



The City of Worcester

Human Resources Department
William R. Bagley, Jr., Chief HR Officer
P| 508-799-1030 F| 508-799-1040
EMAIL| Benefits@worcesterma.gov

Dear City of Worcester Retiree & Spouse:

Please be advised the **2024 Open Enrollment dates for the City of Worcester Medicare Retiree Open Enrollment are November 12 to November 22.** *Changes made during Open Enrollment will take effect January 1, 2025.*

This is also the time of year when you receive multiple communications and invitations regarding your Medicare supplemental options from other health insurance companies available on the open market, which may seem overwhelming or confusing. Please note these other mailings are not coming to you due to your coverage through the City of Worcester.

Remember, *if you enroll in a separate Prescription Drug Plan (PDP) in addition to the one offered through the City of Worcester, the Centers for Medicare and Medicaid Services (CMS) will cancel your current City of Worcester coverage. Before enrolling in anything, please get in touch with this office or consult with your medical plan by calling the number on the back of your medical card.*

PLEASE NOTE

UNLESS YOU ARE MAKING CHANGES TO YOUR COVERAGE, NO ACTION IS NEEDED.

Plan representatives from Blue Cross Blue Shield of Massachusetts, Fallon Health, Harvard Pilgrim Health Care, and Tufts Health Plan will be available Monday, November 18 and Wednesday, November 20 in the Alternative Lunch Room of the Worcester Senior Center, from 10:00am to 12:00pm both days to assist you with your enrollment forms and questions.

Changes for 2025

- Fallon Health announced their Medicare plans will no longer include SilverSneakers and Weight Watchers benefits.
- Tufts Health Plan is discontinuing their Medicare Supplement with Prescription Drug Plan on December 31, 2024, and replacing it with Harvard Pilgrim Health Care (HPHC) Medicare Enhance with Aetna Prescription Drug Plan, which will provide similar and enhanced benefits. **CO-PAYMENTS WILL NOT BE IMPACTED.**
 - Current Tufts Medical Supplement members will **AUTOMATICALLY** be transferred to the new HPHC Medicare Enhance plan and will **NOT** need to complete a new enrollment form.

- Only members who do not wish to continue with HPHC Medicare Enhance beyond January 1, 2025, must complete the necessary enrollment/disenrollment forms during Open Enrollment, indicating their intention to enroll in a different Medicare supplemental plan.
- Like the Tufts Medicare Supplement Plan, members will be able to see the same providers who accept Medicare with HPHC's Medicare Enhance plan.
- Aetna's SilverScript PDP will replace the Tufts Medicare Supplement PDP plan. HPHC members will have access to more than 65,000 pharmacies nationwide along with convenient home delivery through CVS Caremark Mail Service. To look up prescriptions for coverage status and tier, contact Aetna's Pre-Enrollment Call Center at (800) 307-4830.
- Members will receive new HPHC and Aetna SilverScript member ID cards bearing the new plan names prior to the group's upcoming effective date of January 1, 2025. After that members should share their new HPHC and Aetna ID cards with doctor's offices and pharmacies.

Please reach out to us at benefits@worcesterma.gov or call us at (508) 799-1030 with any questions as we are here to support you every step of the way through open enrollment. Enrollment form and more information can be found by visiting www.worcesterma.gov/human-resources/benefits.

Thank you...



The City of **WORCESTER**

ANNUAL RETIREE MEDICARE OPEN ENROLLMENT

Health Insurance and Benefit Open Enrollment
for Retirees & Spouses on Medicare Plans.

NOVEMBER 12, 2024—NOVEMBER 22, 2024

Changes made take effect JANUARY 1, 2025

**ONLY CONTACT HUMAN RESOURCES IF YOU ARE MAKING CHANGES TO YOUR PLANS.
ALL EXISTING PLANS ARE AUTOMATICALLY RENEWED FOR THE NEXT PLAN YEAR**

This is the ONE TIME EACH YEAR RETIREES & SPOUSES ON MEDICARE PLANS
can make any changes or enroll in plans for Health, Dental or Vision Insurance

APPLICATIONS ACCEPTED BY MAIL, EMAIL, OR FAX THROUGH 4:30 PM ON FRIDAY, NOVEMBER 22, 2024

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 OR CALL (508) 799-1030

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

Representatives from Blue Cross Blue Shield of Massachusetts, Fallon Health, Harvard Pilgrim Health Care, and Tufts Health plan will be available to answer your questions

Monday, November 18

Worcester Senior Center

Alternative Lunch Room

10:00AM—12:00PM

Wednesday, November 20

128 Providence Street

IMPORTANT REMINDERS

UNUM Life Insurance: Unum Optional Life insurance premiums are determined by your age. The premium will increase each July if you have turned 50, 55, 60, 65, or 70 years old within the previous year. If you would like to decrease or cancel your coverage during Open Enrollment you must complete a form with Human Resources. If you decrease the coverage amount you will not be able to increase in the future. Beneficiaries can be changed at any time, so always be sure to provide Human Resources with your most current information

Have you moved recently? Notify our office so that you don't miss any mailings and we can provide the updates to the carriers.

