

City of Springfield

Benefits Department

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



April 3, 2020

Dear City of Springfield/Springfield Public School Employee:

The City's annual health insurance open enrollment is once again upon us. Due to COVID-19, open enrollment has been extended for an additional month. Beginning on **April 6, 2020 and continue until June 1, 2020 at 4:00PM EST**, all *eligible employees have the opportunity to enroll in new benefits, make changes to current health plans, drop dependents' from their plan, or opt out of health insurance coverage. If you do not wish to make any changes to your current GIC health insurance plan, no action is necessary at this time. If you would like to enroll for the first time or are currently participating in a Flexible Spending benefit, you are required to fill out a FSA enrollment form for the new fiscal year.

Please thoroughly review this packet, along with the Decision Guide from the Group Insurance Commission (GIC), and the City's Human Resources website to make the most informed decisions for yourself and your family.

GIC Benefits Highlights for Fiscal Year 2021

- Non-Medicare: All carriers, products, yearly deductibles remain the same.
 - One Non-Medicare benefit design change: Unicare Basic, Unicare Plus, and Unicare Community Choice plans Behavioral Health coverage impacted. Outpatient visits/professional services and inpatient/acute services have reduced some copays and eliminated some deductibles and coinsurances.
- Express Scripts will continue to be your non-Medicare prescription carrier. You will receive two ID cards, one from your health carrier and one from Express Scripts. Don't forget to bring these with you to the pharmacy when you get your prescriptions refilled!

Enrolling/Changing Plans/Adding Dependents

It is now possible to complete and sign GIC enrollment forms electronically through a secure email link. This new electronic capability, myGIC Link, set forth by the GIC this year streamlines the benefit enrollment and change process. Simply call the Employee Benefits Dept. at (413) 787-6055 or email: benefits@springfieldcityhall.com, provide us with an email address, and the link will be forwarded to you immediately.

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.

If you are enrolling for the first time, you must complete the *Municipal Employee Acknowledgement Form* and return it with your completed enrollment forms and any other required documentation.

**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).*

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-1MUN)* (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-1MUN)*. If you are canceling your health insurance you must also complete the *Health Insurance Refusal Form* that is included in this package.

Flexible Spending Accounts (FSA)

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.

	<u>Annual Minimum</u>	<u>Annual Maximum</u>
Health Care Accounts	\$300	\$2,500
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, 2020 through June 30, 2021.

Please email FSA Forms to benefits@springfieldcityhall.com or fax to (413) 787-6010.

Dental & Vision

The City of Springfield will continue to provide dental and vision coverage through Cigna. Enrollment into the dental and vision benefit is automatic with your enrollment into any of the medical plans. You do not need to complete additional forms to be enrolled. Current Dental and Vision benefits will remain the same. **Please review the Cigna Dental and Vision benefit summaries included in this packet for more detailed information about Dental and Vision coverage.**

Life Insurance

The City of Springfield currently offers a Basic Life Insurance policy (\$2,000) and a Supplemental (Optional) Life Insurance (\$25K, \$50K, \$100K, \$150K, or \$200K) benefit through Guardian Life Insurance. You may enroll in this program during Open Enrollment, but you will be required to complete an Evidence of Insurability Form and possibly submit to a physical in order to participate. If you haven’t updated your beneficiary information in a while, please fill out the *Guardian Beneficiary Designation Form* to update your information.

Enrollment Requirements

All enrollment forms must be received in the Benefits Office no later than Monday, June 1, 2020 at the close of business (4:00PM EST). To complete/sign all GIC Health insurance forms electronically, simply call the Employee Benefits Dept. at (413) 787-6055 or email: benefits@springfieldcityhall.com, provide an email address, and the link will be forwarded to you immediately.

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 your benefits with the City of Springfield and prefer to complete a paper form, please mail the completed/signed form(s) to: **City of Springfield, Attn: Employee Benefits Dept., 36 Court Street, Room 18, Springfield, MA 01103.**

Please email FSA Forms to benefits@springfieldcityhall.com or fax to (413) 787-6010.

