	Family	162.07	324.15	383.08	702.32



Medicare Insurance Rates for Retirees (Rates begin June 2024 for July 1st Coverage)

Plan Name	Coverage	Monthly	Health + Dental
Cigna Dental/Vision Plan – Base DPO4	Individual	7.08	
	Family	16.39	
Dental Buy-Up DPOB <i>*Supplemental paid by EE/RET</i>	Individual	11.95	
	Family	30.00	
Narrow Network Dental/Vision DHMO Q5100	Individual	6.56	
	Family	14.16	
Wellpoint Medicare Extension	Individual	111.17	118.25
	Family	222.34	238.73
Health New England Medicare Supplement Plus	Individual	109.70	116.78
	Family	219.40	235.79
Harvard Pilgrim Medicare Enhance	Individual	109.03	116.11
	Family	218.07	234.46
Tufts Health Plan Medicare Preferred <i>*Medicare Advantage Product</i>	Individual	90.96	98.04
	Family	181.92	198.31

- Dental Buy-Up DPBO deductions are in addition to your Cigna Dental/Vision Base DPO4 Plan deductions. The City does not contribute to the Buy-up portion of the plan.

Cigna Dental Enrollment / Change Form

Insured and/or Administered by Cigna
 Connecticut General Life Insurance Company
 Cigna Health and Life Insurance Company



Please print and thank you for providing this information

A Cigna Account No. 331 6064		Effective Date of Add/Change		Employer Name City of Springfield, Massachusetts		Employer Address 36 Court Street, Room #18 Springfield, MA 01103	
<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Reinstate		Type of Change <input type="checkbox"/> Add Dependent(s)* <input type="checkbox"/> Cancel Dependent(s)* <input type="checkbox"/> Transfer to COBRA <input type="checkbox"/> 18 mos. <input type="checkbox"/> 29 mos. <input type="checkbox"/> 36 mos. *List names in Section B		<input type="checkbox"/> Cancel Employee <input type="checkbox"/> Address Change <input type="checkbox"/> ACTIVE <input type="checkbox"/> COBRA		Branch Code	
						Dental/Vision Benefit Option <input type="checkbox"/> DENTAL PPO BASE <input type="checkbox"/> DENTAL PPO BUY-UP <input type="checkbox"/> DENTAL DHMO BUY-UP	

B Employee Name <i>(last)</i> _____ <i>(first)</i> _____ <i>(M.I.)</i> _____ Employee ID Number _____							
Employee Date of Birth		Home Phone		Work Phone		Home E-Mail Address	
Address <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip Code)</i> _____							
Last Name		First Name		M.I.		Dependent SSN	
Employee Same As Above		Same As Above		Same As Above		Date of Birth	
Spouse (whom you wish to cover)						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
Dependent (whom you wish to cover)						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
Dependent (whom you wish to cover)						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
Dependent (whom you wish to cover)						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Dental <input type="checkbox"/> Vision	

C Signature – The information provided above is true and correct to the best of my knowledge.		Employee's Signature / Date	
Employee's Signature/ Date		Employee's Signature / Date	

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Beneficiary Designation/Change Form

PLEASE TYPE or PRINT CLEARLY. <i>(The entire form, properly completed, signed and dated by the Insured, must be submitted or the changes cannot be processed.)</i>					
EMPLOYER/PLANHOLDER NAME: City of Springfield			EMPLOYEE ID NUMBER:		
EMPLOYEE NAME (LAST, FIRST, M.)			SOCIAL SECURITY #		
EMPLOYEE HOME ADDRESS (STREET, CITY, STATE, ZIP)					
I AUTHORIZE my employer to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable employee benefits plan. <i>(PLEASE COMPLETE THE APPROPRIATE SECTIONS ONLY.)</i>					
BENEFICIARY INFORMATION: <i>(Complete to designate a beneficiary or change the beneficiary designation); Include full proper name, relationship and social security number of proposed beneficiary(s) - i.e. Mary A. Doe, and relationship - i.e. husband, wife, friend, son, daughter.</i>					
Primary: 1) Name		Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		
2) Name		Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		
Contingent: 1) Name		Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		
2) Name		Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		
If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Plan.					
SIGNATURE OF INSURED				DATE	
ALL SIGNATURES MUST BE IN INK					
CHANGE IN BENEFICIARY'S NAME <i>(Complete only if the name has been legally changed.)</i>					
FROM (WAS)		TO (NOW IS)		SOCIAL SECURITY #	DATE
CHANGE IN INSURED'S NAME <i>(Complete only if the name has been legally changed.)</i>					
FROM (WAS)		TO (NOW IS)		SOCIAL SECURITY #	DATE
SIGNATURE OF INSURED				DATE	
THIS SECTION TO BE COMPLETED BY THE PLANHOLDER ONLY.					
This is to certify that the following changes have been recorded in connection with the insurance for the above named insured.					
<input type="checkbox"/> The BENEFICIARY has been changed <input type="checkbox"/> The NAME of the BENEFICIARY has been changed <input type="checkbox"/> New Employee					
Recorded by _____ Date _____					