CITY OF WORCESTER HEALTH, DENTAL, & VISION PLAN CONTACT INFORMATION

Blue Cross Blue Shield Medex: Register at www.bluecrossma.com and you can review your plan design, as well as update your address, request new ID cards and more. There is also a link to their Health & Wellness website.

Contact a Blue Cross Blue Shield representative at (800) 932-8323

Harvard Pilgrim Health Care Medicare Enhance: With *HPHC Medicare Enhance w/PDP* members can live anywhere in the USA and can be seen by any provider who accepts Medicare. No referrals are needed.

Contact a Harvard Pilgrim Health Care representative at (866) 874-0817

Tufts Medicare Plan: *Tufts Medicare Preferred HMO*, like other HMO plans, will require referrals from your PCP to see specialist.

Contact a Tufts Health Plan representative at (617) 633-1382

Fallon Medicare Premiere Plan(s): *Fallon Medicare Plus Central Premier HMO* is designed and is only available for Worcester County residents. *Fallon Medicare Plus Premier HMO* includes all providers in the "Central" network, plus other contracted providers throughout Massachusetts.

Contact a Fallon Community Health representative at (508) 368-9235

BCBS Dental Blue Freedom (TWO PLAN OPTIONS): Two oral exams & cleanings per year. Low Option: annual maximum is \$1,500. High Option: annual maximum is \$2,500. *Carry-over provision (high option only).* www.bluecrossma.com

United Healthcare 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. www.myuhcvision.com

UNUM Life Insurance: *Optional Life Insurance* terminates at age 75 for retirees, however you can convert your coverage if you contact the Human Resource Office for information prior to your 75th birthday. Also, each July your rate will increase if you "age-in" to a new age band, as described on the front of this flyer. For more information regarding your life insurance please call our office at **(508) 799-1030**.



Please beware of mailings that **are not from the City of Worcester** for enrollment in Medicare Part D Prescription Drug Coverage), as it is also Medicare Open Enrollment for those not in a Group Health plan such as yours. If you enroll in one of these other Prescription Drug Plans your current coverage through the City of Worcester will be cancelled by CMS (Centers for Medicare and Medicaid Services). Before enrolling in anything, please contact this office or consult with your medical plan by calling the number on the back of your medical card.

IMPORTANT TO REMEMBER

When a retiree or spouse turns 65, they must visit their local Social Security Office, and if eligible enroll in Medicare Parts A & B. Bring a copy of your Medicare card to Human Resources and we will assist you in choosing a Medicare Supplement plan.

Failure to comply may result in the loss of your medical coverage through the City of Worcester.

ADDITIONAL RESOURCES

Included with this mailing are documents that explains your Privacy Rights under HIPAA (Health Insurance Portability and Accountability Act) and the explanation of Creditable Prescription Drug Coverage

Visit the City of Worcester's website at <http://www.worcesterma.gov/human-resources/benefits> for enrollment forms, information about any of the plans, telephone numbers to contact the carriers, etc. If you are making changes due to a Qualifying Event, after downloading and completing these forms, they must be received in the Human Resource Office with the required back-up documentation (i.e., birth certificate, marriage certificate, divorce decree, etc.) within 30-days of the event. No enrollment will be processed without the proper documentation. DO NOT send the forms directly to the carrier, they must be processed through our office first. Please call with any questions: **(508) 799-1030**

BENEFIT SUMMARY – Medicare Plans January 1, 2025

PLEASE NOTE: The following is a summary of only some benefits offered. Additional details can be found in the complete plan descriptions

