

# City of Springfield

## Employee Benefits Department

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



Re: FY 2025 Open Enrollment

April 3, 2024

Dear City of Springfield/Springfield Public School Employee:

The City's annual health insurance open enrollment is once again upon us. Open Enrollment will begin on **April 3, 2024 and continue until May 1, 2024 at 4:00PM EST**, all \*eligible employees have the opportunity to enroll in new benefits, make changes to current health plans/benefits, drop dependents from their plan, or opt out of health insurance coverage. Coverage for any changes will begin on July 1, 2024.

*Please review this packet, the GIC Decision Guide, and City's Human Resources/Employee Benefits Dept. [website](#) carefully!*

### **Benefits Highlights for Fiscal Year 2025**

- The only change for our **Health Insurance Plans** is that Unicare is changing their name to Wellpoint effective July 1<sup>st</sup>, 2024. Anyone who has any of the Unicare plans will receive new cards with the Wellpoint name on them prior to July 1<sup>st</sup>.
- 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 with an increased amount to \$5,000.00 and Supplemental (Optional) Life Insurance benefits will continue.
- Trustmark and AFLAC will continue your current policies through payroll deductions but will not be able to add new policies or change current policies except for cancellation beginning July 1, 2024. Colonial Life will now be the City's voluntary benefits provider and continue to accept new enrollments and changes for FY 2025.

### **Enrolling/Changing Plans/Adding Dependents**

**It is possible to complete and sign GIC enrollment forms electronically through a secure email link. This electronic capability, myGIC Link, streamlines the benefit enrollment and change process. Simply call the Employee Benefits Department at (413) 787-6055 or email: [benefits@springfieldcityhall.com](mailto:benefits@springfieldcityhall.com), to provide us with an email address, and the link will be requested and sent by the GIC.**

**All GIC enrollment forms must be received in the Benefits Office no later than Wednesday, May 1, 2024 at the close of business (4:00PM EST).**

If you prefer to submit a paper form, the GIC still requires a wet signature; no copies, emails, or faxes are allowed at this time for paper forms. If you wish to enroll, change, or opt out of any of

*\*Eligible employees: must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek and participate in a public retirement system (OBRA is not considered a public retirement system).*

your benefits with the City of Springfield and prefer to complete a paper form, please send via interoffice or mail the completed/signed form(s) to: **City of Springfield, Attn: Employee Benefits Department, 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 process incomplete forms until all information is complete. **Please note the May 1, 2024 (4:00PM EST) deadline still applies even if your form has been returned to you.**

If you are not currently enrolled in health insurance coverage through the City of Springfield and would like to enroll, please complete the form electronically or fill out the *GIC Municipal Enrollment/Change Form (Form-IMUN)* and select “Annual Enrollment” as the reason. Additionally, if you are changing your health insurance or adding dependents, please complete the form electronically or fill out the *GIC Municipal Enrollment/Change Form (Form-IMUN)* and select “Annual Enrollment”. Please refer to the Required Documents for GIC Coverage in this packet if you are enrolling/adding any dependents.

### **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 Municipal Enrollment/Change Form (Form-IMUN)* (check off “Decline GIC health insurance coverage”) electronically or send a paper form back to the Benefits Department. Please note dropping insurance plans and/or dependents without proof of other insurance is only allowed during Open Enrollment. Outside of Open Enrollment, in order to cancel your plan (or drop a dependent), a qualifying status event is required and you will be required to provide proof (supporting documentation) within 50 days of the qualifying event, in addition to filling out the *GIC Municipal Enrollment/Change Form (Form-IMUN)*.

### **Cigna Dental & Vision**

The City of Springfield will continue to provide dental and vision coverage through Cigna. If you are not currently enrolled or want to change your Dental Vision, you will need to complete our Cigna Dental/Vision Form to be enrolled. **Please review the Cigna Dental and Vision benefit summaries included in this packet for more detailed information about Dental and Vision coverage.**

#### **The City is offering three (3) Dental plans for FY2025:**

- 1.) The current base DPO4 Dental Plan and PPO Vision Plan will continue to be offered. The City will continue to provide 75% of the cost of the DPO4 Base Dental/PPO Vision Plan.
- 2.) Employees 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.
- 3.) 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 any of these plans can be completed by calling Cigna at 800-564-7642 or completing the Cigna Dental Form and returning it to the Employee Benefits Department at [benefits@springfieldcityhall.com](mailto:benefits@springfieldcityhall.com).

