

# City of Springfield

## Employee Benefits Department

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



April 6, 2021

Dear City of Springfield/Springfield Public School Employee:

The City's annual health insurance open enrollment is once again upon us. It will begin on **April 7, 2021 and continue until May 5, 2021 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 re-enroll 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/Employee Benefits Dept. website to make the most informed decisions for yourself and your family.

### **GIC Benefits Highlights for Fiscal Year 2022**

- Non-Medicare: All carriers, products, yearly deductibles remain the same.
- 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 filled!

Merger: Tufts Health Plan & Harvard Pilgrim Health Care

- If you are currently covered under health insurance plans with either company, there will be no immediate change to your policy and you should continue using your current member ID card.
- Members will be able to maintain enrollment, or newly enroll, in plans offered by either Harvard Pilgrim or Tufts in the next two annual enrollment periods.
- Members can find more information at <https://www.healthplanholdingsinc.org/faqs/>.

### **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, streamlines the benefit enrollment and change process. Simply call the Employee Benefits Dept. at (413) 787-6055 or email: [benefits@springfieldcityhall.com](mailto: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.

*\*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)*.

## **Flexible Spending Accounts (FSA) & Voluntary Benefits**

### **Introducing the City’s New FSA & Voluntary Benefits Provider Enroll April 7, 2021 – May 14, 2021**

The City has partnered with **American Fidelity (AFA)** as our new Supplemental Benefits and Section 125 Plan provider. American Fidelity specializes in servicing public sector employees and currently serves government employees across the country. Along with enrollment, AFA prioritizes benefits education to help you make the best choices for you and your family.

Employees may continue their existing Voluntary Benefit policies with AFLAC and Trustmark through a post-tax payroll deduction; that will continue to be paid on their behalf directly to these vendors by the City. New enrollments with AFLAC will no longer be an option for employees effective June 30, 2021. Trustmark will continue to be an enrollment option for employees beyond June 30, 2021 and more details will be provided in the near future regarding the time period to enroll in Trustmark or make changes to your existing policy outside of open enrollment.

**Schedule your AFA appointment** today for a personalized meeting with an account manager by using the following web link or call 1-888-279-0067:

<https://americanfidelity.com/cityofspringfield/>

- What will be covered during the meeting?
  - American Fidelity will confirm your benefits for the upcoming plan year. They will also review pre-tax options, including Flexible Spending Accounts. **If you are currently participating in the FSA benefit, you are required to RE-ENROLL for the new plan year July 1, 2021 through June 30, 2022.**
- What do I need to bring to my appointment?
  - You’ll need dates of birth and social security numbers for dependents who are being covered on your benefits. If you’re adding a spouse or dependent child, additional documents may be required.
- Will I have the option to find out more about additional supplemental benefits?
  - Yes, you’ll be able to learn more about benefit options that could be important to you and your family such as **disability insurance, life insurance, and accident insurance protection.**

**Connecting to your AFA meeting** on the date of your appointment:

- **Step 1** Your account manager will contact you by phone.
- **Step 2** Visit [afenroll.support.me](https://afenroll.support.me) through your preferred web browser.
- **Step 3** Provide your account manager with your unique PIN to begin screen sharing.
- **Step 4** The account manager will walk you through enrollment and educate you on Health Care and Dependent Care Flexible Spending Accounts and all other voluntary benefits available to you as a City employee.

**Flexible Spending Accounts**  
**New Annual Minimum and Maximum Contributions**

	<u>Annual Minimum</u>	<u>Annual Maximum</u>
Health Care Accounts	\$250	\$2,750
Dependent Care Accounts	\$500	\$5,000

**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 GIC enrollment forms must be received in the Benefits Office no later than Wednesday, May 5, 2021 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](mailto: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 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 5, 2021 (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 FY2022 rates begin in June. Deductions for FSA begin in July or your first paycheck of fiscal year 2022.

**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 Thursday 8:15AM - 4:00PM and Fridays 9:00AM – 4:00PM.

Thank you,

City of Springfield Benefits Team

**City of Springfield**  
*Employee Benefits Department*  
 Medical/Dental Insurance Premium  
 Coverage for 7/1/21 – 6/30/22