BENEFIT	BCBS MEDEX II w/PDP	HPHC MEDICARE ENHANCE w/ PDP	TUFTS MEDICARE PREFERRED HMO PRIME	FALLON MEDICARE PLUS PREMIER	FALLON MEDICARE PLUS PREMIER CENTRAL
Office Visit	\$15 per visit Annual Wellness Visit - \$0	\$15 per visit Annual Wellness Visit - \$0	\$10 per visit Primary Care Physician \$15 per visit Specialist Annual Wellness Visit - \$0	\$10 per visit Primary Care Physician \$15 per visit Specialist Annual Wellness Visit - \$0	\$10 per visit Primary Care Physician \$15 per visit Specialist Annual Wellness Visit - \$0
Prescriptions Retail – 30-day Mail- 90-day	\$10/\$25/\$50 \$20/\$50/\$110	\$10/\$25/\$50 \$20/\$50/\$110	\$10/\$25/\$50 \$20/\$50/\$100	PART B Rx: \$10-\$50 (30-days) \$0 (Pref Generics) \$10/\$25/\$50 \$0 (Pref Generics) \$20/\$50/\$100	PART B Rx: \$10-\$50 (30-days) \$0 (Pref Generics) \$10/\$25/\$50 \$0 (Pref Generics) \$20/\$50/\$100
Inpatient Care	\$50 co-pay (4x max/yr)	\$50 co-pay (4x max/yr)	Covered in full after one-time annual deductible of \$300	Covered in full after one-time annual deductible of \$300	Covered in full after one-time annual deductible of \$300
Outpatient Lab/ X-ray	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Outpatient Surgery	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day
Urgent Care	\$15 per visit	\$15 per visit	\$10/\$15 per visit	\$10 per visit	\$10 per visit
Hearing Care	Not Covered	\$15 co-pay	\$15 co-pay	Covered in full (annual routine)	Covered in full (annual routine)
Vision Care	Not Covered	\$15 co-pay every 2 years	\$15 co-pay annually	\$15 Annual Routine Exam	\$15 Annual Routine Exam
MRI/PET/CT Nuclear cardiology	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
ER visit (Waived if admitted)	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit
Ambulance	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day
Provider Network	Any doctor who accepts Medicare patients	Any doctor who accepts Medicare patients	Network Provider	Network Provider (Statewide) Includes RELIANT	Network Provider (Worcester County Only) Includes RELIANT
Wellness/Fitness Benefits	- \$150/yr: Gym membership - \$150/yr: Weight Management	- \$150/yr: Gym membership, fitness classes, nutritional counseling - \$150/yr: Weight Management - Hearing aids covered up to \$500, and then 80% of the next \$1,500 every two years (purchase/repair) - \$150/yr Eyewear Benefit	- \$150/yr: Fitness Benefit for health club/exercise classes - Silver Sneakers fitness program - Hearing aids covered up to \$500 toward purchase/repair every three years - \$150/yr: Eyewear Benefit	- \$250 flexible benefit to use on member's choice of fitness, dental vision, or hearing aids - \$150/yr: Eyewear Benefit Dental - Limited preventative care	- \$500 flexible benefit to use on member's choice of fitness, dental, vision, or hearing aids - \$150/yr: Eyewear Benefit Dental - Limited preventative care
Monthly Premium	\$103.75	\$96.25	\$91.25	\$86.00	\$68.50
Cost Per Retiree					

City of Worcester Medicare Supplement Plans
Effective January 1, 2025

Retirees on Medicare Plans				
	Monthly Premium	City Share %	Monthly City Share	Monthly Employee Share
BCBS Medex II w/PDP				
1 person	\$415.00	75%	\$311.25	\$103.75
2 persons	\$830.00	75%	\$622.50	\$207.50
HPHC Medicare Enhance w/PDP				
1 person	\$385.00	75%	\$288.75	\$96.25
2 persons	\$770.00	75%	\$577.50	\$192.50
Tufts Medicare Preferred HMO Prime				
1 person	\$365.00	75%	\$273.75	\$91.25
2 persons	\$730.00	75%	\$547.50	\$182.50
Fallon Medicare Plus				
1 person	\$344.00	75%	\$258.00	\$86.00
2 persons	\$688.00	75%	\$516.00	\$172.00
Fallon Medicare Plus Central				
1 person	\$274.00	75%	\$205.50	\$68.50
2 persons	\$548.00	75%	\$411.00	\$137.00
BCBS Dental Blue Freedom - High Option (effective July 1, 2024)				
Retiree	\$41.47	0%	0%	\$41.47
Retiree plus One *	\$82.94	0%	0%	\$82.94
Family	\$124.32	0%	0%	\$124.32
BCBS Dental Blue Freedom - Low Option (effective July 1, 2024)				
Retiree	\$35.10	0%	0%	\$35.10
Retiree plus One *	\$70.17	0%	0%	\$70.17
Family	\$101.46	0%	0%	\$101.46
United Healthcare Vision				
Retiree	\$5.36	0%	0%	\$5.36
Ret & Dependent	\$10.72	0%	0%	\$10.72
Family	\$16.08	0%	0%	\$16.08

* ONLY Y Retirees can have a 2-Person Dental Plan

REV 10/2024

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.



Important Notice from the City of Worcester About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Worcester and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Worcester has determined that the prescription drug coverage offered by your health plan (BCBS Network Blue, BCBS Blue Care Elect, BCBS Network Blue Select, Medex II, HPHC ChoiceNet, HPHC Focus, HPHC QHDP, HPHC Medicare Enhance, Fallon Medicare Plus, or Tufts Medicare Supplement) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. **Because your existing coverage is Creditable Coverage, you do not need to join a Medicare drug plan.** You can keep your prescription drug coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Worcester coverage will be affected. You cannot have two Medicare D drug plans, so should you enroll in another, this will cancel your current prescription plan. This will not affect your medical plan.

If you do decide to join a Medicare drug plan and drop your current City of Worcester coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage through the City of Worcester and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Worcester changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call (800) MEDICARE ((800) 633-4227). TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY (800) 325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2024
Name of Entity/Sender:	City of Worcester
Contact--Position/Office:	Human Resources/Benefits Office
Address:	455 Main Street, Room 109, Worcester, MA 01608
Phone Number:	(508) 799-1030, then press 1 to be connected to CSR