



 (617) 625-6600 ext 3324

 [benefits@somervillema.gov](mailto:benefits@somervillema.gov)

# *Benefits Open Enrollment!*

## **FY2025 Benefits Open Enrollment**

**April 3<sup>rd</sup> - May 1<sup>st</sup>**

***Changes Effective July 1, 2024***



Welcome to the City of Somerville's FY2025 Open Enrollment!

**Open Enrollment begins on April 3<sup>rd</sup> and ends on May 1<sup>st</sup> with benefit changes being effective as of July 1, 2024.**

The benefits described in this booklet are some of the benefits offered by the City of Somerville to benefits eligible employees.

### **Eligibility**

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

### **NEW PAYROLL DEDUCTIONS:**

New FY2025 deductions for insurance will go into effect in June 2024 as deductions are taken the month prior to the effective date of July 1, 2024. Please refer to page 23 for additional detail.

As of April 3<sup>rd</sup>, all Open Enrollment communications may be found on the City of Somerville Open Enrollment website at <http://www.somervillema.gov/openenrollment>

## **What's New?**

### **Health**

- As of July 1, 2024, all UniCare plans will change names to Wellpoint. There are no substantive health insurance plan changes this year. Please be sure to visit the Group Insurance Commission's (GIC) web page at [mass.gov/gic](https://mass.gov/gic) for information.
- Members may review their options and make elections by May 1st or will automatically remain on their current plan.
- Please be sure to review the FY2025 GIC Benefit Decision Guide.
- GIC Rates have been updated.
- **Reminder: If you are currently not enrolled in the City's Health Insurance and eligible, you are required to submit a HIRD form to Personnel by Wednesday, May 1st. This is an annual requirement.**

### **Health Insurance Opt Out**

- No changes.

### **Flexible Spending**

- Open enrollment is in Nov 2024, for calendar year 2025.

### **Dental**

- No plan design changes; however, rates have increased by 4%.
- Cigna now only offers digital cards. New cards will not be sent with new enrollments, however if you have your old card, it will remain active.

### **Vision**

- No plan design or rate changes.

### **Group Life**

- No plan design or rate changes.

### **Short Term Disability**

- No changes. Enrollment open throughout year with Evidence of Insurability.

### **Long Term Disability**

- No changes. Enrollment open throughout year with Evidence of Insurability.

### **Deferred Compensation**

- No changes. Enrollment open anytime throughout year.

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## **Health Insurance**

The Group Insurance Commission (GIC) has new premium rates for FY2025. The employee contribution percentage will remain at 20% for the HMO, PPO & POS plans. Indemnity plans will also hold the current employee contribution percentage of 25%.

The GIC's primary changes for FY2025 are in the rate increases ranging from 5.6-10.5% depending on the plan in which you are enrolled. In addition, effective July 1, 2024 UniCare has changed the name of the plan to Wellpoint. Note that hospital and physician networks of the UniCare plan will remain the same.

If you would like to make a change for FY2025, change forms must be submitted electronically with any required supporting documentation via the myGIC Link system.

You may visit the Group Insurance Commission's (GIC) web page at [mass.gov/gic](https://mass.gov/gic) for complete information regarding your plan.

***Please also take this opportunity annually to review the [GIC Benefit Decision Guide](#) for further understanding of the details of your health plan. Reference the Summary of Benefits for each health plan on pages 6 & 7.***

