



City of Somerville

FY2018



Information

April 5 – May 3, 2017

Benefits Effective July 1, 2017



Welcome to the City of Somerville FY2018 Open Enrollment! The benefits described in this booklet are some of the benefits offered by the City of Somerville to benefits eligible employees.

Eligibility

You are eligible for benefits if you are an active employee in the United States working a minimum of 20 hours per week. The date you are eligible for coverage is the day after you complete the waiting period.

All Open Enrollment communication can be found on the City of Somerville Open Enrollment website at <http://www.somervillema.gov/openenrollment>.

Open Enrollment will begin on April 5th and ends on May 3rd, 2017.



Health Insurance

The Group Insurance Commission (GIC) has new premium rates for FY2018. The employee contribution rates will remain at 20% for the HMO, PPO & POS plans. Indemnity plans will also hold the current employee contribution rate of 25%.

The GIC has also made health plan benefit changes for FY2018. It is important that you review the health plan benefit changes that were made to ensure you understand any impact the changes may have on your current GIC health insurance plan. You may visit the GIC website at <http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/benefit-enrollment/annual-enrollment-options-for-municipal-members.html> to review changes.

Please note some of the major benefit changes below as stated in the Benefit Decision Guide published by the Group Insurance Commission:

New Prescription Drug Fiscal Year Deductible

There will be a new separate prescription drug deductible of \$100 individual/\$200 family for all health plans except Fallon Health Direct and Select. Oral chemotherapy and preventive care medications covered under the Affordable Care Act will not be subject to the deductible.

Fiscal Year Medical Deductible

The fiscal year deductible will increase to \$500 individual/ \$1,000 family (regardless of family size). For the Fallon Health Direct and Select plans, the deductible will increase to \$550 individual/\$1,100 family.

Health Plans Closed to New Members

*Due to concerns about significant premium increases and spending beyond those premium rates, **Fallon Health Select Care, Harvard Pilgrim Independence Plan, and Tufts Health Plan Navigator** will be closed to new members:*

- *Existing members can stay in or leave these plans and can change their coverage (e.g., individual to family) within 60 days of a qualifying event; however,*
- *New employees joining the GIC cannot enroll in these plans;*
- *Individuals who are picking up GIC health insurance coverage during Annual Enrollment or within 60 days of a qualifying event cannot enroll in these plans; and*
- *Existing GIC members currently enrolled in other health plans cannot switch into these plans.*

Medication-Assisted Treatment

There will no longer be any copayments or prior authorization for Medication-assisted Treatment for opioid use disorder (generic buprenorphine-naloxone, naloxone, and naltrexone products). These drugs will also not be subject to the prescription drug deductible.

Harvard Pilgrim Independence and Primary Choice Plans

- *The prescription drug formulary for these plans will change to a closed formulary similar to*

the other plans. This means certain prescription drugs will be excluded from coverage, but will have alternatives available that are more cost effective.

- *Physician office visit and hospital tiering will change to one based on provider group value instead of individual performance. This could affect your copays. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.*

Harvard Pilgrim Independence Plan/Tufts Health Plan Navigator

- *Will implement Primary Care Provider (PCP) tiering based on provider group value: \$10 Tier 1/\$20 Tier 2/\$40 Tier 3. Contact the plan to find out which tier your PCP is in.*
- *The outpatient behavioral health/substance use disorder office visit copay will decrease to \$10 per visit.*
- *The out-of-network deductible will increase to \$500 per individual and \$1,000 per family.*

Tufts Health Plan Navigator and Spirit

- *Physician office visit and hospital tiering will change to one based on provider group value instead of individual performance. This could affect your copays. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.*

Unicare State Indemnity Plan/Basic and Community Choice

- *The telehealth benefit already available to UniCare PLUS members will be expanded to these two plans: \$15 copay/ telehealth visit.*

Unicare State Indemnity Plan/Plus

- *The out-of-network deductible will increase to \$500 per individual and \$1,000 per family.*

Please refer to the [GIC Benefit Decision Guide](#) for complete information on health benefit plan changes.

When evaluating the plans, please also reference the [Summary of Benefits and Coverage](#) for each health plan.

