



The City of Worcester

Human Resources Department

William R. Bagley, Jr., Chief Human Resources Officer
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Benefits@worcesterma.gov

It is that time of year again – Open Enrollment. Your annual opportunity to update or make changes to your benefits for the upcoming year begins Monday, April 27 and continues through Friday, May 8. Coverage is effective July 1, 2026.

Your benefits are an important part of your employment and your overall well-being, so take time to ensure your selections meet your needs.

During this open enrollment period, you can:

- Enroll in, make changes to, or cancel your health, dental, and vision plans
- Update your life insurance, disability coverage, or voluntary products (Trustmark)
- Renew your health savings account or flexible spending account contributions

With no modifications being made to any insurance plans, we are again conducting a **PASSIVE** enrollment, where employees are automatically re-enrolled in benefits based on selections made in the past. **NO ENROLLMENT ACTION IS REQUIRED** with the exception of the health savings account or flexible spending account.

Health Savings Account (HSA) **Re-enrollment is required to continue participation**

- A tax-advantaged account that allows members, enrolled in the high-deductible health plan, to pay for qualified medical, dental, and vision expenses with pre-tax dollars.
- Funds roll over from year to year and remain with you.

Flexible Spending Accounts (FSA) **Re-enrollment is required to continue participation**

- Offered to all employees, allowing them to help manage health care and dependent care expenses also using pre-tax dollars.
- Fiscal year 2027 contribution limits for health care is \$3,400; dependent care is \$7,500.
- Funds must be used by the end of the plan year grace period.

We understand choosing the right insurance options can be overwhelming. If you have questions or want assistance contact us at (508) 799-1030, benefits@worcesterma.gov, or visit us at one of the several enrollment fairs being conducted during the Open Enrollment period.

Open Enrollment plan summaries, plan descriptions, and enrollments forms are available at – <http://www.worcesterma.gov/human-resources/benefits/open-enrollment-fy27>.

Thank you,

The City of Worcester Benefits Team



The City of
Worcester

ANNUAL BENEFIT OPEN ENROLLMENT FOR ACTIVE EMPLOYEES AND RETIREES ON CONVENTIONAL PLANS

Open Enrollment runs April 27, 2026 through May 8, 2026

Benefits become effective July 1, 2026

THE 2026 OPEN ENROLLMENT IS A PASSIVE EVENT. EMPLOYEES WILL CONTINUE IN THE BENEFITS BASED ON THEIR SELECTIONS MADE IN THE PAST, **EXCEPT THE FLEXIBLE SPENDING ACCOUNTS & HEALTH SAVINGS ACCOUNT** WHERE A NEW ELECTION IS **REQUIRED** TO CONTINUE IN THESE TWO BENEFITS

ACTIVE EMPLOYEES & RETIREES - this is your one time to enroll, make changes, or cancel coverage for your Health - Dental - Vision Insurance

ACTIVE EMPLOYEES - this is your one time to make changes, or cancel coverage for your Term Life Insurance - Universal Life Insurance - Short and/or Long Term Disability - Accident Insurance - Hospital Stay - Critical Illness - Flexible Spending Accounts (Health Care and/or Dependent Care) - Health Savings Account

APPLICATIONS WILL BE ACCEPTED BY MAIL, EMAIL, FAX, OR WALK-IN THROUGH 4:30PM ON MAY 8, 2026

MAIL TO: Human Resources, City of Worcester, 455 Main St, Room 109, Worcester, MA 01608

EMAIL: Benefits@WorcesterMA.gov FAX: (508) 799-1040

FOR FORMS AND MORE INFORMATION ABOUT YOUR BENEFITS, VISIT:

WWW.WORCESTERMA.GOV/HUMAN-RESOURCES/BENEFITS AND CLICK OPEN ENROLLMENT FY27

NEED HELP CHOOSING YOUR NEW HEALTH PLAN? JOIN US AT ONE OF OUR ENROLLMENT FAIRS.

