

City of Springfield

Employee Benefits Department

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



Re: Annual Open Enrollment

April 5, 2023

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 5, 2023 and continue until May 3, 2023 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 benefits elected during Fiscal Year 2024 Open Enrollment will begin on July 1, 2023 and continue through to June 30, 2024.

Please review this packet, the GIC Decision Guide, and City's Human Resources/Employee Benefits Dept. [website](#) carefully as many insurance carriers and plans have changed!

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 new FSA Vendor **AmeriFlex** by Colonial Life via Chat: www.myameriflex.com Phone: 888-868-3539 or Email: service@myameriflex.com

GIC Benefits Highlights for Fiscal Year 2024

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

Please review the **Health Insurance Plan Changes** sheet attached as many carriers and plans have changed for benefits effective July 1, 2023 – June 30, 2024. Detailed information can be found on pages 4-5 in the GIC Benefits Guide.

Non-Medicare Plan Changes

- Tufts Health Plan & Harvard Pilgrim Health Care merge to become Point32Health July 1, 2023
 - If you are currently enrolled in a health plan that is being discontinued in FY2024 and you do not choose a new plan, you will automatically be default enrolled in a comparable health plan. It is important to evaluate your options and select a health plan that meets your needs. After evaluating your options, if you do not want to select a different health plan during Annual Enrollment, no further action is needed.

**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).*

- UniCare Basic Members
 - Members living outside of New England (MA, CT, RI, ME, VT) will be automatically enrolled in a new plan offered through Harvard Pilgrim, the Access America PPO. This will offer members access to a larger network of providers, particularly in Florida. This plan replaces UniCare Basic for those members outside of New England.
 - Members living within New England or Internationally - UniCare Basic with CIC and without CIC will be enrolled in UniCare Total Choice.
- AllWays Health Partners has changed its name to Mass General Brigham Health Plan, and their GIC health plan has been designated as a broad network plan, available to residents throughout Massachusetts. As a result, the AllWays Complete HMO plan has been renamed the Mass General Brigham Health Plan Complete

Medicare Plan Changes

- UniCare Medicare Extension OME (with or without CIC) members will no longer have to pay separately for CIC coverage. This plan will simply be called UniCare Medicare Extension.
- Tufts Medicare Complement Plan is no longer available to members. Members who were in that plan may select a new Medicare plan, and if no action is taken, they will be default enrolled in the Harvard Pilgrim Medicare Enhance plan.
- No changes for Tufts Health Plan Medicare Preferred (Medicare Advantage) or Health New England Medicare Supplement

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, 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-1MUN)* 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-1MUN)* 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-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)*.

GIC Enrollment Requirements

All GIC enrollment forms must be received in the Benefits Office no later than Wednesday, May 3, 2023 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 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 3, 2023 (4:00PM EST) deadline still applies even if your form has been returned to you.**

Cigna Dental & Vision

New Plans Available starting July 1, 2023

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. **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 now offering two (2) new Dental plans for FY2024:

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

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

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

Flexible Spending Accounts (FSA)

AmeriFlex by Colonial Life

The City has partnered with AmeriFlex as the new 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.

	<u>Annual Minimum</u>	<u>Annual Maximum</u>
Health Care Accounts	\$300	\$3,050
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, 2023 through June 30, 2024.

Email FSA Forms to 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.

Please note that American Fidelity will no longer be offering Supplemental Benefits or Health & Dependent Care Flexible Spending Accounts to City of Springfield and Springfield Public Schools employees effective July 1, 2023. Employees may contact Colonial Life or Trustmark to enroll in Supplemental benefits.

Guardian 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.

Friendly Reminders

Payroll deductions – All Open enrollment changes are effective July 1st. Health and Dental insurance deductions with the New Fiscal Year 2024 rates begin in June. Deductions for FSA begin in July or your first paycheck of Fiscal Year 2024.