Health Fair Listing for the Group Insurance Commission (GIC)

Please feel free to attend the posted GIC Health Fairs in your area. You may visit the GIC website for further details at <http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/benefit-enrollment/gic-health-fair-schedule.html>

IMPORTANT: Declining Health Insurance

If you will not be enrolled in the City's Health Insurance in FY2018, you will be required to complete the Health Insurance Responsibility Disclosure (HIRD) form and return it to Personnel by Wednesday, May 3rd.

Note that this is an annual requirement.

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2017
FOR THE **CITY OF SOMERVILLE** ENROLLEES

INCLUDING THE .35% ADMINISTRATIVE FEE

Active Employees, Retirees and Survivors without Medicare

	Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	20%	110.93	266.24
Fallon Health Select Care	20%	147.42	353.78
Harvard Pilgrim Independence Plan	20%	164.85	402.22
Harvard Pilgrim Primary Choice Plan	20%	124.14	302.91
Health New England	20%	109.63	271.80
NHP Prime (<i>Neighborhood Health Plan</i>)	20%	110.81	293.65
Tufts Health Plan Navigator	20%	145.77	355.69
Tufts Health Plan Spirit	20%	110.66	266.39
UniCare State Indemnity Plan/Basic with CIC (<i>Comprehensive</i>)	25%	259.70	607.64
UniCare State Indemnity Plan/Basic without CIC (<i>Non-Comprehensive</i>)	25%	247.95	580.38
UniCare State Indemnity Plan/Community Choice	20%	104.12	249.90
UniCare State Indemnity Plan/PLUS	20%	138.64	331.23

Retirees and Survivors with Medicare

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
Health Plan	%	\$
Fallon Senior Plan*	20%	67.24
Harvard Pilgrim Medicare Enhance	25%	105.77
Health New England MedPlus	20%	78.97
Tufts Health Plan Medicare Complement	20%	76.46
Tufts Health Plan Medicare Preferred*	20%	60.21
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (<i>Comprehensive</i>)	25%	95.16
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (<i>Non-Comprehensive</i>)	25%	92.48

**Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2018.*

Rates are calculated by the City of Somerville Human Resources Department

**RATE QUESTIONS?
CALL PERSONNEL: 617-625-6600 x3324**

March 10, 2017



Health Insurance Opt Out Program

For those employees who are eligible for and choosing the Health Insurance Opt out Program, please ensure you complete all the appropriate forms and documentation by May 3rd to enroll in the program as of July 1, 2017. *****If you are part of a bargaining unit, please find below the list of bargaining units who are currently eligible for the program:***

All City Non-bargaining Unit Employees

Units "A", "B" and "D" of the Somerville Municipal Employees Association (SMEA)

NCFO-Local3 – School Custodians

Somerville Police Superior Officers Association

Somerville Fire Fighters Local 76 Suppression

Somerville Fire Alarm Unit

Somerville Police Employees Association (SPEA)

SEIU Local 888 (E-911)

All School Non-bargaining unit employees

Somerville Clerical Employees, AFSCME, Council 93, Local 2070

Somerville Cafeteria Employees, AFSCME, Council 93, Local 274

Scale Program Administrators Association, UAW, Local 1596

Community Schools Employees, UAW, Local 1596

Somerville Administrators Association

In order to be eligible an individual must be an employee who is eligible for benefits:

- a. who was receiving or had elected health insurance benefits from the City on or before January 1, 2016; and
- b. is currently receiving health insurance from the City;

If a new employee (hired after January 1, 2016) is hired and he/she elects to take City-provided health insurance, within thirty (30) days of the date of their hire, they may participate in this program subject to its terms, including paragraph 1, above; excluding term a and was enrolled and receiving City health insurance for the entire period of the previous fiscal year (July 1st through June 30th, inclusive);

The City will pay an employee covered by this program no less than the following annual amounts, based on twelve (12) months of participation in the program.

a. Single Plan: \$2,000.00

b. Family Plan: \$4,000.00

Please refer to the Health Insurance Opt Out Policy for further information.



Dental Insurance

Your dental insurance benefits will continue to be provided by Delta Dental with the Low and High Plan options. The dual plan design allows for more affordable coverage for employees. The dental rates for FY2018 have increased by 7%.