HARVARD PILGRIM HEALTH CARE AND BLUE CROSS BLUE SHIELD REPRESENTATIVES will be available to answer your questions
City of Worcester Benefits Representatives will be available to assist you with your enrollment forms in all city plan offerings

Monday, April 27	2:00pm – 5:00pm	Worcester Technical High School Cafeteria	1 Officer Manny Familia Way
Tuesday, April 28	2:00pm – 5:00pm	Doherty Memorial High School Lower Cafeteria	299 Highland Street
Thursday, April 30	10:00am – 2:00pm	Parks & Recreation Training Room	50 Officer Manny Familia Way
Monday, May 4	10:00am – 2:00pm	Senior Center Alternative Lunch Room	128 Providence Street
Friday, May 8	10:00am – 2:00pm	City Hall Outside Human Resources Office	455 Main Street, 1st Floor

CAN'T MAKE IT TO OUR ENROLLMENT FAIRS?

HARVARD PILGRIM HEALTH CARE AND BLUE CROSS BLUE SHIELD REPRESENTATIVES can be reached throughout the open enrollment period to provide plan benefit details, explore coverage options, and identify providers to help you make the decision that is right for you and your family.

HARVARD PILGRIM HEALTH CARE

SmartStart Team
(866) 874-0817

Monday, Tuesday, Thursday, & Friday, 8:30AM-5:00PM
Wednesdays, 10:00AM—5:00PM
Or email smartstart@harvardpilgrim.org

BLUE CROSS BLUE SHIELD

To reach a Benefit Specialist dial
(800) 932-8323, and press 3
Monday through Friday, 8:00AM-6:00PM

SEE REVERSE FOR PLAN INFORMATION OR VISIT WWW.WORCESTERMA.GOV/HUMAN-RESOURCES/BENEFITS AND CLICK OPEN ENROLLMENT FY27

CITY OF WORCESTER FY2027 BENEFITS DETAILS

Harvard Pilgrim Health Care (HMO) offers three (3) plans designed for City of Worcester employees (and retirees not eligible for Medicare), which are in-network benefits only. The **Focus** plan is a limited network designed to allow employees to continue localized treatment, with local providers, and a low rate. The **ChoiceNet** plan gives you access to a broader network with more hospitals and providers in New England. The **Best Buy** Qualified High Deductible plan offers lower premiums and a health savings account (HSA) component, where the City contributes half of your annual deductible.

Blue Cross Blue Shield Network Blue Select (HMO) is another option, developed with Worcester employees in mind. This plan is offered at a lower-cost with access to a limited, local provider network, including Reliant and UMass physicians.

Blue Cross Blue Shield Network Blue New England (HMO) & Blue Care Elect (PPO): Enrollment in the PPO is limited to those residing or having dependents residing outside of New England. Documentation supporting the out of New England residency will be required at the time of enrollment and annually thereafter to continue coverage on this plan. Once a member you can register to view claims, change your PCP, update your address, request new ID cards, and more.

CVS/Caremark: CVS/Caremark will continue to provide pharmacy benefits to all of our employees with Harvard Pilgrim and Blue Cross Blue Shield. Use your ID card and register for an account then download the mobile app to access your drug information, check drug costs, refill a prescription or other health resources. Visit www.Caremark.com.

UnitedHealthcare Vision: In-Network benefits provide an annual exam at no cost to you, or up to \$40 for an Out-of-Network provider. Available as Individual, 2-Person, or Family plan. Dependents covered to age 26. Visit www.MyUHCVision.com or call (800) 638-3120 for more information.

Blue Cross Blue Shield Dental Blue Freedom (THREE PLAN OPTIONS): Low Option: annual maximum is \$1,500. High Option: annual maximum is \$2,500. High Plus: annual maximum is \$3,500. Both High Options have a carry-over provision; Low Option does not. Orthodontic lifetime benefit for children under the age of 19 only - High Options Only \$2,000 (High)/\$2,500 (High Plus). Dependents covered to age 26. Visit www.Bluecrossma.org or call (800) 932-8323 for more information.

ebm, formerly Cafeteria Plan Advisors (CPA): MEMBERS MUST RE-ENROLL EACH PLAN YEAR. Health Care Spending Accounts can be used for medical, dental, vision, prescription expenses and co-pays. DO NOT DISPOSE OF YOUR CARD WHEN THE PLAN YEAR ENDS OR WHEN YOU DEplete YOUR ACCOUNT. The same card will be used again if you re-enroll in the future. There is a fee to replace lost cards. Visit getebm.com/spending-accounts/ for more information.