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 June 1, 2020 (4:00PM EST) deadline still applies even if your form has been returned to you.**

Friendly Reminders

Payroll deductions – All Open enrollment changes are effective July 1st. Health insurance deductions with the New FY2021 rates begin in June. Deductions for FSA begin in July or your first paycheck of fiscal year 2021.

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 <http://www.springfield-ma.gov/hr/>. 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 Thursday 8:15AM - 4:00PM and Fridays 9:00AM – 4:00PM.

Thank you,

City of Springfield Benefits Team

City of Springfield

Benefits Department

Medical/Dental Insurance Premium

Coverage for 7/1/20 – 6/30/21



Non-Medicare Rates for Active Employees & Retirees (Rates begin June 2020 for July 1st Coverage)

Plan Name	Coverage	52 Weeks	39 Weeks	26 Weeks	22 Weeks	Monthly
Cigna Dental/Vision Plan	Individual	1.63	2.18	3.27	3.86	7.08
	Family	3.78	5.04	7.56	8.94	16.39
Unicare Basic Indemnity with CIC	Individual	67.14	89.52	134.28	158.69	290.94
	Family	149.00	198.67	298.01	352.19	645.68
Unicare Basic Indemnity without CIC	Individual	63.89	85.19	127.78	151.01	276.86
	Family	141.60	188.80	283.20	334.69	613.60
Unicare Indemnity Community Choice	Individual	31.88	42.51	63.76	75.35	138.14
	Family	78.93	105.23	157.85	186.55	342.01
Unicare Indemnity Plus	Individual	41.75	55.67	83.51	98.69	180.94
	Family	99.38	132.50	198.75	234.89	430.63
Harvard Pilgrim Independence	Individual	52.91	70.55	105.83	125.07	229.30
	Family	129.18	172.25	258.37	305.34	559.80
Harvard Pilgrim Primary Choice	Individual	38.39	51.19	76.78	90.74	166.36
	Family	97.91	130.54	195.81	231.41	424.26
Tufts Navigator	Individual	46.10	61.46	92.20	108.96	199.76
	Family	112.58	150.11	225.17	266.11	487.87
Tufts Spirit	Individual	35.00	46.67	70.00	82.73	151.67
	Family	84.32	112.43	168.64	199.30	365.39
Fallon Select Care	Individual	48.24	64.32	96.48	114.03	209.05
	Family	117.29	156.39	234.58	277.23	508.26
Fallon Direct Care	Individual	35.69	47.58	71.38	84.35	154.65
	Family	90.09	120.11	180.17	212.93	390.37
Health New England	Individual	34.29	45.71	68.57	81.04	148.57
	Family	81.62	108.83	163.25	192.93	353.70
AllWays Health Partners *Formerly NHP Prime	Individual	39.68	52.91	79.37	93.80	171.97
	Family	103.24	137.65	206.48	244.02	447.36

City of Springfield

Benefits Department

Medical/Dental Insurance Premium

Coverage for 7/1/20 – 6/30/21



Medicare Rates for Retirees (Rates begin June 2020 for July 1st Coverage)

Plan	Coverage	Monthly
Cigna Dental/Vision Plan	Individual	7.08
	Family	16.39
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Individual	99.97
	Family	199.93
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Individual	97.20
	Family	194.40
Health New England MedPlus	Individual	101.20
	Family	202.40
Harvard Pilgrim Medicare Enhance	Individual	101.01
	Family	202.02
Tufts Health Plan Medicare Complement	Individual	95.97
	Family	191.94
Tufts Health Plan Medicare Preferred*	Individual	81.28
	Family	162.57

*Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2021.

Required Documents for GIC Coverage

If you are planning to cover yourself only:

- There is no documentation needed unless you are a retiree or survivor who is (and/or whose spouse is) age 65 or over (*see Additional Documents for Retirees and Survivors section below*).