The City of Somerville Dental Plans

The City of Somerville's dental plans are administered by Delta Dental of Massachusetts. Your dental program combines two of Delta Dental's national dental networks – the Delta Dental PPO and Delta Dental Premier, called Delta Dental PPO Plus Premier. You may receive dental care from any dentist you choose, regardless of whether he or she participates in either the Delta Dental PPO or Delta Dental Premier network; however you will generally receive the maximum benefit at the lowest cost when you visit a dentist who is a member of the Delta Dental PPO network. These dentists have agreed to charge Delta Dental participants discounted fees for their services, which means you will normally pay less when you visit a participating dentist. Additionally, when you seek care from either a Delta Dental PPO or Delta Dental Premier network dentist there are no claim forms to complete.

Plan Summary

The City of Somerville provides you with access to a low plan and a high plan. Both provide access to preventive and basic restorative services; however, the high plan is the only plan that provides coverage for major restorative services and orthodontia for dependents under the age of 19. Both plans pay a portion of the cost of covered dental services based on the service that you receive. They offer the same level of benefits for in- and out-of-network services, but in-network dentists offer discounted fees, so your out-of-pocket expenses are usually less when you visit an in-network dentist. Other than for preventive care (Type I services), the both plans require you to satisfy an annual deductible before benefits are paid.

The low plan has a calendar year maximum benefit on all covered services of \$750, and the high plan has a calendar year maximum benefit on all covered services of \$1,500 for each covered member. In addition, the high plan covers orthodontic services for dependents up

to age 19. These services and supplies are covered at 50% and have a separate lifetime maximum of \$2,000.

If you choose to see a provider outside of the Delta Dental PPO or Delta Dental Premier networks, the both plans will pay benefits up to the maximum and allowable charge. You may also be required to pay your non-Delta Dental dentist directly for the service and then file a claim for reimbursement.

Comparison of Services

<u>Low Plan</u>	<u>High Plan</u>
<p><u>Type I Diagnostic & Preventative Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered at 100%; no deductible <input type="checkbox"/> Diagnostic Services <input type="checkbox"/> Preventive Services 	<p><u>Type I- Diagnostic & Preventative Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered at 100%; no deductible <input type="checkbox"/> Diagnostic Services <input type="checkbox"/> Preventive Services
<p><u>Type II-Basic Restorative Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered at 80% after satisfying individual deductible of \$25 or family deductible of \$75 <input type="checkbox"/> Restorative Services <input type="checkbox"/> Periodontics <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthetic Maintenance <input type="checkbox"/> Emergency Dental Services 	<p><u>Type II-Basic Restorative Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered at 80% after satisfying individual deductible of \$50 or family deductible of \$150 <input type="checkbox"/> Restorative Services <input type="checkbox"/> Periodontics <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthetic Maintenance <input type="checkbox"/> Emergency Dental Services
—	<p><u>Type III-Major Restorative Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered at 50% after satisfying individual deductible of \$50 or family deductible of \$150 <input type="checkbox"/> Dentures and Bridges <input type="checkbox"/> Crowns and Onlays
—	<p><u>Ortho Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered at 50% for dependents up to age 19; Lifetime maximum of \$2,000 per member.
<p><u>Calendar Year Maximum</u> The calendar year maximum per covered individual for Type I and Type II services combined is \$750. Once you or a covered family member has incurred a total of this amount in one calendar year, you will be responsible for the cost of all dental services for that individual for the remainder of that calendar year.</p>	<p><u>Calendar Year Maximum</u> The calendar year maximum per covered individual for Type I, Type II and Type III services combined is \$1,500. Once you or a covered family member has incurred a total of this amount in one calendar year, you will be responsible for the cost of all dental services for that individual for the remainder of that calendar year</p>

What to Do If You Have Questions about the Plan

- Call the Delta Dental Customer Service Department at 1-800-872-0500.
 - Customer service representatives are available Monday through Thursday from 8:30 a.m. until 8:00 p.m. and Friday from 8:30 a.m. until 4:30 p.m. EST; in addition, an automated voice response system is available Monday through Friday from 7:00 a.m. until 11:00 p.m. and Saturday 9:00 a.m. until 3:00 p.m. EST
- Log on to the Delta Dental website at www.deltadentalma.com.
 - Allows you to review your claims status, order an identification card, find a dentist, or check your benefits.

Enrollment

If you wish to enroll in the dental benefit through Delta, please complete the Delta Dental Enrollment form located on the Open Enrollment website and return it to Personnel for processing within the applicable time frame.