Trustmark Voluntary Products: A representative from Trustmark/MMIP is available to discuss and process enrollment in their products: Universal Life, Short & Long-term Disability, Accident Insurance, Hospital Stay, or Critical Illness Insurance. If you are unable to meet with the representative, call (800) 445-4493 ext. 142 or (877) 270-5550 ext. 142 for more information.

Deferred Compensation: For more information and to enroll in one of the City's Deferred Compensation plans, please contact our vendors directly:

EQUITABLE | PBELNIAK@FCGEMAIL.COM

CLIFFORD & RANO ASSOCIATES | MPALMGREN@CLIFFORDRANO.COM

SMART PLAN | PETER.TZiachris@EMPOWER.COM

IMPORTANT REMINDERS

Are you adding coverage for the first time or adding someone new to your plans Marriage certificates, birth certificates, divorce decrees, social security numbers and primary care physicians are required at the time of enrollment. Please submit the appropriate documentation with your enrollment forms.

Has your salary increased This could have an impact on your short & long-term disability contributions. Contact Trustmark to learn how.

Are you planning to retire this year Visit our website for information about keeping your City benefits, even after you retire.

Have you moved recently Notify our office so that you do not miss any mailings and we can provide updates to the carriers.

Experienced any life circumstance changes Always remember to keep your life insurance beneficiary current.

Unum Optional Life Insurance Increases If you (or your spouse, if covered) turned 30, 35, 40, 45, 50, 55, 60, 65, or 70 in the past year your monthly premiums will be increasing because you are now in a different age bracket. Anyone can decrease coverage during this time. Only ACTIVE employees can increase life insurance in the future (Evidence of Insurability will be required to increase Optional or to enroll in Basic Life). RETIREES can ONLY reduce or cancel their life insurance.