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

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



Non-Medicare Insurance Rates for Active Employees & Retirees (Rates begin June 2023 for July 1st Coverage)

Plan Name	Coverage	52 Weeks	26 Weeks	22 Weeks	Monthly
Cigna Dental/Vision Plan - Base DPO4	Individual	1.63	3.27	3.86	7.08
	Family	3.78	7.56	8.94	16.39
Dental Buy-Up DPOB	Individual	2.76	5.52	6.52	11.95
<i>*Supplemental paid by EE/RET</i>	Family	6.92	13.85	16.36	30.00
Narrow Network Dental/Vision DHMO Q5100	Individual	1.51	3.03	3.58	6.56
	Family	3.27	6.54	7.73	14.16
Health New England	Individual	42.40	84.81	100.23	183.75
	Family	101.40	202.80	239.67	439.40
UniCare Community Choice	Individual	39.04	78.09	92.28	169.19
	Family	96.30	192.60	227.61	417.29
Harvard Pilgrim Quality	Individual	41.62	83.23	98.36	180.33
	Family	105.53	211.07	249.44	457.31
UniCare Plus	Individual	51.00	102.00	120.54	221.00
	Family	121.04	242.07	286.09	524.50
Mass General Brigham Complete	Individual	51.49	102.98	121.70	223.13
	Family	135.72	271.43	320.78	588.11
Harvard Pilgrim Explorer	Individual	56.33	112.66	133.15	244.11
	Family	139.20	278.41	329.03	603.22
UniCare Total Choice	Individual	77.79	155.59	183.88	337.11
	Family	172.11	344.21	406.80	745.80
Harvard Pilgrim Access America	Individual	68.10	136.20	160.96	295.10
	Family	151.68	303.35	358.51	657.26

- Dental Buy-Up DPBO deductions are in addition to your Cigna Dental/Vision Base DPO4 Plan deductions. The City does not contribute to the Buy-up portion of the plan.
- Please see the **Health Insurance Plan Changes Spreadsheet** for plan information as service areas, carriers, and plans have changed.



Medicare Insurance Rates for Retirees

(Rates begin June 2023 for July 1st Coverage)

Plan	Coverage	Monthly	Health + Dental
Cigna Dental/Vision Plan - Base DPO4	Individual	7.08	
	Family	16.39	
Dental Buy-Up DPOB	Individual	11.95	
<i>*Supplemental paid by EE/RET</i>	Family	30.00	
Narrow Network Dental/Vision DHMO Q5100	Individual	6.56	
	Family	14.16	
UniCare Medicare Extension	Individual	106.28	113.36
	Family	212.56	228.95
Health New England Medicare Supplement Plus	Individual	107.57	114.66
	Family	215.15	231.54
Harvard Pilgrim Medicare Enhance	Individual	105.46	112.54
	Family	210.92	227.31
Tufts Health Plan Medicare Preferred	Individual	88.19	95.26
<i>*Medicare Advantage Product</i>	Family	176.38	192.77

- Dental Buy-Up DPBO deductions are in addition to your Cigna Dental/Vision Base DPO4 Plan deductions. The City does not contribute to the Buy-up portion of the plan.
- Please see the **Health Insurance Plan Changes Spreadsheet** for plan information as service areas, carriers, and plans have changed.