FAMILY MATTERS.
NO MATTER WHAT.

Group/Supplemental Life Insurance

Your life insurance benefits will continue with our current provider, Boston Mutual. The rates for Boston Mutual will remain as is for the upcoming year. Please refer to the Boston Mutual Benefit Summaries for further details.

Boston Mutual offers the city’s active employees working a minimum of 20 per week \$5,000 of Basic Life and Accidental Death & Dismemberment (AD&D) Insurance. Upon retirement, coverage continues at \$5,000.

In addition to offering Basic Life and AD&D Insurance. Boston Mutual offers the city’s active employees the opportunity to insure their spouse and dependent children. You must be enrolled in the Basic Life and AD&D program to enter the Voluntary Life and AD&D program.

You have the flexibility to choose coverage for yourself in units of **\$10,000** to a maximum of **\$400,000**. However, the maximum coverage amount you may elect cannot exceed five times your base annual salary.

You may insure your spouse in units of **\$5,000** to a maximum of **\$75,000**, not to exceed **50%** of your coverage amount.

You may insure your dependent children for Life Insurance only. Coverage amounts are as follows:

- o 14 days to 6 months.....**\$500**
- o 6 months to 1 year.....**\$500**
- o 1 year to 19 years*.....**\$5,000 (*Age 25 for full time students)**

Medical Questions

If you and your eligible dependents enroll within the initial eligibility period as defined by the policy, you and your spouse may purchase a specific amount of insurance on a guaranteed basis. No medical questions will be asked for coverage at or under the Guarantee Issue Amount.

Guarantee Issue Amounts

Age	Employee	Spouse
Under Age 60	\$50,000	\$15,000
Age 60-69	\$30,000	\$10,000
*Age 70 and over	\$10,000	-Not Eligible-

Enrollment

If you wish to enroll in the Group/Supplemental life insurance through Boston Mutual, please complete the Boston Mutual enrollment form located on the Open Enrollment website and return it to Personnel for processing within the applicable time frame.



Voluntary Insurance

At this time, you may review voluntary insurance coverage available to you through Colonial Life Insurance. Employees of the City of Somerville have the option to apply for supplemental insurance on a voluntary basis. This benefit offers the convenience of premium payment through payroll deduction; portability: the ability to take coverage with you if you change jobs or retires; benefit checks are paid directly to you; and flexible coverage: you choose the coverage amount and type that meets your individual needs.

Please find below a list of the coverage's available :

Disability Insurance – Replaces a portion of you or your spouse's income to help Make ends meet if you become disabled from a covered accident or covered Sickness.

Accident Insurance – Helps to offset the unexpected medical expenses, such as Emergency room fees, deductibles and copayments, that can result from a fracture, dislocation or other covered accidental injury.

Cancer Insurance – Helps to offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

Critical Illness Insurance – Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

Hospital Confinement Insurance – Provides a lump-sum benefit for a covered hospital confinement to help offset the gaps caused by copayments and deductibles that are not covered by most major medical plans.

Life Insurance – Enables you to tailor coverage for your individual needs and helps provide financial security for your family members. Term and Whole Life coverage is available.

Please contact the City's Colonial representative Garth Brown to enroll in the program. Phone: 617-293-7108, Email: garth.brown@coloniallife.com.



Long Term Disability

At this time, you may review voluntary Long Term Disability insurance coverage available to you through UNUM Life Insurance. Employees of the City of Somerville have the option to apply for long term disability insurance on a voluntary basis. This benefit offers the convenience of premium payment through payroll deductions.

Please refer to the full summary document for additional information on the LTD Plan.

Current Employees: Current employees may enroll at any time and will be required to complete an enrollment form and an evidence of insurability form. Your coverage will be medically underwritten, and will not begin until Unum determines that you qualify based on information you provide regarding your health history.

New Hires: You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. You can apply any time during the year, however, if you apply more than 31 days after your eligibility date, your coverage will be medically underwritten, and your coverage will not begin until Unum determines that you qualify based on information you provide regarding your health history.

Please see your Plan Administrator for your eligibility date.

Benefit Amount

You may purchase a monthly benefit of either 40% or 60% of your monthly earnings, but not to exceed a monthly maximum benefit of \$7,500. The definition of earnings is your current salary.

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings unless the excess amount is payable as a Cost of Living Adjustment. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).