BENEFIT	HPHC FOCUS	BCBS NETWORK BLUE SELECT	HPHC CHOICENET	BCBS NETWORK BLUE NEW ENGLAND	BCBS BLUE CARE ELECT PREFERRED (FOR THOSE RESIDING OUTSIDE NEW ENGLAND ONLY)	
					IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$400 IND/\$800 FAM	\$500 IND/\$1,000 FAM	\$500 IND/\$1,000 FAM	\$500 IND/\$1,000 FAM	\$500 IND/\$1,000 FAM	
OUT OF POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$5,000/\$10,000 MED \$2,000/\$4,000 RX	\$5,000/\$10,000 MED \$2,000/\$4,000 RX	\$5,000/\$10,000 MED \$2,000/\$4,000 RX	\$5,000/\$10,000 MED \$2,000/\$4,000 RX	\$5,000/\$10,000 MED \$2,000/\$4,000 RX	
WELLNESS VISIT	\$0	\$0	\$0	\$0	\$0	20% co-insurance (after deductible)
PCP OFFICE VISIT	\$20 co-pay	\$25 co-pay	T1: \$20 T2/T3: \$25	T1: \$20 T2: \$30 T3: \$40	\$40 co-pay	20% co-insurance (after deductible)
SPECIALIST VISIT	\$35 co-pay	\$50 co-pay	T1: \$40 T2/T3: \$50	\$50 co-pay	\$50 co-pay	20% co-insurance (after deductible)
PRESCRIPTIONS	Retail: \$10/\$30/\$60 (30 day supply) Mail Order: \$25/\$75/\$180 (90 day supply)** (All Plans)					
INPATIENT HOSPITAL	\$275 co-pay (after deductible)	\$500 co-pay (after deductible)	T1: \$275 T2: \$500 T3: \$750 (after deductible)	T1: \$275 T2: \$750 (\$800 Select, no deductible) T3: \$1,000 (after deductible)	10% co-insurance (after deductible)	30% co-insurance (after deductible)
OUTPATIENT SURGERY	\$250 co-pay (after deductible)	\$350 co-pay (after deductible)	T1: \$250 T2: \$350 T3: \$500 (after deductible)	Surgical day care facility: T1: \$250 T2: \$500 (\$550 Select, no deductible) T3: \$750 Ambulatory surgical facility: \$250 (after deductible)	Office setting: \$50 Ambulatory surgical facility: \$500 per admit (after deductible)	20% co-insurance (after deductible)
DIAGNOSTIC SERVICES LAB, X-RAY, ETC.	Covered in full (after deductible)	Covered in full (after deductible)	Covered in full (after deductible)	Covered in full (after deductible)	10% co-insurance (after deductible)	30% co-insurance (after deductible)
CT SCAN, MRI, PET	\$100 co-pay (after deductible)	\$50 non-hospital \$100 hospital (after deductible)	\$100 co-pay (after deductible)	\$100 non-hospital T1: \$100 T2: \$250 T3: \$500 hospital (after deductible)	10% co-insurance (after deductible)	30% co-insurance (after deductible)
SHORT-TERM REHAB: OUTPATIENT/OT/PT	\$20 co-pay (after deductible) Up to 60 combined visits per plan year	\$25 co-pay (after deductible) Up to 60 combined visits per plan year	\$25 co-pay (after deductible) Up to 60 combined visits per plan year	\$50 co-pay Up to 60 combined visits per plan year	\$50 co-pay (after deductible) 100 visits per plan year	20% co-pay (after deductible) 100 visits per plan year
SKILLED NURSING	Covered in full (after deductible) Up to 100 days per plan year	Covered in full (after deductible) Up to 100 days per plan year	Covered in full (after deductible) Up to 100 days per plan year	Covered in full Up to 100 days per plan year	10% co-insurance (after deductible) Up to 100 days per plan year	30% co-insurance (after deductible) Up to 100 days per plan year
CHIROPRACTOR	\$20 co-pay 12 visits per plan year	\$25 co-pay 12 visits per plan year	\$25 co-pay 12 visits per plan year	\$50 co-pay 12 visits per plan year	\$50 co-pay	20% co-insurance (after deductible)
OUTPATIENT MENTAL HEALTH	\$20 co-pay	\$25 co-pay	\$25 co-pay	\$20 co-pay	\$40 co-pay	20% co-insurance (after deductible)
DURABLE MEDICAL EQUIPMENT: WHEELCHAIRS/CRUSTCHES/ETC	20% co-insurance (after deductible)	20% co-insurance (after deductible)	20% co-insurance (after deductible)	20% co-insurance	20% co-insurance	40% co-insurance (after deductible)
ER VISIT (WAIVED IT ADMITTED)	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay
AMBULANCE	Covered in full if medically necessary or when ordered by a physician (after deductible)	Covered in full if medically necessary or when ordered by a physician (after deductible)	Covered in full if medically necessary or when ordered by a physician (after deductible)	Covered in full if medically necessary or when ordered by a physician (no deductible)	Emergency: 10% co-insurance (no deductible) Medically necessary: 10% co-insurance (after deductible)	Emergency: 10% co-insurance (no deductible) Medically necessary: 30% co-insurance (after deductible)
PREMIUM RATES						
MONTHLY (IND/FAM)	\$791.60 / \$1,988.57	\$990.92 / \$2,460.23	\$1,080.85 / \$2,683.52	\$1,253.08 / \$3,239.63	\$1,362.97 / \$3,524.16	
EMPLOYEE COST						
WEEKLY (IND/FAM)	\$45.67 / \$114.73	\$57.17 / \$141.94	\$62.36 / \$154.82	\$72.29 / \$186.90	\$78.63 / \$203.32	
BI-WEEKLY (IND/FAM)	\$91.34 / \$229.45	\$114.34 / \$283.87	\$124.71 / \$309.64	\$144.59 / \$373.80	\$157.27 / \$406.63	
MONTHLY (IND/FAM)	\$197.90 / \$497.14	\$247.73 / \$615.06	\$270.21 / \$670.88	\$313.27 / \$809.91	\$340.74 / \$881.04	

*This is a brief summary of some of the benefits offered. Additional details can be found in the complete plan descriptions.