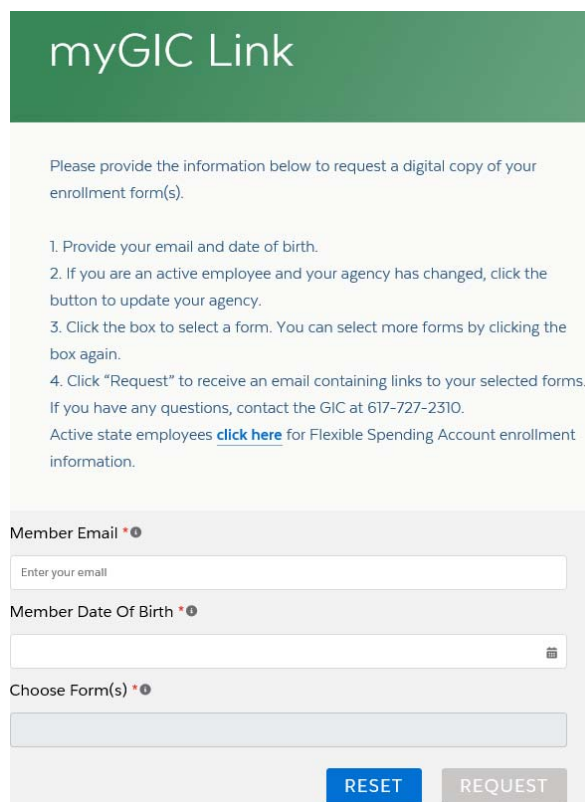
## HEALTH INSURANCE ENROLLMENT CHANGE PROCESS

The **Group Insurance Commission**, City of Somerville's health insurance administrator, has an electronic process to submit forms. The system is called **myGIC Link**.

### **Currently Enrolled and Making a Change?**

*If you are currently enrolled and want to initiate a change, visit the following website:*

<https://mygiclink.force.com/GenerateDocusignPage>



The screenshot shows the 'myGIC Link' web portal. At the top, a green header contains the text 'myGIC Link'. Below this, a light green box contains instructions: 'Please provide the information below to request a digital copy of your enrollment form(s).', followed by a numbered list of four steps: 1. Provide your email and date of birth. 2. If you are an active employee and your agency has changed, click the button to update your agency. 3. Click the box to select a form. You can select more forms by clicking the box again. 4. Click "Request" to receive an email containing links to your selected forms. Below the list, it says 'If you have any questions, contact the GIC at 617-727-2310.' and 'Active state employees [click here](#) for Flexible Spending Account enrollment information.' Below the instructions are three input fields: 'Member Email' with a red asterisk and a help icon, 'Member Date Of Birth' with a red asterisk and a help icon, and 'Choose Form(s)' with a red asterisk and a help icon. Each field has a corresponding input box. At the bottom right are two buttons: a blue 'RESET' button and a grey 'REQUEST' button.

Once there, complete the online form (sample above) with your email address, date of birth and form selection and click on "REQUEST". You will be emailed an electronic form from the **myGIC Link** secured portal. If you don't receive the message, check your spam, and junk mail. Once received, click on the link to the form, complete, sign and submit the form electronically. Please note, if you are enrolling dependents to your coverage, you are required to provide a marriage certificate for your spouse and birth certificates for your children. This supporting documentation must be attached online with your enrollment. If you are making a change to your plan and already have enrolled dependents, marriage and birth certificates are not required. Your form will automatically be sent to the Benefits

Office.

From the **Choose Form** drop down you may select one of the following:

**Municipal Enrollment Change Form 1MUN** – Use this form to enroll in, add or remove dependents, cancel, or change GIC Health plans.

**Dependent Age 19 to 26 Enrollment/Change Form** - Use this for to add dependents age 19 to 26 to family health coverage or to report a status change for a dependent age 19-26.

**Retiree/Survivor Enrollment Change Form RS** – Retirees and surviving spouses may use this form to enroll in, add or remove dependents, cancel or change GIC Health plans.

### **Initiating A New Enrollment?**

*If you are looking to initially enroll in a health plan with the GIC please email the following information to [benefits@somervillema.gov](mailto:benefits@somervillema.gov):*

- Name
- Email Address to be used on your health insurance profile
- Date of Birth

Once this information is received, you will be sent an electronic enrollment form via email from the **myGIC Link** secured portal. If you don't receive the message, check your spam, and junk mail. Once received, click on the link to the form, complete, sign and submit the form electronically. Please note, if you are enrolling dependents to your coverage, you are required to provide a marriage certificate for your spouse and birth certificates for your children (you must attach supporting documentation with your electronic enrollment). Your enrollment form and supporting documentation will then automatically be sent to Benefits Office.

Should you have any issues, please email [benefits@somervillema.gov](mailto:benefits@somervillema.gov) or call the Benefits line at 617-625-6600 ext 3324.