Health Insurance Plan Changes

For Benefits Effective July 1, 2023 – June 30, 2024

NON- MEDICARE

	FY2024 SERVICE AREA	FY2023 HEALTH PLAN	FY2024 HEALTH PLAN*
Plans that are changing this year	National (Outside New England)	UniCare State Indemnity Plan - Basic (w/ or w/out CIC)	Harvard Pilgrim Health Care - Access America
	New England and International Residents	UniCare State Indemnity Plan - Basic (w/ or w/out CIC)	UniCare State Indemnity Plan - Total Choice
	New England	Tufts Health Plan - Navigator	Harvard Pilgrim Health Care - Explorer POS
		Harvard Pilgrim Health Care - Independence	Harvard Pilgrim Health Care - Explorer POS
	All of Massachusetts	AllWays Health Partners - Complete HMO	Mass General Brigham Health Plan - Complete HMO
	Most of Massachusetts (See Locator Insurance Map on page 6)	Harvard Pilgrim Health Care - Primary Choice	Harvard Pilgrim Health Care - Quality HMO
		Tufts Health Plan - Spirit	Harvard Pilgrim Health Care - Quality HMO
			UniCare State Indemnity Plan - Community Choice (Barnstable county only)
	FY2024 SERVICE AREA	FY2023 HEALTH PLAN	FY2024 HEALTH PLAN*
Plans that aren't changing this year	New England	UniCare State Indemnity Plan - Plus	UniCare State Indemnity Plan - Plus
	Most of Massachusetts (See Locator Insurance Map on page 6)	UniCare State Indemnity Plan - Community Choice	UniCare State Indemnity Plan - Community Choice
	Western Massachusetts	Health New England - HMO	Health New England - HMO

MEDICARE

Plans that are changing this year	National	UniCare State Indemnity Plan - Medicare Extension OME (w/ or w/out CIC)	UniCare State Indemnity Plan - Medicare Extension
		Tufts Health Plan - Medicare Complement	Harvard Pilgrim Health Care - Medicare Enhance
	FY2024 SERVICE AREA	FY2023 HEALTH PLAN	FY2024 HEALTH PLAN*
Plans that aren't changing this year	National	Harvard Pilgrim Health Care - Medicare Enhance	Harvard Pilgrim Health Care - Medicare Enhance
		Health New England - Medicare Supplement	Health New England - Medicare Supplement
	Most of Massachusetts	Tufts Health Plan - Medicare Preferred	Tufts Health Plan - Medicare Preferred

* See Benefits-at-a-Glance page in the GIC Benefit Guides for detailed copay and deductible information.

Summary of Benefits Cigna Health and Life Insurance Company



Cigna Vision City of Springfield, Massachusetts 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)			
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.			
<ul style="list-style-type: none"> 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***: <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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 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. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request. 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.

Cigna Dental Benefit Summary

City of Springfield, Massachusetts – DPO4

Plan Renewal Date: 07/01/2023



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.**

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 & 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 submitted amounts 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 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*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. 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 the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible 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/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.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> Procedures and services not included in the list of covered dental expenses; Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet; Restorative: onlays; crowns; Periodontics: bite registrations; splinting; Prosthodontics: bridges, dentures or any related services; Implants: implants or implant related services; prosthesis over implants; Orthodontics: orthodontic treatment; 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; Athletic mouth guards; Services performed primarily for cosmetic reasons; Personalization or decoration of any dental device or dental work; 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.

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.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna under Dental Forms](#).

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.

Cigna Dental Benefit Summary

City of Springfield, Massachusetts - DPOB

Plan Effective Date: 07/01/2023



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.

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlusSM** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
WellnessPlusSM Progressive Maximum Benefit: When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	Year 1: \$1,000 Year 2: \$1,100 Year 3: \$1,200 Year 4 & Beyond: \$1,300		Year 1: \$1,000 Year 2: \$1,100 Year 3: \$1,200 Year 4 & Beyond: \$1,300	
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 Repairs: dentures Denture Relines, Rebases and Adjustments	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$1,500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible

Benefit Plan Provisions:	
<i>In-Network Reimbursement</i>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
<i>Non-Network Reimbursement</i>	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.
<i>Cross Accumulation</i>	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.
<i>Calendar Year Benefits Maximum</i>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<i>Calendar Year Deductible</i>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<i>Late Entrant Limitation Provision</i>	Payment will be reduced by 50% for Class III and IV services for 12 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.
<i>Pretreatment Review</i>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<i>Alternate Benefit Provision</i>	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.
<i>Oral Health Integration Program®</i>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. 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 the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
<i>Timely Filing</i>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	Teeth missing prior to coverage effective date are not covered.
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.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
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 12 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Restorative: fillings	Includes composite fillings on all teeth.