If you are planning to cover a current and/or former spouse, you will need the following:

- If you are married – Copy of Certified Marriage Certificate

If you are divorced or legally separated, the following sections of the Separation Agreement are required. Note that that if you were divorced prior to March 27, 1985, or either you or your former spouse has remarried, your former spouse is not eligible for GIC coverage:

- Divorce Absolute Date
- Signature Page
- Health Insurance Provisions
- Your Former Spouse's Last Known Address

If you are planning to cover dependent children, you will need the following:

- Dependent Child Coverage – Copy of Certified Birth Certificate (*must have parent/child relationship listed*)
- Dependent Age 19-26 – Complete a Dependent Age 19-26 Application for coverage (*form available on the GIC's website*)
- Handicapped Dependent – complete Handicapped Dependent form (*form available on the GIC's website*)
- Adoption – Copy of Adoption Placement Letter
 - Letter must be on Adoption Agency Letterhead and include the following:
 - Name of Adoptive Parents
 - Name of Adopted Child
 - Date Child Placed in the Home
- Grandchild – Copy of Court Guardianship Appointment
 - However, if grandchild is a dependent of a dependent under age 19, copy of grandchild's certified (*Long Form*) birth certificate

Documents such as marriage certificates and birth certificates can be obtained by contacting the Clerk's Office of the town in which the event occurred.

Adoption verification and Grandchild verification information can be obtained by contacting the adoption agency used or the Clerk of Court's office in the town in which the event occurred.

We encourage you to contact the appropriate offices as soon as possible. There may be a waiting period to obtain information.

Additional Required Documents for Retirees and Survivors

If you and/or your spouse are on Medicare, you will need the following documentation:

- See above for spousal and dependent coverage.
- Photocopy of Medicare Card (include a copy of spouse's card if applicable).
- Photocopy of your latest 1099 or Benefit Verification Letter printed off Social Security's website stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.

If you and/or your spouse are over age 65 and Medicare eligible, but not enrolled in Medicare, you will need the following:

- See above for spouse and dependent coverage.
- Between January 1 and March 31, you must enroll in Medicare Part A and Part B and send to the GIC the document listed above (third bullet) for retirees in Medicare.
- During the GIC spring open enrollment you must enroll in a GIC Medicare plan.

If you and/or your spouse are over age 65 and *not eligible* for Medicare you will need the following documentation:

- See above for spousal and dependent coverage
- Social Security Denial Letter stating that you and/or your spouse is not eligible for Medicare Part A for free.

Cigna Dental Benefit Summary

City of Springfield, Massachusetts

Plan Renewal Date: 07/01/2020



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II and VII expenses	\$500		\$500	
Calendar Year Deductible Individual Family	\$50 \$150		\$50 \$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class VII: Denture Repairs, Relines and Rebases	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the plan maximum, when applicable.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable.			
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. The Alternate Benefit Provision does not apply to fillings.			

Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 60 months
Cleanings	Prophylaxis cleanings - 2 per calendar year; Periodontal cleanings – 4 per calendar year
Fluoride Application	2 per calendar year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 48 months for children under age 14
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Denture and Bridge Repairs	Reviewed if more than once
Denture Adjustments, Rebases and Relines	Covered if more than 6 months after installation
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Diagnostic: cone beam imaging; Preventive: instruction for plaque control, oral hygiene and diet;	
Restorative: inlays; onlays; crowns; Prosthodontics: bridges, dentures or any related services;	
Implants: implants or implant related services; prosthesis over implants; Orthodontic: orthodontic treatment;	
Procedures, appliances or restorations, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Summary of Benefits Cigna Health and Life Insurance Company



Cigna Vision City of Springfield C1 - Standard PPO Comprehensive Plan

Welcome to Cigna Vision Schedule of Vision Coverage

Coverage	In-Network Benefit***	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$5	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$20	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	Up to \$32 Up to \$55 Up to \$65 Up to \$80	12 months 12 months 12 months 12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	Up to \$130 Covered 100%	Up to \$105 Up to \$210	12 months 12 months
Frame Retail Allowance (one per frequency period)	Up to \$130	Up to \$71	24 months

** Your Frequency Period begins on the 1st of your plan renewal month (Contract year basis)

Definitions:

Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance.

Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

Materials: eyeglass lenses, frames, and/or contact lenses.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

In-Network Coverage Includes***:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
 - Polycarbonate lenses for children under 19 years of age
 - Oversize lenses
 - Rose #1 and #2 solid tints
 - Minimum 20% savings* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic); and lens styles.
 - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;



- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

*** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

Healthy Rewards® - Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna



Vision Network Eye Care Professional” to search the Cigna Vision Directory.

2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select “Find A Doctor, Dentist or Facility”, click Cigna Vision Directory, under Additional Directories.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Any benefit information displayed is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

“Cigna” is a registered service mark, and the “Tree of Life” logo, “Cigna Vision” and “CG Vision” are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. In Arizona and Louisiana, the Cigna Vision product is referred to as CG Vision. Healthy Rewards® - Vision Network Savings Program powered by Cigna Vision is a discount program, not an insured benefit.

DISCRIMINATION IS AGAINST THE LAW

Vision coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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FLEXIBLE SPENDING ACCOUNTS

Active Employees Only

Health Care & Dependent Care Expense Accounts

**If you wish to continue your existing Flexible Spending Account
YOU MUST RE-ENROLL EVERY YEAR!**

The FSA benefit allows you to contribute pre-tax dollars to individual accounts for eligible uninsured or unreimbursed medical, dental, vision care and dependent care expenses.

	<u>Annual Minimum</u>	<u>Annual Maximum</u>
Health Care Accounts	\$300	\$2,500
Dependent Care Accounts	\$500	\$5,000

The **Health Care FSA Debit Card** feature allows you to “Swipe-N-Go”. You will only be able to use your debit card for eligible health care expenses. You can use the debit card for specific expenses rather than paying for them and submitting forms for reimbursement. Under IRS Notice 2006-69, the FSA debit card is not valid for Dependent Care expenses.

Some Qualified Medical Expenses:

- ✓ Eyeglasses/Contacts
- ✓ Co-payments (office visits or prescription co-payments)
- ✓ Braces
- ✓ Chiropractor
- ✓ Dental work not covered by dental insurance
- ✓ Vitamins (by Rx)

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.** You may only submit for a reimbursement up to the amount that you have contributed via payroll.

If you are currently participating in the FSA benefit, you will be **required to re-enroll** for the new plan year every Open Enrollment for the next Fiscal Year (July 1 – June 30) you choose to participate. An enrollment form will be made available to every eligible employee during open enrollment and the form has been included in this package for your convenience.

[take Care by Wageworks](#)

Register your card and create your FSA Account through [myFlexOnline](#)!

Here you can view your elected amounts, any claims you have used your Health Care FSA Debit Card for, and your available balance!

Be sure to keep all of your receipts as back up until your purchase has been cleared on take care by WageWorks! You may need to upload a copy of your receipt to your account for proof of purchase.

For assistance regarding myFlexOnline or your card, please call TakeCare at (800) 950-0105

City of Springfield MA

FY2021 Flexible Spending Account Deduction Authorization Form

For all Eligible COS and SPS Employees

Please use this form to make your elections. Return your completed and signed form to the City Benefits Office during Open Enrollment, which begins on April 6, 2020 and ends June 1, 2020 @ 4:00PM EST, or **within 10 days** after your first day of employment. Forms submitted after these deadlines will not be accepted. **These elections remain in effect from July 1, 2020 through June 30, 2021.** You must **re-enroll** in a Flexible Spending Account each year that you wish to participate. Election changes can not be made after you enroll without a Qualifying Status Change per IRS regulations.

Employee Information

Employee ID _____ Re-Enrolling _____ New Enrollee _____
Last Name _____ First Name _____ Middle Initial _____
Street _____ City _____ State _____ Zip _____
Email Address _____ Phone Number _____
Last 4 Social Security No. _____ Date of Birth (MM/DD/YYYY) ____/____/____

Election of Contribution

Please enter the Annual amount you wish to contribute to your flexible spending account (FSA) and select the number of Pay Periods you have yearly. The amount that will be taken from each paycheck is automatically calculated for you. **(Teachers & Paras please use 22 pay periods)**

Health Care FSA (Minimum \$300 - Maximum \$2,500; Debit Card & Reimbursement)

Annual Amount	Number of Pay Periods	Contribution per Paycheck
\$ _____ ÷	_____ =	\$ _____

Dependent Care FSA (Minimum \$500 - Maximum \$5,000; Reimbursement only)

Annual Amount	Number of Pay Periods	Contribution per Paycheck
\$ _____ ÷	_____ =	\$ _____

Employee Signature _____ Date _____

Return Your Signed and Completed Form

By Mail:

City of Springfield, MA
Attn: Benefits Dept.
36 Court St, Room 018
Springfield, MA 01103

By Email:

benefits@springfieldcityhall.com

Please be advised that incomplete forms will be returned to the employee for correction and resubmission.