### **Happy with your plan and Making No Changes?**

- If you are happy with your current health plan, no action is required; however please make a note that your plan rate will be increasing for FY2025. Given that benefits are prepaid, rate increases will be reflected in your pay as of your June 2024 payroll.

### **IMPORTANT Information For Those Declining Health Insurance**

If you will not be enrolled in Health Insurance in FY2025, you are required to complete the Health Insurance Responsibility Disclosure (HIRD) form and return to Personnel by May 1<sup>st</sup>. ***This is an annual requirement.***

## GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2024

FOR THE CITY OF SOMERVILLE ENROLLEES

INCLUDING THE .30% ADMINISTRATIVE FEE

**Active Employees, Retirees and Survivors without Medicare**

		Employee and Non-Medicare Retiree/ Survivor Rates			
PRODUCT CATEGORY	PRODUCT TYPE	HEALTH PRODUCT	Contribution Rate	Individual Coverage	Family Coverage
National Network	PPO	Harvard Pilgrim Access America	20%	\$251.88	\$561.85
Broad Network	INDEMNITY	Wellpoint Total Choice	25%	\$375.34	\$832.93
	PPO-TYPE	Wellpoint PLUS	20%	\$191.72	\$456.81
	POS	Harvard Pilgrim Explorer	20%	\$213.57	\$529.18
	HMO	Mass General Brigham Health Plan Complete	20%	\$195.53	\$517.08
Regional Network	HMO	Health New England	20%	\$155.65	\$373.39
Limited Network	PPO-TYPE	Wellpoint Community Choice	20%	\$148.99	\$369.82
	HMO	Harvard Pilgrim Quality	20%	\$157.61	\$401.16

*Please be reminded, new rates will be reflected in your payroll as of June. Deductions are prepaid.*





## **Health Insurance Opt Out Program**

For those employees who are eligible for and choosing the Health Insurance Opt out Program, please ensure you complete all the appropriate forms and documentation by May 1<sup>st</sup> to enroll in the program as of July 1, 2024.

To be eligible an individual must be a benefits eligible employee:

- a. who is currently receiving health insurance from the City;
- b. and was enrolled and receiving City health insurance for the entire period of the previous fiscal year (July 1<sup>st</sup> through June 30<sup>th</sup>, inclusive);

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

Single Plan: \$2,000.00

Family Plan: \$4,000.00

***Please refer to the Health Insurance [Opt Out Policy](https://www.somervillema.gov/benefits) online or further information at [somervillema.gov/benefits](https://www.somervillema.gov/benefits).***



## **Dental Insurance**

Your dental insurance coverage will continue to be provided by Cigna with Low and High Plan options. The dental benefit allows you to purchase voluntary dental coverage and is 100% employee contributory. The dental rates for FY2025 have increased by 4%. Benefit allowances will remain the same.

### **The City of Somerville Dental Plans**

The City's dental program is through Cigna's national Total Cigna Dental PPO (DPPPO) network. You may receive dental care from any dentist you choose, regardless of whether he or she participates in the Cigna DPPPO network; however, you will generally receive the maximum benefit at the lowest cost when you visit a dentist who is in-network. The Total Cigna DPPPO network provides access to the largest network of dentists contracted to discounted fee arrangement – meaning more convenience and more ways for you to save. All participating dentists are in one easy-to-search directory accessible at Cigna.com and myCigna.com.

### **Plan Summary**

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

The low plan has a calendar year maximum benefit on all covered services of \$750, and the high plan has a calendar year maximum benefit on all covered services of \$1,750 for each covered member.

The high plan however includes *WellnessPlus*; a progressive maximum feature that provides the opportunity to increase the level of your annual maximum each year simply by utilizing your preventive benefits (i.e. check-up, cleanings, etc.). If an individual goes for at least one check-up or cleaning during the year the plan

maximum will increase the following year by \$100 and will continue to do so up to \$2,050 in year four.

In addition, the high plan covers orthodontic services for dependents up to age 19. These services and supplies are covered at 50% and have a separate lifetime maximum of \$2,000.