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 Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: bite registrations; splinting;
- Prosthodontic: precision or semi-precision attachments;
- Implants: implants or implant related services;
- 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;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- 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.

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.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Dental Forms.

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DENTAL INSURANCE THAT FITS



Cigna Dental Care Plan¹

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND HEALTH SERVICES AGREEMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Regular dental care is important for a healthy smile. And a healthy body. With the Cigna Dental Care® plan, you get comprehensive dental coverage that's easy to use. At a wallet-friendly price. Now that's something to smile about.

This overview shows you a sampling of covered services. And what your plan pays. For a full listing of covered services, please call Customer Service at **800.Cigna24 (800.244.6224)**.

Get the most value from your plan

With your Cigna Dental Care plan, some preventive services are covered at 100%. (See chart below.) Your plan also covers many other dental services that help your mouth stay healthy.

Your Cigna Dental Care plan is a coinsurance plan. Here's how it works. When you get a dental service, Cigna allows your network dentist to charge a certain amount. Then you pay a percentage of that cost, in addition to any allowable charge for upgraded materials such as CAD/CAM services or complex rehabilitation. And your plan pays the rest.

Review your plan materials for more information about how your plan works. If you have questions before enrollment, call **800.Cigna24 (800.244.6224)** and select the "Enrollment Information" prompt.

CIGNA DENTAL CARE NETWORK BENEFITS	IN-NETWORK ONLY
Calendar Year Maximum (Class I, II, III, IV, V and IX expenses)	No Dollar Maximum
Annual Deductible (Individual, Family)	None
Reimbursement Levels	Based on Reduced Contracted Fees
Plan Pays	
Class I – Preventive Oral Exams, Routine Cleanings, Full Mouth X-rays, Bitewing X-rays, Panoramic X-ray, Periapical X-rays, Fluoride Application, Sealants, Space Maintainers, Emergency Care to Relieve Pain, Local Anesthesia.	100%
Class II – Basic restorative Fillings, Root Canal Therapy/Endodontics – all except Molar Root Canal, Periodontal Scaling and Root Planing, Denture Adjustments and Repairs, Oral Surgery – Simple Extractions, Repairs to Crowns, Surgical Extractions – Soft Tissue Impacted Tooth Removal, IV Sedation and General Anesthesia.	100%
Class III – Major restorative* Crowns, Stainless Steel Crowns, Inlays/Onlays, Prosthesis Over Implant, Removable Dentures, Bridges Oral Surgery – all except simple extractions, Osseous Surgery, Molar Root Canal, Bony Impacted Tooth and Partial Tooth Removal.	50%
Class IV – Orthodontia	50%
Orthodontia lifetime maximum	1 treatment per lifetime
Class V – Temporomandibular Joint (TMJ)	50%
TMJ lifetime maximum	NA
Class IX – Surgical implants/Annual deductible	50%
Surgical implants lifetime maximum	No dollar maximum
Missing tooth limitation	None

*The coinsurance for fixed and removable restorations (crowns, bridges, implant/abutment supported prosthetics, complete and partial dentures) do not include additional charges for material upgrades such as CAD/CAM services or complex rehabilitation. Any additional allowable charge for these upgrades is the patient's responsibility as specifically outlined in your Patient Charge Schedule. For questions regarding these charges you may contact Customer Service at 800.Cigna24 (800.244.6224). Please refer to your PCS for full details.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company or its affiliates.

Smile. You're covered.