## **Flexible Spending Accounts (FSA)** **AmeriFlex by Colonial Life**

The City has partnered with AmeriFlex as the Section 125 Plan provider (Health & Dependent Care Flexible Spending Accounts). You may elect to set money aside directly from your paycheck for a Flexible Spending Account (Health Care FSA and/or Dependent Care FSA). The FSA benefit allows you to contribute pre-tax dollars to individual accounts for eligible uninsured or unreimbursed medical, dental, vision, and dependent care expenses. **You will be able to roll over up to \$640 if you are not able to spend your entire FSA.**

	<u>Annual Minimum</u>	<u>Annual Maximum</u>
Health Care Accounts	\$300	\$3,200
Dependent Care Accounts	\$500	\$5,000

The Health Care FSA is a DEBIT CARD which allows you to “Swipe-N-Go”. You will only be able to use your debit card for eligible health care expenses.

A Dependent Care FSA (DCFSA) is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare. If you sign up for a Dependent Care Account, you will need to submit for reimbursements.

**If you are currently participating in the FSA benefit, you will be required to RE-ENROLL for the new plan year July 1, 2024 through June 30, 2025 if you want to continue your FSA.**

**Email FSA Forms to [benefits@springfieldcityhall.com](mailto:benefits@springfieldcityhall.com) or call AmeriFlex at 888-868-3539 to enroll.** Please be advised that you must be *eligible* for health insurance to enroll in FSA/DCFSA, but you do not need to enroll in health insurance to sign up for FSA/DCFSA.

If you would like to enroll for the first time or are currently participating in a **Flexible Spending (FSA)** benefit, you are required to re-enroll for the new fiscal year. Please contact our FSA Vendor **AmeriFlex** by Colonial Life via Chat: [www.myameriflex.com](http://www.myameriflex.com) Phone: 888-868-3539 or Email: [service@myameriflex.com](mailto:service@myameriflex.com).

## **Boston Mutual Life Insurance**

The City of Springfield will be moving to Boston Mutual Life Insurance effective July 1, 2024. Boston Mutual will be accepting all current plans that you have with Guardian. The cost for the \$5,000 will be \$3.50 per month. You will be able to keep all of your current Supplemental Life Insurance policies with Boston Mutual.

If you do not currently have Life Insurance, you may enroll in this program during Open Enrollment but you may need to complete an Evidence of Insurability Form and possibly submit to a physical in order to participate.

If you want to cancel your Life Insurance or make changes you may complete a Life Insurance Change Form that you will find on our Open Enrollment website. If you haven't updated your beneficiary information in a while, please fill out the Beneficiary Form to update your information.

## **Voluntary Deductions**

Colonial Life will continue to offer policies at your request and add or cancel any policies that you may decide you do not need anymore. They will also accept any new enrollments.

The City will continue to offer payroll deductions for Trustmark and AFLAC for those employees currently enrolled. Effective July 1, 2024 you will not be able to enroll in any new policies or make any changes other than to cancel a policy with Trustmark or AFLAC.

## **Friendly Reminders**

**Payroll deductions** – All Open enrollment changes are effective July 1st. Health and Dental insurance deductions with the New Fiscal Year 2025 rates begin in June. Deductions for FSA begin in July or your first paycheck of Fiscal Year 2025.

**Benefits Forms** – Most Employee Benefit Vendor forms can be found on our website!

Go to: [Benefits Forms \(springfield-ma.gov\)](https://springfield-ma.gov/benefits)

**Address Changes** – Please update your address through the Employee Self Service (ESS) portal so that the Benefits Office may notify your vendor(s).

**Beneficiaries** – Please be sure that your beneficiary information is up to date.

**Dependent Children** – If your child reaches the limiting age on the plan, please notify the Insurance Department in advance so we can make the appropriate changes to your plan. If your child is between 19 and 26 years old, the *GIC Dependent age 19-26 Form* is required; one form for each child between 19 and 26 who will be enrolled under your health insurance plan.

**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.

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

- Dependent child turns age 26
- Spouse to ex-spouse
- Dependent passes away
- You (re)marry
- Non-student dependent moves out of plan service area

If you have any questions or concerns, please feel free to visit our Human Resources 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](mailto: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