If you have any questions, please view the [Human Resources website](http://www.springfieldcityhall.com/human-resources), send us an email, or call the Benefits Office at 413-787-6055, Monday through Thursday from 8:15AM to 4:00PM, and Friday 9:00AM to 4:00PM.

The City of Springfield participates in FSA accounts through Take Care by WageWorks. To create an account and log in, visit <http://www.takecarewageworks.com/>. Here you can view your account balance and all claims or by calling Plan Support at 800-950-0105.

Basic and Supplemental (Optional) Life Insurance

Guardian Life Insurance Company Group Number: 00459295

Guardian Customer Service: 1-888-600-1600 www.guardianlife.com

All enrollments/changes during open enrollment are subject to Evidence of Insurability, as well as elected volumes over \$150,000, and enrollment/changes outside of your 10 day new hire window.

Basic Life: You may elect \$2,000 of Basic Term life insurance coverage, of which the City pays 50% of your monthly premium. The Basic Life includes Enhanced Accidental Death and Dismemberment coverage equal to one times the employee's life benefit.

Optional Term Life: You may elect \$25,000, \$50,000, \$100,000, \$150,000, or \$200,000. Optional Life volumes reduce by 35% at age 65 and by 60% at age 70 (on birthdays). *Employee/Retiree enrollment is required for Spouse and Dependent Enrollment.

Spouse Term Life: You may elect 50% of the employee optional coverage up to the maximum \$25,000.

Dependent Term Life: Coverage of \$10,000 for each dependent. Dependent Term Life covers children age 14 days to 23 years who are unmarried. Additional documents are required for dependents between 23 years and 25 years who are unmarried and enrolled in an accredited school.

Rates are subject to change in October of each year

Coverage	52/26 Week (12 Months)	22 Week (10 Months)	39 Week (9 Months)	Retiree (12 Months)
Basic Life Insurance	\$1.630	\$1.956	\$2.173	\$3.550
Child Life Insurance	\$1.700	\$2.040	\$2.267	\$1.700

Active Employee (Class 1) Supplemental Life Insurance Rates

EE Age	Monthly Deduction (12 months)	22 Week Deduction (10 months)	39 Week Deduction (9 months)
15-34	\$0.1500	\$0.1800	\$0.2000
35-39	\$0.1900	\$0.2280	\$0.2533
40-44	\$0.2600	\$0.3120	\$0.3467
45-49	\$0.4000	\$0.4800	\$0.5333
50-54	\$0.5700	\$0.6840	\$0.7600
55-59	\$0.8300	\$0.9960	\$1.1067
60-64	\$1.3300	\$1.5960	\$1.7733
65-69	\$2.5300	\$3.0360	\$3.3733
70-74	\$3.3300	\$3.9960	\$4.4400

Deduction per \$1,000 elected based on age bracket; includes \$0.05/\$1,000 AD&D

Coverage/volume amounts reduce by 35% at age 65 and by 60% at 70 (On Birthdays)

Employee moves into new age bracket at Plan Anniversary (October 1).

Supplemental Coverage ends at age 75.