- › **Preventive care** – cleanings, fluoride, sealants, bitewing X-rays, full mouth X-rays and more
- › **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam)
- › **Major services** – crowns, bridges, dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease, and more
- › **Orthodontic care** – braces for children and adults
- › **General anesthesia** – when medically necessary
- › **Teeth whitening** – using take-home bleaching trays and gel
- › **Temporomandibular joint (TMJ)** – diagnosis and treatment, including cone beam x-ray and appliance
- › **Athletic mouth guard** – including creation and adjustments
- › **Dental implant surgery** or services associated with placement, repair, removal or restoration of a dental implant

More about your coverage

- › **No deductibles or waiting periods.** You don't have to reach an out-of-pocket cost before your insurance starts.
- › **No dollar maximums.** Your coverage isn't limited by a dollar amount.
- › **Network dentists file claims for you.** No paperwork for you.
- › **No age limit on sealants.** Helps prevent tooth decay.
- › **Cancer detection.** Your plan covers procedures such as biopsy and light detection to help find oral cancer in its early stages.
- › **24/7 access to dental information line.** Trained professionals can help answer your questions about dental treatment and clinical symptoms.
- › **Cigna Identity Theft Program.**² Help resolving critical identity theft issues.
- › **Cigna Dental Oral Health Integration Program®.** Enhanced dental coverage for customers with certain medical conditions who enroll in this program.

Choosing a Dentist

- › You must choose a network general dentist to manage your overall care. You won't be covered if you go to a dentist who's not in our network.³
- › Each family member can choose their own dentist
- › Referrals are required for specialty care services, except for pediatric dentists for children under 13 and orthodontics.*

Finding a network dentist is easy.

Visit [Cigna.com](https://www.cigna.com) to find a network general dentist.

Call 800.Cigna24 (800.244.6224) to speak with a customer service representative. You can ask for a customized dental directory to be sent to you via email.

* Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from a network general dentist.

Exceptions

PROCEDURE	LIMIT
Prophylaxis (cleanings)	Two per calendar year (Additional cleanings covered with a copay of \$40 (adult) and \$30 (child))
Fluoride	Two per calendar year (Additional fluoride applications covered with a \$15 copay)
Exams	Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
X-rays (non-routine)	Full mouth: 1 every 3 calendar years Panorax: 1 every 3 calendar years
Periodontal root planing and scaling	Limit 4 quadrants per consecutive 12 months
Periodontal Maintenance	Limited to 4 per year and (Only covered after active periodontal therapy)
Crowns and inlays	Replacement 1 every 5 years
Bridges	Replacement 1 every 5 years
Dentures and partials	Replacement 1 every 5 years
Orthodontic treatment	Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient
Relines, rebases	One every 36 months
Denture adjustments	Four within the first 6 months after installation

Exceptions

PROCEDURE	LIMIT
Prosthesis over implant	Replacement 1 every 5 years if unserviceable and cannot be repaired
Surgical placement of implant	Surgical Placement of Implants (D6010, D6012, D6040, and D6050) have a limit of 1 implant per calendar year with a replacement of 1 per 10 years
TMJ treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One per 12 months
General anesthesia/IV sedation	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the PCS. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment.

Listed below are the services or expenses which are NOT covered under your Dental plan. You will be responsible for these services at the dentist's usual fees. There's no coverage for:

- Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit
- Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- Services received to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- Services for the charges which the person is not legally required to pay
- Charges which would not have been made if the person had no insurance
- Services received due to injuries which are intentionally self-inflicted
- Services not listed on the PCS
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)³
- Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war⁴
- Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- Consultations and/or evaluations associated with services that are not covered
- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- General anesthesia or IV sedation when used for the purpose of anxiety control or patient management
- Prescription medications
- Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction
- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- Any services related to surgical implants, including placement, repair, maintenance, removal, and implant abutment(s) unless specifically listed on your PCS
- Services considered unnecessary or experimental in nature or do not meet commonly accepted dental standards
- Procedures or appliances for minor tooth guidance or to control harmful habits
- Services and supplies received from a hospital
- Services to the extent you or your enrolled dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy.⁵
- The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage⁶
- The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your PCS⁶
- Infection control and/or sterilization
- The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement

- Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- Services performed by a prosthodontist
- Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service
- The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- Services to correct congenital malformations, including the replacement of congenitally missing teeth
- The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- Crowns, bridges and/or implant supported prosthesis used solely for splinting
- Resin bonded retainers and associated pontics
- As to orthodontic treatment: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment.