Elimination Period

The Elimination Period is the length of time of continuous disability, due to sickness or injury, which must be satisfied before you are eligible to receive benefits.

Your Elimination Period is 90 days.

Benefit Duration

Your duration of benefits is based on your age when the disability occurs.

Plan: ADEA I: Your duration of benefits is based on the following table:

<u>Age at Disability</u>	<u>Maximum Duration of Benefits</u>
<u>Less than age 60</u>	<u>To age 65, but not less than 5 years</u>
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Federal Income Taxation You may wonder if your disability benefit amount will be taxed. It depends on how your premium-the price of your coverage-is paid.

Your premium is paid with:

Post-Tax Dollars -- your benefit amount will not be taxed.**

The disability benefit amounts you receive will be reported annually on a W-2. It will show any taxable and non-taxable portions separately.

**Post-Tax Dollars are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings. They are also dollars paid by your employer toward premium that are reported as earnings on your annual W-2 and taxed accordingly.

Enrollment

You may contact UNUM for further information at their Group Customer Contact Center with policy questions at 1-800-421-0344.

If you wish to enroll in the NEW voluntary LTD benefit through UNUM, please complete the UNUM enrollment form located on the Open Enrollment website and return it to Personnel for processing.



Vision Service Plan (VSP)

Your vision insurance benefits will continue to be provided by Vision Service Plan. The vision benefit allows you to purchase voluntary vision coverage at a relatively low cost and is 100% retiree contributory.

Note: Currently, for those employees who are enrolled in the GIC Health Insurance plans, you are offered one (1) eye exam every twenty-four (24) months and access to discounts on frames and lenses.

Enrolled members can choose to see any doctor of their choice. However benefits are maximized when received through a VSP participating doctor. Members can choose from one of 30,000 participating doctors nationwide. VSP Doctors are located in retail, neighborhood, medical and professional settings.

Copays (apply in and out of network)	
WellVision Exam:	\$10 copay
Materials:	\$25 copay

Plan Frequencies	
Exam	Once every plan year*
Lenses	Once every plan year*
Frame	Once every other plan year*

**Plan year begins July 1*

Services	Benefits with VSP Doctor	Out of Network Reimbursement
WellVision Exam:	Covered in full after copay	Reimbursed up to \$45
Frame:	-Covered up to \$150 retail allowance -20% off any amount above the retail allowance	Reimbursed up to \$70

Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered in full after copay Covered in full after copay Covered in full after copay Covered in full after copay	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$100
Contact Lenses <i>(instead of glasses)</i>	-\$150 allowance for contacts, copay does not apply -Contact lens exam (fitting & eval) covered after \$60 max copay	Reimbursed up to \$105

Additional Savings:

- Lens enhancements are covered after a copay, saving members an average of 20-25%.
- 20% savings on additional glasses or sunglasses, including lens enhancements, from any VSP provider within 12 months of your last eye exam
- Average 15% off the regular price, or 5% off the promotional price of laser vision correction services through VSP contracted laser centers

Member Exclusive Offers:

- Exclusive special offers from VSP and leading industry brands for VSP **members only**. Visit vsp.com/special_offers

Cost of Individual plan per month: \$5.18

Cost of Family plan per month: \$14.32

Using your benefit is easy...

- Register at vsp.com.
 - Once your plan is effective, review your benefit information.
- Find an eyecare provider who's right for you.
 - To find a VSP provider, visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP.
 - There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

Enrollment

If you wish to enroll in the Vision benefit through VSP, please complete the VSP Enrollment form located on the Open Enrollment website and return it to Personnel for processing within the applicable time frame.

FY 2018 Insurance Rates

(Effective July 1, 2017 through June 30, 2018)