**Mandatory mail-away for maintenance drugs, or 90-day at retail for maintenance drugs; however, only allowed at CVS pharmacies

BENEFIT	HPHC BEST BUY TIERED CO-PAY WITH HSA (BROAD NETWORK)
DEDUCTIBLE	\$2,000 IND/\$4,000 FAM UNDER THE QHDP, THE CITY WILL CONTINUE CONTRIBUTING HALF OF YOUR DEDUCTIBLE LEVEL TO YOUR HSA ACCOUNT EACH PLAN YEAR (HSA ENROLLMENT REQUIRED)
OUT OF POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$5,000 IND/\$10,000 FAM
WELLNESS VISIT	\$0
PCP OFFICE VISIT	\$20 co-pay (per visit after deductible)
SPECIALIST VISIT	\$40 co-pay (per visit after deductible)
PRESCRIPTIONS	Retail 30 Day Supply: \$10/\$30/\$60 (after deductible) Mail Order 90 Day Supply: \$25/\$75/\$180 (after deductible) Deductible waived for certain preventative drugs
INPATIENT HOSPITAL	\$275 co-pay (after deductible)
OUTPATIENT SURGERY	\$250 co-pay (after deductible)
DIAGNOSTIC SERVICES LAB, X-RAY, ETC.	Covered in full (after deductible)
CT SCAN, MRI, PET	\$50 non-hospital \$100 hospital (after deductible)
SHORT-TERM REHAB: OUTPATIENT/OT/PT	\$25 co-pay (after deductible) Up to 60 combined visits per plan year
SKILLED NURSING	Covered in full (after deductible) Up to 100 days per plan year
CHIROPRACTOR	\$25 co-pay after deductible 12 visits per plan year
OUTPATIENT MENTAL HEALTH	\$20 co-pay (after deductible)
DURABLE MEDICAL EQUIPMENT: WHEELCHAIRS/CRUSTCHES/ETC	20% co-insurance (after deductible)
ER VISIT (WAIVED IF ADMITTED)	\$150 co-pay (after deductible)
AMBULANCE	Covered in full when ordered by a Physician (after deductible)
PREMIUM RATES MONTHLY (IND/FAM) EMPLOYEE COST WEEKLY (IND/FAM) BI-WEEKLY (IND/FAM) MONTHLY (IND/FAM)	\$700.71 / \$1,739.72 \$40.43 / \$100.37 \$80.85 / \$200.74 \$175.18 / \$434.93

*This is a brief summary of some of the benefits offered. Additional details can be found in the complete plan descriptions.

**Eligibility regulations must be met in order to enroll in this plan

Health and Dental Insurance Rates (*)