If you choose to see a provider outside of the Total Cigna DPPO network, both plans will pay benefits up to the maximum and allowable charge. You may also be required to pay your non-Cigna DPPO dentist directly for the service and then file a claim for reimbursement.

COMPARISON OF SERVICES Differences Between Low & High Plan Highlighted	
<u>Low Plan</u>	<u>High Plan</u>
<b><u>Type I Diagnostic &amp; Preventative Care</u></b> Covered at 100%; no deductible Diagnostic Services Preventive Services	<b><u>Type I Diagnostic &amp; Preventative Care</u></b> Covered at 100%; no deductible Diagnostic Services Preventive Services
<b><u>Type II-Basic Restorative Care</u></b> Covered at 80% after satisfying individual deductible of \$25 or family deductible of \$75 Restorative Services Periodontics Endodontics Prosthetic Maintenance Emergency Dental Services	<b><u>Type II-Basic Restorative Care</u></b> Covered at 80% after satisfying individual deductible of \$50 or family deductible of \$150 Restorative Services Periodontics Endodontics Prosthetic Maintenance Emergency Dental Services
	<b><u>Type III-Major Restorative Care</u></b> Covered at 50% after satisfying individual deductible of \$50 or family deductible of \$150 Dentures and Bridges Crowns and Onlays
	<b><u>Ortho Care</u></b> Covered at 50% for dependents up to age 19; Lifetime maximum of \$2,000 per member.
<b><u>Calendar Year Maximum</u></b> The calendar year maximum per covered individual for Type I and Type II services combined is \$750. Once you or a covered family member has incurred a total of this amount in one calendar year, you will be responsible for the cost of all dental services for that individual for the remainder of that calendar year.	<b><u>Calendar Year Maximum</u></b> The calendar year maximum per covered individual for Type I, Type II and Type III services combined is \$1750. Once you or a covered family member has incurred a total of this amount in one calendar year, you will be responsible for the cost of all dental services for that individual for the remainder of that calendar year.

## ***Have Questions? Need More Information?***

Call Cigna at 1-800-CIGNA24 (244-6224) to speak with a representative 24/7/365.

- Customer service representatives are available 24 hours a day, 7 days a week, 365 days a year
- Representatives are available to help with navigating your plan, planning for dental costs, understanding claims, finding in-network dentists, and answering any other questions you may have about your Cigna coverage

Register and log-on to [myCigna](#) – your personalized customer portal – also available via the myCigna mobile app

- On [myCigna](#) view/print/fax ID cards, review your claims, find a dentist, check benefits and connect with a customer service representative.

Download the myCigna mobile app

- The myCigna Mobile App helps you personalize, organize, and access your important plan information on your phone or tablet. Use the myCigna Mobile App to log in anytime, anywhere to:
- Find dentists and compare cost and quality ratings
- Review your coverage
- Manage and track claims
- Access temporary ID cards and find out how to order new ones
- Track your account balances and deductibles
- Find dental information and resources

Access Cigna's cost quality transparency tools

- No one wants to pay too much for dental care. That's why myCigna's new find a dentist directory puts more cost and quality information at your fingertips. Using this easy search tool, you can now view cost information for many procedures. The directory also helps you:
- Compare dentists and costs to help you manage your care
- Estimate the costs if you need to find a specialist
- See what you'll pay and what your Cigna plan will pay.



## Vision Service Plan (VSP)

Your vision insurance benefits will continue to be provided by Vision Service Plan. The vision benefit allows you to purchase voluntary vision coverage at a relatively low cost and is 100% employee contributory. The rates for FY2025 remain fixed. Benefit allowances will remain the same.

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

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

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

<b>Plan Frequencies</b>	
Exam	Once every plan year*
Lenses	Once every plan year*
Frame	Once every other plan year*

*\*Plan year begins July 1*

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

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

#### **Additional Savings:**

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

#### **Member Exclusive Offers:**

- Exclusive special offers from VSP and leading industry brands for VSP **members only**. Visit [vsp.com/specialoffers](http://vsp.com/specialoffers)

#### **Using your benefit is easy...**

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

#### **Enrollment**

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



FAMILY MATTERS.  
NO MATTER WHAT.

