



**CITY OF WORCESTER
HUMAN RESOURCES DEPARTMENT
Benefits Office
Room 109, City Hall
Worcester, Massachusetts 01608**

KATHLEEN G. JOHNSON
Director

**Phone: (508) 799-1030
Fax: (508) 799-1040**

Welcome New Employee!

As part of your employment with the City of Worcester, you are entitled to specific benefits explained further in this packet. Benefits include medical insurance, dental insurance, vision insurance and life insurance. In addition to other information included here, you should know that:

- ◆ You are entitled to benefits as of your first day of work; **however once you have completed the necessary paperwork you must allow at least two weeks for processing.**
- ◆ You must enroll (completed paperwork delivered to Room 109 – City Hall) no later than (30) days following your first day of work. **Incomplete paperwork will not be accepted.**
- ◆ Medical, dental, and vision insurance is paid one month in advance; so initial premiums are doubled until you get ‘caught up’.
- ◆ If you choose not to enroll during your first 30 days of work, you cannot enroll until the annual open enrollment, unless you have a ‘qualifying event’ (example: loss of coverage elsewhere.)
- ◆ To enroll a dependent in the medical, dental or vision plan, **you must provide the following documentation:**

<u>Relationship</u>	<u>Documentation</u>
Spouse	Copy of certified marriage certificate, or Page 1 of your most recent Federal Tax Return (1040 or 1040A)
Divorced or Separated Spouse	Copy of the health insurance provision language from divorce/separation agreement, and signature page.
Child to age 26 (Medical coverage to age 26, Dental coverage to 19 unless a FT student, then to age 25)	Copy of certified birth certificate, or Court Order documenting guardianship, or adoption papers.

- ◆ Without this information, the dependent will not be able to be enrolled in your plan. You will also need to know your dependent’s social security number(s), and primary care physician. (If you enroll in a BCBS plan and do not include a primary care physician, the plan will charge you higher co-payments and a deductible for services.)

- ◆ Qualifying events, which allow you to make changes to your coverage, include: marriage, death, divorce, adoption, birth of a child, spouse's loss of coverage, etc.
- ◆ If you are on a Leave of Absence, please notify this office for information on how this affects your benefits.
- ◆ The Federal Government does not recognize same-sex marriages; therefore the "fair-market" value of the benefit provided to a same-sex spouse (who is not a qualifying dependent under section 152 of the Internal Revenue Code) will be included in gross income and will be taxed Federally to the spouse receiving the benefit from the City of Worcester. This same "fair-market" value of the benefit provided will be excluded from gross wages for Massachusetts tax purposes.
- ◆ Unless you choose otherwise, benefit premiums are deducted from your paycheck on a pre-tax basis.
- ◆ **The Benefits Office is located in Room 109 of City Hall, 455 Main St., and can be reached by calling (508) 799-1030. Office hours are Monday – Friday from 8:30-5:00.**
- ◆ You should always call the Benefits Office for any questions regarding your benefits.

If you visit the City's website at <http://www.worcesterma.gov/human-resources/benefits> you can download information and forms for most of your benefits.

YOUR BENEFITS INCLUDE:

BENEFIT	SUMMARY	REQUIREMENTS										
<p>Medical Insurance</p>	<p>The City offers four plan choices: BCBS Blue Care Elect Preferred (enrollment restricted to those employees with dependents residing outside of Massachusetts), BCBS Network Blue New England, and the City of Worcester Advantage plans – Advantage & Direct.</p>	<p>All new employees must enroll within their first 30 days of employment. If paperwork is not completed at this time, you may not be able to enroll until the annual open enrollment period (held annually in the spring with a July 1 effective date). If enrolling dependents you will be required to provide a marriage certificate and/or birth certificate upon enrollment. Your insurance begins as of your date of hire, and premiums are paid one (1) month in advance.</p>										
<p>Dental Insurance</p>	<p>The City does offer a separate dental benefit through Altus Dental. You have two options to choose from: Low Option and High Option (includes orthodontia).</p>	<p>Same requirements as above, however, since the dental plan is 100% employee-paid, cancellation is restricted to the annual open enrollment except for specific 'qualifying events'</p>										
<p>Term Life Insurance</p>	<p>Plan A: a basic, \$5000 policy, available for \$4.78 per month. Plan B: (only available if you have Plan A. Cannot have Plan B without Plan A) optional coverage available in \$10,000 increments up to 3 times your annual salary or max of \$305,000 Plan B premiums – rate is based on age, cost is per \$1,000 of coverage.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">$<29 - .10$</td> <td style="width: 50%;">$30 - 34 .111$</td> </tr> <tr> <td>$35 - 39 .13$</td> <td>$40 - 44 .176$</td> </tr> <tr> <td>$45 - 49 .243$</td> <td>$50 - 54 .366$</td> </tr> <tr> <td>$55 - 59 .64$</td> <td>$60 - 64 .75$</td> </tr> <tr> <td>$65 - 69 1.32$</td> <td>$70 - 74 2.18$</td> </tr> </table>	$<29 - .10$	$30 - 34 .111$	$35 - 39 .13$	$40 - 44 .176$	$45 - 49 .243$	$50 - 54 .366$	$55 - 59 .64$	$60 - 64 .75$	$65 - 69 1.32$	$70 - 74 2.18$	<p>Through Unum Life Insurance Company, enrollment is limited to new hires and at the annual open enrollment period.</p> <p>For new hires, Evidence of insurability is required for any amount over \$205,000.</p> <p>For enrollment at open enrollment, Evidence of insurability is required of any amount.</p> <p>Spouse and children coverage is also available IF you are enrolled in Plan B. Not eligible if only enrolled in Plan A.</p>
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<p>*Universal Life Insurance *10-Year Term Insurance *Accident Insurance *Critical Illness *Short Term Disability *Long Term Disability *Medical/Dental Spending *Dependent Care Spending *Transportation/Transit/ Parking Account</p>	<p>Enrollment is held annually at the spring open enrollment period and information is available for new hires to contact a representative.</p>	<p>If enrolled at initial offering/ eligibility, Life and Disability plans are available on a 'modified' guarantee issue basis (a simple medical questionnaire).</p> <p>Spending account enrollments require no medical documentation and you must re-enroll each year during the annual open enrollment.</p>										



Waiver of Insurance Coverage

This form must be completed in accordance with Massachusetts General Laws, Chapter 32B. It must be returned to Room 109, City Hall. Completing this form does not mean that you are waiving your rights to coverage permanently – it simply means that you do not wish specific coverage at this time. You have the right to change this form during your first thirty (30) days of employment, at the annual open enrollment, or if you have a change in employment or family status which constitutes a 'qualifying event'.

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ HOME PHONE _____

DEPARTMENT _____ START DATE _____

Unless you choose otherwise, benefit premiums are deducted from your paycheck on a pre-tax basis.

At this time, I choose to waive the following benefits for myself and any qualified beneficiaries:
(Please, check off those benefits that you **ARE NOT** enrolling in)

_____ Medical Insurance (BCBS, City of Worcester Advantage)

_____ Altus Dental Insurance (High or Low)

_____ United Healthcare Vision Insurance

_____ Unum Basic Term Life Insurance

_____ Unum Optional Term Life Insurance

_____ Section 125 – Medical/Dependent Care Spending

_____ Section 132 - Transportation Plans (Parking/Mass Transit) *

Employee Signature

Date

The Federal Government does not recognize same-sex marriages, therefore the "fair-market" value of the benefit provided to a same-sex spouse who is not a qualifying dependent under section 152 of the Internal Revenue Code will be included in gross income and will be taxed Federally to the spouse receiving the benefit from the City of Worcester. This same "fair-market" value of the benefit provided will be excluded from gross wages for Massachusetts tax purposes.

* Can enroll and make changes at a later date – doesn't need to be a qualifying event.

Benefits Office use only.

EMPLOYEE # _____ PAY MODE _____ JOB CLASS _____ MED-OWED _____

**Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. As of January 31, 2011, there are 40 states that offer assistance; however only New England is listed here. You should contact your State for further information on eligibility –

MAINE - Medicaid	RHODE ISLAND - Medicaid
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-321-5557	Website: www.dhs.ri.gov Phone: 401-462-5300
MASSACHUSETTS – Medicaid and CHIP	VERMONT - Medicaid
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NEW HAMPSHIRE - Medicaid	
Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238	

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565