



OPEN ENROLLMENT NOTICE

April 1, 2020

Open Enrollment Period: April 1, 2020 – April 15, 2020

During Open Enrollment, all eligible employees can enroll in or change their health or dental plan. The changes will be effective July 1, 2020.

Health and Benefits Fair

A virtual Health and Benefits Fair will be available online for the duration of the Open Enrollment period. Please visit:

www.amherstma.gov/openenrollment

Health Insurance:

The Towns of Amherst and Pelham and the Amherst Pelham Regional School District will be continuing its relationship with MIIA/BCBS and is pleased to announce only a slight premium increase of 1.89%; there will be no changes in plan design. Below are FY21 rates.

Medical Coverage Premium Rate Schedule PPO & HMO Rates Effective July 1, 2020

MIIA Benchmark 2; Medex 2 with PDP plan

MEDEX Rates Effective January 1, 2020

	PPO Plan		HMO Plan		Medex 2
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>	<u>Individual</u>
MONTHLY PREMIUMS					
Total Monthly Premium	\$ 865.86	\$2,070.81	\$ 666.70	\$1,594.50	\$ 360.01
EMPLOYER Contribution					
Monthly	\$ 649.40	\$1,553.11	\$ 533.36	\$1,275.60	\$ 270.00
EMPLOYEE/RETIREE Contribution					
Monthly	\$ 216.46	\$ 517.70	\$ 133.34	\$ 318.90	\$ 90.01
Biweekly payroll deduction	\$ 108.23	\$ 258.85	\$ 66.67	\$ 159.45	
Monthly cost with Medicare B reimbursement applied to Medex					\$ 9.00
SURVIVING SPOUSE Monthly Premium-50%					
Surviving Spouse Contribution 50%	\$ 432.93	\$1,035.41	\$ 333.35	\$ 797.25	\$ 180.01
Monthly cost with Medicare B reimbursement applied to Medex					\$ 107.71

New This Year

We've been working hard to improve our plans and are pleased to announce several BENEFIT enhancements:

NEW! BCBS- Acupuncture Visits

Starting July 1, 2020, Blue Cross Blue Shield will provide coverage to include up to 12 acupuncture visits for each plan member per calendar year. Members pay the same amount for an acupuncture visit as they would when they see a specialist.

NEW! BCBS - Dental Insurance Provider

Starting July 1, 2020, Blue Cross Blue Shield Dental Blue Freedom will provide our dental insurance. Rates will remain the same at: \$47.66/month for individual plan and \$120.40/month for a family plan. If you are currently enrolled in the current dental program you will automatically be enrolled with BCBS Dental. However, if you would like to add it or add/drop a dependent or opt out of the plan completely, you must complete a change form. Click [here](#) for the enrollment form.

NEW! BCBS Vision Insurance

Starting July 1, 2020, Blue Cross Blue Shield will offer a robust Vision Plan. To enroll you must complete an enrollment form. Monthly Rates: \$5.74 Employee; \$9.76 Employee + Spouse; \$10.05 Employee + Child(ren); \$15.78 Family

Click the link below for an in-depth review of Blue Cross Blue shield Health, Dental and Vision Benefits:

<https://planinfo.bluecrossma.com/customblue/2020/miiatownofamherst>

Boston Mutual Basic Life Insurance: Basic Life insurance premiums will be increasing to \$2.23/month.

Section 125 Flexible Spending Account (FSA):

Sentinel Benefits allows you to deduct from bi-weekly pay tax free up to \$2,750/tax year to spend on predicted out-of-pocket medical expenses and/or \$5,000 for dependent care expenses. This program comes with a free debit card. There is a yearly fee of \$42. To view the plan summary visit their website at: www.sentinelgroup.com. Open Enrollment for this plan will be in **May**. More details will follow in a separate notice.

Ways to Save Money:

Did you know that 98% of PPO subscribers are using HMO network doctors, facilities and pharmacies? That means PPO subscribers are paying more money than HMO subscribers are for the same access to medical care. Think about switching – it could save you up to **\$198 per month** on family plans. Now is the time you can change your enrollment. ***Remember, if you are covering dependents that live outside of the New England states, or want to use doctors that are NOT in the BCBS network, you must be enrolled in the PPO plan.***

Opt-Out Program:

The employers of the Amherst Pelham Health Claims Trust (APHCT) will pay a set amount of \$1,500 per year for an individual and \$3,000 per year for a family plan to active employees, who are currently covered by a health insurance plan through the APHCT, opt-out of being covered through our plans, and enroll in health insurance elsewhere. You can enroll in the Opt-Out at any time of the year as long as there is a qualifying event. Click [here](#) for plan details.

Retiring Soon?

For those of you planning retirement, our group requires enrollment in our health insurance plan *at the time of retirement* in order to continue that coverage into retirement. If you are presently covered by your spouse's health insurance but will need health insurance in retirement, you should enroll during an open enrollment period prior to your retirement.

In addition, a reminder for those nearing age 65 – if eligible, you and/or your spouse should sign up for Medicare Part A while you are an active employee; you should defer your enrollment in Medicare Part B and then enroll when you retire (to prevent any late enrollment penalty). Massachusetts law *requires* that, if you are eligible for free Medicare Part A, you must sign up for Medicare Part B.

All employees eligible for benefits, including those who have previously waived health or dental insurance may enroll during the open enrollment period. Open enrollment will be from now until Wednesday, April 15th, 2020.

All changes will be effective July 1, 2020. To make any changes (adds/drops/changes), please contact Joanne Misiaszek in the Town of Amherst HR Department at (413) 259-3003, misiaszekj@amherstma.gov OR APRS HR Office at humanresources@arps.org

Also included in this packet are the following notices: CHIPRA, HIPAA Special Enrollment, and Patient Protection Disclosure

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Town Human Resources
413-259-3003

humanresources@amherstma.gov

ARPS Human Resources

humanresources@arps.org

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Patient Protection Disclosure

MIIA/Blue Cross Blue Shield Network Blue New England generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Blue Cross Blue Shield at www.bluecrossma.com. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Cross Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Blue Cross Blue Shield at www.bluecrossma.com.