**Non-Medicare Rates for Active Employees & Retirees**  
**(Rates begin June 2021 for July 1<sup>st</sup> 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	69.47	92.63	138.94	164.21	301.04
	Family	154.28	205.70	308.55	364.65	668.53
Unicare Basic Indemnity without CIC	Individual	65.97	87.97	131.95	155.94	285.89
	Family	146.32	195.09	292.63	345.84	634.04
Unicare Indemnity Community Choice	Individual	34.26	45.68	68.52	80.98	148.46
	Family	85.14	113.53	170.29	201.25	368.96
Unicare Indemnity Plus	Individual	45.12	60.15	90.23	106.63	195.50
	Family	107.70	143.59	215.39	254.55	466.68
Harvard Pilgrim Independence	Individual	55.63	74.17	111.26	131.49	241.07
	Family	135.93	181.24	271.86	321.29	589.03
Harvard Pilgrim Primary Choice	Individual	40.27	53.69	80.53	95.17	174.49
	Family	102.81	137.07	205.61	243.00	445.49
Tufts Navigator	Individual	48.27	64.36	96.54	114.09	209.16
	Family	118.03	157.38	236.07	278.99	511.48
Tufts Spirit	Individual	36.85	49.13	73.70	87.10	159.68
	Family	88.96	118.61	177.91	210.26	385.48
Fallon Select Care	Individual	49.79	66.39	99.58	117.68	215.75
	Family	121.19	161.58	242.38	286.44	525.15
Fallon Direct Care	Individual	36.78	49.04	73.56	86.94	159.38
	Family	92.98	123.98	185.97	219.78	402.93
Health New England	Individual	36.36	48.49	72.73	85.95	157.58
	Family	86.79	115.73	173.59	205.15	376.11
AllWays Health Partners *Formerly NHP Prime	Individual	44.31	59.07	88.61	104.72	191.99
	Family	115.71	154.29	231.42	273.50	501.42



**Medicare Rates for Retirees**  
 (Rates begin June 2021 for July 1<sup>st</sup> 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	102.21
	Family	204.42
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Individual	99.28
	Family	198.56
Health New England MedPlus	Individual	103.55
	Family	207.09
Harvard Pilgrim Medicare Enhance	Individual	103.36
	Family	206.71
Tufts Health Plan Medicare Complement	Individual	98.15
	Family	196.30
Tufts Health Plan Medicare Preferred*	Individual	83.18
	Family	166.35

*\*Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2022.*

## **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: 07/01/2021**



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. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental PPO</b>				
<b>Network Options</b>	<b>In-Network: Total Cigna DPPO Network</b>		<b>Out-of-Network: See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II and VII expenses	\$500		\$500	
<b>Calendar Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> 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
<b>Class II: Basic Restorative</b> 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
<b>Class VII: Denture Repairs, Relines and Rebases</b>	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	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 submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			
<b>Cross Accumulation</b>	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.			
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the plan maximum, when applicable.			
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable.			
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna 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.			

<b>Oral Health Integration Program (OHIP)</b>	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, and those who qualify are eligible to receive reimbursement of their coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24.
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Oral Evaluations/Exams	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 Relines, Rebases and Adjustments	Covered if more than 6 months after installation. 1 per 36 months.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> <li>• Procedures and services not included in the list of covered dental expenses;</li> <li>• Diagnostic: cone beam imaging;</li> <li>• Preventive Services: instruction for plaque control, oral hygiene and diet;</li> <li>• Restorative: inlays; onlays; crowns;</li> <li>• Prosthodontics: bridges, dentures or any related services;</li> <li>• Implants: implants or implant related services; prosthesis over implants;</li> <li>• Orthodontics: orthodontic treatment;</li> <li>• Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;</li> <li>• Athletic mouth guards;</li> <li>• Services performed primarily for cosmetic reasons;</li> <li>• Personalization or decoration of any dental device or dental work;</li> <li>• Replacement of an appliance per benefit guidelines;</li> <li>• Services that are deemed to be medical in nature;</li> <li>• Services and supplies received from a hospital;</li> <li>• Drugs: prescription drugs;</li> <li>• Charges in excess of the Maximum Reimbursable Charge.</li> </ul>	

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.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, 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	Covered 100% after Copay	Up to \$32	12 months
Lined Bifocal	Covered 100% after Copay	Up to \$55	12 months
Lined Trifocal	Covered 100% after Copay	Up to \$65	12 months
Lenticular	Covered 100% after Copay	Up to \$80	12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	Up to \$130	Up to \$105	12 months
Therapeutic	Covered 100%	Up to \$210	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)			
<b>Definitions:</b> <b>Copay:</b> the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses). <b>Coinsurance:</b> the percentage of charges Cigna will pay. Customer is financially responsible for the balance. <b>Allowance:</b> the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance. <b>Materials:</b> eyeglass lenses, frames, and/or contact lenses.			
<ul style="list-style-type: none"> <li>To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.</li> <li>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.</li> </ul>			
<b>In-Network Coverage Includes***:</b> <ul style="list-style-type: none"> <li>One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;</li> <li>One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)               <ul style="list-style-type: none"> <li>Polycarbonate lenses for children under 19 years of age</li> <li>Oversize lenses</li> <li>Rose #1 and #2 solid tints</li> <li>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.</li> <li>Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;</li> </ul> </li> </ul>			



- 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 on Cigna Vision Directory, under Additional Resources.
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.