Effective July 1, 2026

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee	Weekly Deduction	Bi-Weekly Deduction	Semi-Monthly	<u>COBRA RATES</u>
BCBS Blue Care Elect Preferred (PPO) - FOR OUT OF NEW ENGLAND MEMBERS ONLY								
Individual	\$1,362.97	75%	\$1,022.23	\$340.74	\$78.63	\$157.27	\$170.37	\$1,390.23
Family	\$3,524.16	75%	\$2,643.12	\$881.04	\$203.32	\$406.63	\$440.52	\$3,594.64
BCBS Network Blue New England								
Individual	\$1,253.08	75%	\$939.81	\$313.27	\$72.29	\$144.59	\$156.64	\$1,278.14
Family	\$3,239.63	75%	\$2,429.72	\$809.91	\$186.90	\$373.80	\$404.95	\$3,304.42
BCBS Network Blue Select								
Individual	\$990.92	75%	\$743.19	\$247.73	\$57.17	\$114.34	\$123.87	\$1,010.74
Family	\$2,460.23	75%	\$1,845.17	\$615.06	\$141.94	\$283.87	\$307.53	\$2,509.43
HPHC ChoiceNet HMO								
Individual	\$1,080.85	75%	\$810.64	\$270.21	\$62.36	\$124.71	\$135.11	\$1,102.47
Family	\$2,683.52	75%	\$2,012.64	\$670.88	\$154.82	\$309.64	\$335.44	\$2,737.19
HPHC Focus								
Individual	\$791.60	75%	\$593.70	\$197.90	\$45.67	\$91.34	\$98.95	\$807.43
Family	\$1,988.57	75%	\$1,491.43	\$497.14	\$114.73	\$229.45	\$248.57	\$2,028.34
HDHP Qualified HDHP w/ HSA								
Individual	\$700.71	75%	\$525.53	\$175.18	\$40.43	\$80.85	\$87.59	\$714.72
Family	\$1,739.72	75%	\$1,304.79	\$434.93	\$100.37	\$200.74	\$217.47	\$1,774.51
BCBS Dental Blue Freedom - High PLUS Option**							**ACTIVE EMPLOYEES ONLY	
Employee	\$46.43	0%	0	\$46.43	\$10.71	\$21.43	\$23.22	\$47.36
Family	\$140.26	0%	0	\$140.26	\$32.37	\$64.74	\$70.13	\$143.07
BCBS Dental Blue Freedom - High Option								
Employee/Retiree	\$42.71	0%	0	\$42.71	\$9.86	\$19.71	\$21.36	\$43.56
Two Person*	\$85.43	0%	0	\$85.43	\$19.71	\$39.43	\$42.72	\$87.14
Family	\$128.05	0%	0	\$128.05	\$29.55	\$59.10	\$64.03	\$130.61
BCBS Dental Blue Freedom - Low Option								
Employee/Retiree	\$36.15	0%	0	\$36.15	\$8.34	\$16.68	\$18.08	\$36.87
Two Person*	\$72.28	0%	0	\$72.28	\$16.68	\$33.36	\$36.14	\$73.73
Family	\$104.50	0%	0	\$104.50	\$24.12	\$48.23	\$52.25	\$106.59
* ONLY RETIREES CAN HAVE A TWO PERSON DENTAL PLAN								
UnitedHealthcare Vision								
Employee/Retiree	\$4.98	0%	0	\$4.98	\$1.15	\$2.30	\$2.49	\$5.08
Employ/Ret & Dependent	\$9.97	0%	0	\$9.97	\$2.30	\$4.60	\$4.99	\$10.17
Family	\$14.95	0%	0	\$14.95	\$3.45	\$6.90	\$7.48	\$15.25

ALL PLANS - MANDATORY mail order for maintenance drugs

UNUM Optional Life Insurance - Age-bands

Elect coverage in \$10,000 increments, the lesser of 3x your annual salary or \$500,000.

Calculate premium: Amount elected divided by 1,000, then multiply by the rate = monthly cost.

Employee - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
Rate:	\$0.122	\$0.137	\$0.161	\$0.221	\$0.310	\$0.472	\$0.832	\$0.976	\$1.725	\$2.857
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Spouse - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
Rate:	\$0.092	\$0.107	\$0.131	\$0.191	\$0.280	\$0.442	\$0.802	\$0.946	\$1.695	\$2.827

(*Listed premiums, plan designs, and contribution rates are subject to changes due to Collective Bargaining or by the authority of the City Manager when applicable.)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The City of Worcester ("the Health Plan") is providing this notice to you as required by the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder.

This Privacy Notice describes how the Health Plan may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

DISCLOSURES UNDER THE PRIVACY RULE

Under the HIPAA Privacy Rule we may and do use and disclose protected health information without your prior written authorization for certain purposes. For example, we use protected health information in providing your health coverage. We use that information for treatment (for example, to help your providers coordinate and manage your health care), for payment (for example, to provide payment to your health care providers for the health care they provide to you) and for health care operations (for example, to conduct quality assessment and improvement activities). All of the above disclosures are made only for the purposes described in this Notice or as permitted by law.