If any law requires coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) does not apply.

This document outlines the highlights of your plan. For a complete list of both covered and non-covered services, including benefits required by your state, see your official plan documents (the Group Contract and Plan Booklet/Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage). If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.



1. "Cigna Dental Care" is the brand name used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care (including Dental HMO) plans, and plans with open access features. Cigna Dental Care plans are not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.
2. **This is NOT insurance and does not provide for reimbursement of financial losses.** The Cigna Identity Theft Program is provided under a contract with Generali Global Assistance. Full terms, conditions and exclusions are contained in the client program description.
3. **Minnesota residents:** You must visit your selected network dentist in order for the charges on the PCS to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the PCS will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. Of course, you'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Services for more information.
Oklahoma residents: Cigna Dental Care is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the PCS will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. Of course, you'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Services for more information.
4. **Oklahoma residents:** This exclusion is replaced by the following: War or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
5. **Arizona and Pennsylvania residents:** This exclusion does not apply. **Kentucky and North Carolina residents:** Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. **Maryland residents:** Services compensated under group medical plans are not excluded.
6. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636**, Florida Statutes, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK - HP-POL115; TN - HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



Cigna Dental Enrollment / Change Form

Please print and thank you for providing this information

A	Cigna Account No. 3316064	Effective Date of Add/Change July 1 st , 2023	Employer Name City of Springfield, Massachusetts	Employer Address 36 Court Street, Room #118, Attention Diana Mielowski, Springfield, MA 01103
	<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Reinstate <input type="checkbox"/> Cancel	Type of Change <input type="checkbox"/> Add Dependent(s)* <input type="checkbox"/> Cancel Employee <input type="checkbox"/> Cancel Dependent(s)* <input type="checkbox"/> Address Change <input type="checkbox"/> Transfer to COBRA <input type="checkbox"/> 18 mos. <input type="checkbox"/> 29 mos. <input type="checkbox"/> 36 mos. *List names in Section B	Branch Code <input type="checkbox"/> ACTIVE <input type="checkbox"/> COBRA	Dental/Vision Benefit Option <input type="checkbox"/> DENTAL PPO BASE <input type="checkbox"/> DENTAL PPO BUY-UP <input type="checkbox"/> DENTAL DHMO BUY-UP

B	Employee Name (<i>last</i>)						(<i>first</i>)	(<i>M.I.</i>)	Social Security No.
	Employee Date of Birth		Home Phone		Work Phone		Home E-Mail Address		
	Address (<i>Street</i>)		(City)		(State)		(Zip Code)		
	Last Name	First Name	M.I.	Dependent SSN	Date of Birth	Gender	Coverage	Dental Prov. ID (DHMO Only)	
	Employee Same As Above			Same As Above	Same As Above	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision		
	Spouse (whom you wish to cover)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision		
	Dependent (whom you wish to cover)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision		
	Dependent (whom you wish to cover)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision		

Signature – The information provided above is true and correct to the best of my knowledge.			
C	<table border="1"> <tr> <td>Employee's Signature/ Date</td> <td>Employer's Signature / Date</td> </tr> </table>	Employee's Signature/ Date	Employer's Signature / Date
Employee's Signature/ Date	Employer's Signature / Date		

Cigna Provisions

- "Cigna" refers to various operating subsidiaries of Cigna Corporation. Products and services provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, Cigna Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
- I agree, for myself and my dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person to fully inform the healthplan and will execute such assignments, liens or other documents which may be necessary to enable the healthplan to recover the value of the services provided. I further agree that in the event I or any of my dependents collect benefits or damages from any other party who has primary responsibility for services provided by the healthplans I will immediately reimburse the healthplan to the extent of services provided to the extent permitted by state law.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading information concerning any material fact thereto commits a fraudulent insurance act.