Basic and Supplemental (Optional) Life Insurance

Spouse Supplemental Life Insurance Rates

EE Age	Monthly Deduction (12 months)	22 Week Deduction (10 months)	39 Week Deduction (9 months)
15-34	\$0.1000	\$0.1200	\$0.1333
35-39	\$0.1400	\$0.1680	\$0.1867
40-44	\$0.2100	\$0.2520	\$0.2800
45-49	\$0.3500	\$0.4200	\$0.4667
50-54	\$0.5200	\$0.6240	\$0.6933
55-59	\$0.7800	\$0.9360	\$1.0400
60-64	\$1.2800	\$1.5360	\$1.7067
65-69	\$2.4800	\$2.9760	\$3.3067
70-74	\$3.2800	\$3.9360	\$4.3733

Deduction per 1,000 elected based on age bracket

Spouse coverage premium is based on EE age; terms at Spouse's age 70

Spouse insurance is 50% of EE election up to a maximum of \$25,000

Retirees & Spouses (Class 2 & 3)

Age	Monthly Deduction	Monthly Deduction					
		16,250	25,000	50,000	100,000	150,000	200,000
15-34	\$0.1000	\$1.63	\$2.50	\$5.00	\$10.00	\$15.00	\$20.00
35-39	\$0.1400	\$2.28	\$3.50	\$7.00	\$14.00	\$21.00	\$28.00
40-44	\$0.2100	\$3.41	\$5.25	\$10.50	\$21.00	\$31.50	\$42.00
45-49	\$0.3500	\$5.69	\$8.75	\$17.50	\$35.00	\$52.50	\$70.00
50-54	\$0.5200	\$8.45	\$13.00	\$26.00	\$52.00	\$78.00	\$104.00
55-59	\$0.7800	\$12.68	\$19.50	\$39.00	\$78.00	\$117.00	\$156.00
60-64	\$1.2800	\$20.80	\$32.00	\$64.00	\$128.00	\$192.00	\$256.00
65-69	\$2.4800	\$40.30	\$62.00	\$124.00	\$248.00	\$372.00	\$496.00
70-74	\$3.2800	\$53.30	\$82.00	\$164.00	\$328.00	\$492.00	\$656.00

How do I determine what the optional life insurance cost will be?

Select the correct rate for your age and pay schedule. Then, multiply by the volume of Life Insurance divided by 1,000.

Example:

- 1.) I am a 32 year employee and I wish to elect \$100,000 of life insurance for myself. I receive 52 paychecks a year (12 monthly deductions). I would also like to take out a \$25,000 policy for my spouse and policies for my two children.

Employee	$0.15 * (\$100,000 / \$1,000)$	= \$	15.00
Spouse	$0.10 * (\$25,000 / \$1,000)$	= \$	2.50
Children (2)	\$1.70	= \$	1.70
Total Premium		\$	19.20

Revised 5/2019

City of Springfield Benefits Vendors

Aflac	Customer Svc Stephen West Maria McKiernan	800-992-3522 203-878-0420 Ext. 256 203-878-0420 Ext. 100	https://www.aflac.com/ stephen_west@us.aflac.com maria_mckiernan@us.aflac.com
Cigna - Dental & Vision Insurance	Plan Support	800-244-6224	www.mycigna.com
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
Guardian Life Insurance	Plan Support Mark Boardman	888-600-1600 413-357-9900	www.guardiananytime.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/
TakeCare by Wageworks (FSA)	Plan Support	800-950-0105	https://www.myflexonline.com/Login/Welcome.aspx
Trustmark	Michael Jenks	800-445-4493 Ext.31	mj@pwb-mmip.com
City of Springfield <i>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

Fallon Health		866-344-4442	www.fallonhealth.org/gic
Harvard Pilgrim Health Care		800-542-1499	www.harvardpilgrim.org/gic
Health New England (HNE)		800-842-4464	www.hne.com/gic
AllWays Health Partners		866-567-9175	https://allwayshealthpartners.org/gic-members
Tufts Health Plan		800-870-9488	www.tuftshealthplan.com/gic
UniCare State Indemnity Plan		800-442-9300	www.unicarestateplan.com

Prescription Drug Coverage (Rx)

Express Scripts (ESI)	Non-Medicare	855-283-7679	www.express-scripts.com
SilverScript	Medicare	877-876-7214	www.gic.silverscript.com

Behavioral Health/Substance Abuse and EAP for GIC Eligible Employees

Beacon Health Options		855-750-8980	www.beaconhealthoptions.com/gic
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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