The Privacy Rule also permits disclosure of protected health information by a covered entity without the member's prior written authorization, and without providing the member the opportunity to agree or object, in the following situations:

- 1.) Where use or disclosure is required by law.
- 2.) To a public health authority that is authorized by law to collect or receive such information.
- 3.) To a governmental authority where there is a reasonable belief by the covered entity that the individual is a victim of abuse, neglect or domestic violence.
- 4.) To a health oversight agency for oversight activities authorized by law.
- 5.) In the course of certain judicial or administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.
- 6.) To a law enforcement official for certain law enforcement purposes.
- 7.) To a coroner, medical examiner or funeral director for identification of a decedent and similar purposes.
- 8.) To organ procurement organizations or similar entities for the purpose of facilitating transplantations, etc.
- 9.) For medical research that has been approved by an institutional review board or similar medical panel.
- 10.) Where the covered entity in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.
- 11.) For certain specialized government functions including: certain military and veterans activities, certain national security and intelligence activities, protective services for the President and other leaders; certain medical suitability determinations by the Department of State; and certain correctional and law enforcement custodial situations.
- 12.) As authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

The conditions pursuant to which disclosures may be made for the above-listed purposes are more fully described at 45 CFR 164.512.

A covered entity is prohibited from using or disclosing genetic information for underwriting purposes.

NOTICE OF PRIVACY PRACTICES

Uses and disclosures of protected health information other than those listed, above, may only be made with your written authorization. You may revoke any such authorization by executing a Revocation of Authorization form, a copy of which is available from the City of Worcester Human Resources Benefits office.

YOUR RIGHTS

You have the right to inspect and copy your protected health information that is maintained in a designated record set by us. We will provide you with access to this information within thirty (30) days of receiving a written request for it. We will charge a reasonable fee for copying and mailing the records. Your rights with respect to the inspection and copying of records are more fully described at 45 CFR 164.524.

You have the right to request restrictions on certain uses and disclosures of protected health information (as provided at 45 CFR 164.522(a)) to carry out treatment, payment or health care operations. While we are not required to agree to a requested restriction, we will carefully consider any request.

You have the right to request that we allow you to receive communications of protected health information from us by alternative means or at alternative locations if you state that the disclosure of all or part of that information could endanger you. We will accommodate any such reasonable request.

You have the right, subject to certain limitations set forth at 45 CFR 164.526, to request that we amend protected health information, or a record that relates to you, in a designated record set for as long as that information is maintained in the designated record set. Your request to correct, amend, or delete information should be in writing. We will notify you if we make an adjustment as a result of your request. If we do not make an adjustment, we will send you a letter explaining why within 30 days. In the case of a denial, you may ask us to make your request part of your records, or you may file a statement of disagreement with us. You may also file a complaint with us or with the Secretary of Health and Human Services. If we make an amendment we will attempt to inform and provide the amendment within a reasonable time to anyone identified by you as possessing the subject protected health information as well as to persons who we know have the protected health information that has been amended.

You have the right to receive an accounting of the disclosures (if any) of your protected health information that we have made. This right to an accounting does not apply to uses or disclosures that were made in connection with treatment, payment or health care operations, nor does it apply to disclosures that you authorized or to other disclosures listed at 45 CFR 164.528(a). This right to disclosures is more fully described at Section 164.528.

You have the right to be notified when a breach of your unsecured protected health information has occurred.

You have the right to opt out of receiving any fundraising communications. Uses or disclosures of your protected health information for marketing purposes requires your prior written authorization. A disclosure that constitutes the sale of protected health information requires your prior written authorization.

You have the right to obtain, upon request, a paper copy of this notice from the City of Worcester Human Resources Benefits office.

GENERAL

The Health Plan is required by law to maintain the privacy of protected health information and to provide individuals with notice of the Health Plans' legal duties and privacy practices with respect to protected health information.

The Health Plan is required to abide by the terms of this notice. We reserve the right to change this notice. Any changes to this notice may be effective for all protected health information that the Health Plan maintains. A revised notice will be mailed to you within thirty (30) days of its effective date.

You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with the City of Worcester's Privacy Official, William R. Bagley, Jr., Chief Human Resources Officer, at (508) 799-1030. Please be assured that you will not be retaliated against for filing a complaint. You may also contact our Privacy Official to receive further information concerning our privacy policies.

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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, 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.