AUTHORIZATION TO DEDUCT CONTRIBUTIONS

I authorize deductions from my earnings of the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

SPECIAL PROVISION FOR EMPLOYERS WITH SECTION 125 PLANS

By allowing an individual to enroll in the Insurance Plan other than during the open enrollment period, CIGNA HealthCare or Connecticut General Life Insurance Company does not waive any terms of its contract. Further, by allowing an individual to enroll in the Insurance Plan other than during the open enrollment period, CIGNA HealthCare or Connecticut General Life Insurance Company does not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer's Section 125 plan.

City of Springfield MA

FY2024 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 5, 2023 and ends May 3, 2023 @ 4:00PM EST, or **within 10 days** after your first day of employment. Forms submitted after these deadlines time will not be accepted. **These elections remain in effect from July 1, 2023 through June 30, 2024.** 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 (52 / 26 / 22). 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 \$3,050; 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: Insurance Department
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](#), 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 AmeriFlex by Colonial Life. Reach out to AmeriFlex via chat (www.myameriflex.com) or phone (888-868-3539) or email (service@myameriflex.com).

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

Revised 10/2022

Coverage	52/26 Week (12 Months)	22 Week (10 Months)	Retiree (12 Months)
Basic Life Insurance	\$1.630	\$1.956	\$4.210
Child Life Insurance	\$1.700	\$2.040	\$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

City of Springfield Benefits Vendors

Aflac	Customer Service	800-992-3522	www.aflac.com/cityofspringfield
AmeriFlex	Plan Support	888-868-3539	www.ColonialLifeNewEngland.com
Bencor	Service Center Mark Jones	866-296-9712 413-297-4635	www.bencorplans.com
Cigna - Dental & Vision Insurance	Plan Support	800-244-6224	www.mycigna.com
Colonial Life	Kimberly Cunningham	401-596-1510	https://coloniallife.rivs.com/schedule
Employee Assistance Program - ESI Group	Plan Support	800-535-4841	www.theEAP.com
Group Insurance Commission (GIC)	Plan Support	617-727-2310	https://www.mass.gov/orgs/group-insurance-commission
GIC Assistance Program - Mass4You	Plan Support	844-263-1982	www.liveandworkwell.com
Guardian Life Insurance	Plan Support Mark Boardman	888-600-1600 413-357-9900	www.guardiananytime.com
Purchasing Power		888-923-6236	www.purchasingpower.com/?domain=springfield-ma
Smart Plan Deferred Compensation	Plan Support Dan Moroney	877-457-1900 413-335-0542	www.mass-smart.com dan.moroney@empower-retirement.com
Springfield Parking Authority (SPA)	Main Office	413-787-6118	http://springfieldparkingauthority.com/
Trustmark	Customer Support Policy Cancellation Michael Jenks	800-918-8877 Option# 0 800-445-4493 ext. 113 508-497-3930 ext. 131	mfj@pwb-mmip.com
City of Springfield <i>Employee Benefits Department</i> 36 Court St., Room 18 Springfield, MA 01103	Office Hotline Fax	413-787-6055 413-787-6010	https://www.springfield-ma.gov/hr/benefits@springfieldcityhall.com

GIC Health Insurance Vendors

AllWays Health Partners (MGB Health Plan)		866-567-9175	https://allwayshealthpartners.org/gic-members
Harvard Pilgrim Health Care		800-542-1499	www.harvardpilgrim.org/gic
Health New England (HNE)		800-842-4464	www.hne.com/gic
Tufts Health Plan (THP) Tufts Medicare Products		800-870-9488 888-333-0880	www.tuftshealthplan.com/gic
UniCare State Indemnity Plan		800-442-9300	www.unicarestateplan.com

Prescription Drug Coverage (Rx)

Express Scripts *Ending 6/30/2023*	Non-Medicare	855-283-7679	www.express-scripts.com/gicRx
CVS Caremark *Beginning 7/1/2023*	Non-Medicare	877-876-7214	https://info.caremark.com/oe/gic
CVS SilverScript	Medicare	877-876-7214	www.gic.silverscript.com

Additional Resources

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