



April 1, 2023

Dear City of Springfield Retiree:

The City's annual health insurance open enrollment is once again upon us. Open Enrollment will begin on **Wednesday, April 5, 2023 and continue until Wednesday, May 3, 2023 at 4:00PM EST**. During this time you have the opportunity to enroll in new benefits or make changes to your current health plan. We will continue to offer comprehensive health plans, including dental and vision, to all of our retirees at 25% of the full premium cost. There are many changes to Health and Dental/Vision plans the year, so please review this packet, and the Decision Guide from the Group Insurance Commission (GIC) carefully, to make the most informed decisions for yourself and your family.

GIC Benefits Highlights for Fiscal Year 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.
- 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

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

For your convenience, we have included a rate sheet in this packet that details your actual GIC health plan deductions and your dental/vision plan through Cigna. Additional information regarding the health plans can be found on the GIC website at <https://www.mass.gov/gic>.

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. **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 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.

Life Insurance

The City of Springfield currently offers a Basic Life Insurance policy (\$2,000) and a Supplemental (Optional) Life Insurance benefit through Guardian Life Insurance. You needed to enroll in this program when you were an active employee in order to participate. Supplemental insurance reduces in volume at ages sixty-five (65) and seventy (70) before terminating at age seventy-five (75). **If you haven't updated your beneficiary information in a while, please contact us to update your information.**

Health Enrollment Requirements

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

If you are enrolling for the first time, or if you are changing your health plan, you must complete the *GIC Retiree/Survivor Enrollment/Change Form (Form-RS)* and return it, along with any supplemental documentation, to the Benefits Office. All enrollment documents must be received by the Benefits Office **no later than Wednesday, May 3, 2023 at the close of business (4:00PM EST)**. **All GIC health insurance forms can be completed and signed electronically if you prefer; otherwise, paper forms require a wet signature; no copies, emails, or faxes are allowed at this time.**

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** be able to process incomplete forms until all information is complete. **Please note the May 3, 2023 deadline still applies even if your form has been returned to you.**

Canceling Coverage or Dropping Dependent(s)

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

Friendly Reminders

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

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

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

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

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

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

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

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

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

- Dependent child turns age 26
- Spouse to ex-spouse
- Spouse turns 65
- Dependent passes away
- You remarry (for retirees only, does not include Surviving Spouses)

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

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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; 			

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.			

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

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.

City of Springfield Benefits Vendors

Aflac	Customer Service	800-992-3522	www.aflac.com/cityofspringfield
AmeriFlex	Plan Support	888-868-3539	www.service@myameriflex.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.unicarestatementplan.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

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P.O. Box 14334
Lexington, KY 40512

Beneficiary Designation/ Change Form

PLEASE TYPE or PRINT CLEARLY. (The entire form, properly completed, signed and dated by the Insured, must be submitted or the changes cannot be processed.)

EMPLOYER/PLANHOLDER NAME: City of Springfield	GROUP NUMBER 459295
EMPLOYEE NAME (LAST, FIRST, M.)	SOCIAL SECURITY #
EMPLOYEE HOME ADDRESS (STREET, CITY, STATE, ZIP)	

I AUTHORIZE Guardian or my employer to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable employee benefits plan.
(PLEASE COMPLETE THE APPROPRIATE SECTIONS ONLY.)

BENEFICIARY INFORMATION: (Complete to designate a beneficiary or change the beneficiary designation); Include full proper name, relationship and social security number of proposed beneficiary(s) - i.e. Mary A. Doe, and relationship - i.e. husband, wife, friend, son, daughter.

Primary: 1) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
2) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
Contingent: 1) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
2) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		

If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Plan.

SIGNATURE OF INSURED	SIGNATURE OF WITNESS (SOMEONE OTHER THAN BENEFICIARY)	DATE
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Community Property State Consent for Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married and live in a community property state your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the insured Employee's spouse, I am aware that my spouse, the Employee named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such life insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____

ALL SIGNATURES MUST BE IN INK

CHANGE IN BENEFICIARY'S NAME (Complete only if the name has been legally changed.)

FROM (WAS)	TO (NOW IS)	SOCIAL SECURITY #	DATE
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CHANGE IN INSURED'S NAME (Complete only if the name has been legally changed.)

FROM (WAS)	TO (NOW IS)	SOCIAL SECURITY #	DATE
------------	-------------	-------------------	------

SIGNATURE OF INSURED	DATE
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ANY CHANGES IN DEPENDENT STATUS AND/OR NAME OF INSURED SHOULD BE REPORTED TO THE GROUP FIELD SUPPORT DEPARTMENT ON THE APPROPRIATE FORM

THIS SECTION TO BE COMPLETED BY GUARDIAN/or THE PLANHOLDER ONLY.

This is to certify that the following changes have been recorded in connection with the insurance for the above named insured.

☐ The BENEFICIARY has been changed ☐ The NAME of the BENEFICIARY has been changed ☐ New Employee

Recorded by _____ Date _____