(4/24)

FORWARD FORM TO THE BENEFITS DEPARTMENT FOR RECORDING
 City of Springfield 36 Court Street, Rm 18 Springfield, MA 01103
 Office: (413) 787-6055 Fax: (413) 787-6010

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City of Springfield Benefits Vendors

Aflac	Customer Service	800-992-3522	www.aflac.com/cityofspringfield
AmeriFlex	Plan Support	888-868-3539	www.ColonialLifeNewEngland.com
Bencor	Service Center Mark Jones	866-296-9712 413-297-4635	www.bencorplans.com
Cigna - Dental & Vision Insurance	Plan Support	800-244-6224	www.mycigna.com
Colonial Life	Kimberly Cunningham	401-596-1510	https://coloniallife.rivs.com/schedule
Employee Assistance Program - ESI Group	Plan Support	800-535-4841	www.theEAP.com
Group Insurance Commission (GIC)	Plan Support	617-727-2310	https://www.mass.gov/orgs/group-insurance-commission
GIC Assistance Program - Mass4You	Plan Support	844-263-1982	www.liveandworkwell.com
Boston Mutual Life Insurance	Plan Support Nicole Girard	800-669-2668 781-770-0386	www.bostonmutual.com
Purchasing Power		888-923-6236	www.purchasingpower.com
Smart Plan Deferred Compensation	Plan Support Dan Moroney	877-457-1900 413-335-0542	www.mass-smart.com dan.moroney@empower-retirement.com
Springfield Parking Authority (SPA)	Main Office	413-787-6118	http://springfieldparkingauthority.com/
Trustmark	Customer Support Policy Cancellation Michael Jenks	800-918-8877 Option# 0 800-445-4493 ext. 113 508-497-3930 ext. 131	mjf@pwb-mmip.com
City of Springfield <i>Employee Benefits Department</i> 36 Court St., Room 18 Springfield, MA 01103	Office Hotline Fax	413-787-6055 413-787-6010	https://www.springfield-ma.gov/hr/benefits@springfieldcityhall.com

GIC Health Insurance Vendors

Mass General Brigham Health Plan		866-567-9175	massgeneralbrighamhealthplan.org/gic-members
Harvard Pilgrim Health Care		800-542-1499	www.harvardpilgrim.org/gic
Health New England (HNE)		800-842-4464	www.hne.com/gic
Tufts Medicare Products		888-333-0880	www.tuftshealthplan.com/gic
UniCare State Indemnity Plan		800-442-9300	www.unicarestateplan.com

Prescription Drug Coverage (Rx)

CVS Caremark	Non-Medicare	877-876-7214	https://info.caremark.com/oe/gic
CVS SilverScript	Medicare	877-876-7214	www.gic.silverscript.com

Additional Resources

City of Springfield Retirement <i>70 Tapley Street, Springfield MA</i>		413-787-6090	www.springfieldretirement.com
Mass. Teacher's Retirement System (MTRS) <i>One Monarch Place, Suite 510</i>		413-784-1711	www.mass.gov/mtrs
Medicare		800-633-4227	www.medicare.gov
Social Security Administration		800-772-1213	www.ssa.gov

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