# Your Benefits Overview

Enrolling in the same plans as last year may seem like the easiest way to go. But things change. It might be time to change your insurance too.

Get help with your options. Stop by and see an American Fidelity account manager.



## Flexible Spending Accounts

- help with out-of-pocket medical expenses and dependent day care costs
- let you take money from your paycheck, pre-tax
- allow you to use the funds for eligible costs incurred during the plan year

[americanfidelity.com/info/fsa](https://americanfidelity.com/info/fsa)



## Dependent Care Accounts

- allow you to repay yourself for eligible dependent care costs incurred during the plan year
- let you withhold your money from your paycheck, pre-tax, reducing your overall tax burden

[americanfidelity.com/info/fsa](https://americanfidelity.com/info/fsa)



## Disability Income Insurance

### AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

[americanfidelity.com/info/disability](https://americanfidelity.com/info/disability)



## Accident Only Insurance

### AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

[americanfidelity.com/info/accident](https://americanfidelity.com/info/accident)



Plan Year  
7/1/2021 - 6/30/2022

**AMERICAN FIDELITY**   
a different opinion

EMPLOYER BENEFIT  
SOLUTIONS  
FOR YOUR INDUSTRY

An unintentional injury  
averages **\$4,339** in  
medical expenses.

*National Safety Council, Injury Facts, 2019 Web.*



## Cancer Insurance

### AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

[americanfidelity.com/info/cancer](http://americanfidelity.com/info/cancer)



## Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

[americanfidelity.com/info/life](http://americanfidelity.com/info/life)

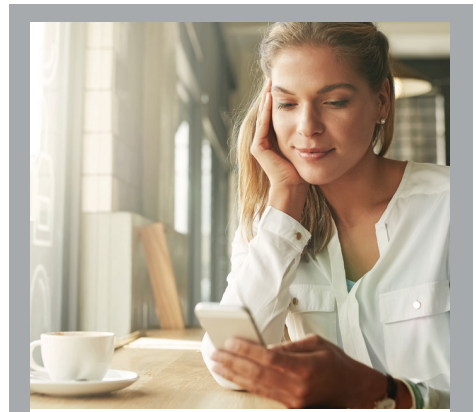


## Hospital Indemnity Insurance

### AF™ Limited Benefit Hospital Indemnity Insurance

- helps pay for out-of-pocket costs, like a hospital stay
- when used with a Health Savings Account allows for a tax benefit and potential savings

[americanfidelity.com/info/hospital-indemnity](http://americanfidelity.com/info/hospital-indemnity)



## Educational Videos

Through short videos, we offer multiple ways to learn about your benefits options.

This video library includes enrollment tips, insurance information, stories, and support options.

[americanfidelity.com/videos](http://americanfidelity.com/videos)

# Flexible Spending Accounts

## Everyone likes saving money.

Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

### Types of Accounts

- Healthcare FSAs
- Limited Purpose FSAs
- Dependent Care Accounts

Explore your savings options at [americanfidelity.com/info/fsa](http://americanfidelity.com/info/fsa)



To calculate medical costs that may not be covered by insurance, visit [americanfidelity.com/fsa-worksheet](http://americanfidelity.com/fsa-worksheet)

### Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter bandages
- Physical exams
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Walkers/wheelchairs

[americanfidelity.com/eligible-expenses](http://americanfidelity.com/eligible-expenses)



# Prepare for Your Enrollment

Taking time to sit down and make insurance choices each year may be the last thing you want to do. At the same time, it may be one of the most important decisions you make all year. Having this information will help you make decisions during your enrollment.

**Note** questions you have about your available insurance options prior to enrollment.

**List** any medical, dental, or vision procedures you have planned for next year.

**Write** down what you typically spend on prescriptions. *Tip: Log in to your pharmacy's website to view your history.*


## Schedule Your Appointment

<https://americanfidelity.com/cityofspringfield/>



Point your smart phone camera at the QR code and open the link that appears.