Plan	Monthly Premium	Annual Premium	Employee Contribution	52	42	26	21	12
DELTA DENTAL (Low Plan)(100% Paid by Employee)								
Family	\$102.62	\$1,231.44	\$1,231.44	\$23.68	\$29.32	\$47.36	\$58.64	\$102.62
Single	\$39.63	\$475.56	\$475.56	\$9.15	\$11.32	\$18.29	\$22.65	\$39.63
DELTA DENTAL (High Plan)(100% Paid by Employee)								
Family	\$133.42	\$1,601.04	\$1,601.04	\$30.79	\$38.12	\$61.58	\$76.24	\$133.42
Single	\$51.51	\$618.12	\$618.12	\$11.89	\$14.72	\$23.77	\$29.43	\$51.51
BASIC LIFE INSURANCE (50% Paid by Employee)								
	\$7.90	\$94.80	\$47.40	\$0.91	\$1.13	\$1.82	\$2.26	\$3.95
Vision Plan (100% Paid by Employee)								
Family	\$14.32	\$171.84	\$171.84	\$3.30	\$4.09	\$6.61	\$8.18	\$14.32
Single	\$5.18	\$62.16	\$62.16	\$1.20	\$1.48	\$2.39	\$2.96	\$5.18

PLEASE NOTE: Rates subject to change without notice. There is a separate rate sheet for the GIC Medical Insurance.

457(b) Deferred Compensation Plans

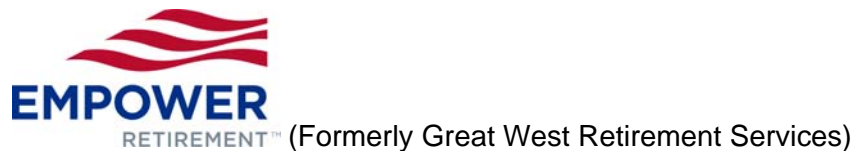
At this time, you may review your elections or consider participation in a 457(b) Deferred Compensation Plan. The plans are voluntary and available to you through three different vendors. This benefit offers the convenience of retirement savings and investment through payroll deductions. Contact your selected vendor directly for enrollment.



40 William Street , Suite 200
Wellesley, MA 02481

Contact: Timothy Weaton
Phone: 781-237-8232
Email: timothy.weaton@axa-advisors.com

Contact: Brandon Eigenberg
Phone: 781-237-8227
Email: brandon.eigenberg@axa-advisors.com



255 Bear Hill Road
Waltham, MA 02451

Contact: Janet Richardson
Phone: 508-723-2504 or 800-695-4952
Email: Janet.Richardson@gwrs.com



Contact: Judith A. Santosuosso, CRC
Phone: 617-840-9901
Email: santosj2@nationwide.com

Internal Contact: Jackie Ferner, CRC, ChFC
Phone: 614-435-8346
Email: fernerj1@nationwide.com



Open Enrollment Process and Instructions

If you are happy with your health, dental, vision and group/voluntary life coverage, you do not need to do anything during this Open Enrollment. If you wish to enroll or make changes in your benefits, please complete the appropriate form(s) and return to Personnel for processing by May 3rd. Please note that any forms received after this date will not be processed.

Reminder: If you are currently not enrolled in the City's Health Insurance, you will be required to complete the Health Insurance Responsibility Disclosure (HIRD) form and return it to Personnel by Wednesday, May 3rd.

Open Enrollment for the Benefit Strategies Flexible Spending plan will occur in November 2017 for a coverage effective date of January 1, 2018. Those currently enrolled will need to re-enroll for coverage in the 2018 calendar year.

Payroll Deductions for Health, Dental, Vision and Group/Voluntary Premiums

Coverage for health, dental, vision and group/voluntary deductions will go into effect on July 1, 2017. Deductions are taken the month prior to coverage. Please see below for the breakdown of payroll deductions and when the new rates will be deducted as of:

Paycheck dated June 2, 2017 for City Weekly – 52
Paycheck dated June 30, 2017 for City Monthly – 12
Paycheck dated June 7, 2017 for School Weekly – 52
Paycheck dated June 6, 2017 for School Biweekly – 26

For those employees that are not paid during the summer months (School Weekly – 42 and School Biweekly – 21), your scheduled health and dental deductions will be updated on the first payroll in September 2017. **Note: A follow up communication will be sent on how deductions will be processed in June 2017 to capture the new rates during the summer months.**

Benefit Contacts

If you have any questions regarding your benefit information, please feel free to contact one of the members of the Benefits Team below or contact the Benefits line at 617-625-6600 x 3324.

Mary Alice Lally: mlally@somervillema.gov

Colleen Tam: ctam@somervillema.gov

Barbara Brown: bbrown@somervillema.gov

For those employees who are not on the All City or All School email distribution lists, please email Barbara Brown at bbrown@somervillema.gov with your email address and you will be manually added to the Benefits email distribution list. Thank you!