9000 Cameron Parkway  
Oklahoma City, OK 73114

**888-279-0067**

**[AF-cityofspringfield@americanfidelity.com](mailto:AF-cityofspringfield@americanfidelity.com)**

SB-33041-0120



American Fidelity Assurance Company  
[americanfidelity.com](http://americanfidelity.com)

*Limitations, exclusions and waiting periods may apply.*



# Basic and Supplemental (Optional) Life Insurance

## Guardian Life Insurance Company Group Number: 00459295

Guardian Customer Service: 1-888-600-1600      [www.guardianlife.com](http://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	\$3.730
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
15-34	\$0.1000
35-39	\$0.1400
40-44	\$0.2100
45-49	\$0.3500
50-54	\$0.5200
55-59	\$0.7800
60-64	\$1.2800
65-69	\$2.4800
70-74	\$3.2800

### Monthly Deduction

	16,250	25,000	50,000	100,000	150,000	200,000
15-34	\$1.63	\$2.50	\$5.00	\$10.00	\$15.00	\$20.00
35-39	\$2.28	\$3.50	\$7.00	\$14.00	\$21.00	\$28.00
40-44	\$3.41	\$5.25	\$10.50	\$21.00	\$31.50	\$42.00
45-49	\$5.69	\$8.75	\$17.50	\$35.00	\$52.50	\$70.00
50-54	\$8.45	\$13.00	\$26.00	\$52.00	\$78.00	\$104.00
55-59	\$12.68	\$19.50	\$39.00	\$78.00	\$117.00	\$156.00
60-64	\$20.80	\$32.00	\$64.00	\$128.00	\$192.00	\$256.00
65-69	\$40.30	\$62.00	\$124.00	\$248.00	\$372.00	\$496.00
70-74	\$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:

- 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 9/2020

## City of Springfield Benefits Vendors

<b>Aflac</b>	Customer Svc Terrell Joyner	800-992-3522 413-539-2332	<a href="https://www.aflac.com/cityofspringfield">https://www.aflac.com/cityofspringfield</a> <a href="mailto:tjoyner@financialguide.com">tjoyner@financialguide.com</a>
<b>American Fidelity</b>	Plan Support	888-279-0067	<a href="https://americanfidelity.com/cityofspringfield/">https://americanfidelity.com/cityofspringfield/</a>
<b>Cigna - Dental &amp; Vision Insurance</b>	Plan Support	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Employee Assistance Program - ESI Group</b>	Plan Support	800-535-4841	<a href="http://www.theEAP.com">www.theEAP.com</a>
<b>Group Insurance Commission (GIC)</b>	Plan Support	617-727-2310	<a href="https://www.mass.gov/orgs/group-insurance-commission">https://www.mass.gov/orgs/group-insurance-commission</a>
<b>GIC Assistance Program - Mass4You</b>	Plan Support	844-263-1982	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>
<b>Guardian Life Insurance</b>	Plan Support Mark Boardman	888-600-1600 413-357-9900	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Smart Plan Deferred Compensation</b>	Plan Support Dan Moroney	877-457-1900 413-335-0542	<a href="http://www.mass-smart.com">www.mass-smart.com</a> <a href="mailto:dan.moroney@empower-retirement.com">dan.moroney@empower-retirement.com</a>
<b>Springfield Parking Authority (SPA)</b>	Main Office	413-787-6118	<a href="http://springfieldparkingauthority.com/">http://springfieldparkingauthority.com/</a>
<b>TakeCare by Wageworks (FSA)</b>	Plan Support	800-950-0105	<a href="https://www.myflexonline.com/Login/Welcome.aspx">https://www.myflexonline.com/Login/Welcome.aspx</a>
<b>Trustmark</b>	Customer Support Michael Jenks	800-918-8877 Option# 0 508-497-3930 ext. 131	<a href="mailto:mfj@pwb-mmip.com">mfj@pwb-mmip.com</a>
<b>City of Springfield</b> <i>Benefits Department</i> 36 Court St., Room 18 Springfield, MA 01103	Office Hotline Fax	413-787-6055 413-787-6010	<a href="https://www.springfield-ma.gov/hr/benefits@springfieldcityhall.com">https://www.springfield-ma.gov/hr/benefits@springfieldcityhall.com</a>

### GIC Health Insurance Vendors

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

### Prescription Drug Coverage (Rx)

<b>Express Scripts (ESI)</b>	Non-Medicare	855-283-7679	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>SilverScript</b>	Medicare	877-876-7214	<a href="http://www.gic.silverscript.com">www.gic.silverscript.com</a>

### Behavioral Health/Substance Abuse and EAP for GIC Eligible Employees

<b>Beacon Health Options</b>		855-750-8980	<a href="http://www.beaconhealthoptions.com/gic">www.beaconhealthoptions.com/gic</a>
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### Additional Resources

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