## **Basic Group/Issue Age Voluntary Term Life Insurance**

### **Group Life Insurance**

Your Group Life plan design and rates remain the same for FY2025. Your Group Life Insurance offers \$5000 of coverage and is 50% employee contributory. New enrollments will require an enrollment form as well as completed Evidence of Insurability and HIPPA forms to be submitted for actuarial approval by Boston Mutual.

Group Life includes an Accidental Death & Dismemberment (AD&D). Upon retirement, coverage continues at \$5,000 for the same premium.

### **Voluntary Term Life Insurance**

An increase in Voluntary Term Life is being offered with **Guaranteed Issuance** this year if you are already enrolled. Voluntary Term Life may be increased by up to \$20,000 in increments of \$10,000 not to exceed \$150,000 in total. Higher amounts may be elected with completed Evidence of Insurability and HIPPA forms but will require approval. New enrollments in Voluntary Term Life will require completed Evidence of Insurability and HIPPA forms and are also subject to approval. Your coverage is 100% employee contributory. **Rates are set permanently at the amount at issuance.**

You have the flexibility to choose coverage for yourself in units of **\$10,000** to a maximum of **\$500,000**. However, the maximum coverage amount you may elect cannot exceed 7 times your base annual salary.

You may insure your spouse in units of **\$5,000** to a maximum of **\$100,000**, not to exceed **50%** of your coverage amount.

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

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

### **Enrollment**

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

## **Dental, Life & Vision Insurance FY2025 Insurance Rates**

(Effective July 1, 2024 through June 30, 2025)

Plan	Monthly Premium	Annual Premium	Employee Contribution	Deduction per Pay Period				
				52	42	26	21	12
CIGNA DENTAL - <u>Low Plan</u> (100% Paid by Employee)								
Family	108.12	1,297.44	1,297.44	24.95	30.89	49.90	61.78	108.12
Single	41.75	501.00	501.00	9.63	11.93	19.27	23.86	41.75
CIGNA DENTAL - <u>High Plan</u> (100% Paid by Employee)								
Family	140.56	1,686.72	1,686.72	32.44	40.16	64.87	80.32	140.56
Single	54.27	651.24	651.24	12.52	15.51	25.05	31.02	54.27
BOSTON MUTUAL GROUP LIFE INSURANCE (50% Paid by Employee)								
	11.05	132.60	66.30	1.28	1.58	2.55	3.16	5.53
VISION SERVICE PLAN INSURANCE (100% Paid by Employee)								
Family	14.90	178.80	178.80	3.44	4.26	6.88	8.51	14.90
Single	5.39	64.68	64.68	1.24	1.54	2.49	3.08	5.39

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





## **Voluntary Insurance**

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

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

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

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

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

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

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

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

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



## Long Term Disability

At this time, you may review voluntary Long-Term Disability (LTD) insurance coverage available to you through Sun Life Financial, administered through Mosse & Mosse. Employees of the City of Somerville have the option to apply for long term disability insurance on a voluntary basis and available for enrollment at any time during the year. This benefit offers the convenience of premium payment through payroll deductions.

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

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

**New Hires:** You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 30 days after your eligibility date. You can apply any time during the year, however, if you apply more than 30 days after your eligibility date, your coverage will be medically underwritten, and your coverage will not begin until Sun Life determines that you qualify based on information you provide regarding your health history.

Please see your Plan Administrator for your eligibility date.

### **Benefit Amount**

You may purchase a monthly benefit of 60% of your monthly earnings, but not to exceed a monthly maximum benefit of \$10,000. The definition of earnings is your current salary. The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings unless the excess amount is payable as a Cost-of-Living Adjustment.

### **Elimination Period**

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

Your Elimination Period is 90 days.

### **Benefit Duration**

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

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

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

**Federal Income Taxation** You may wonder if your disability benefit amount will be taxed. Your premiums will be paid with post tax dollars\*, hence **your benefit amount will not be taxed when being paid out.**

The disability benefit amounts you receive will be reported annually on a W-2.

\*Post-Tax Dollars are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings.

### **Enrollment**

You may contact Brian Fitzgerald at Mosse & Mosse for further information or policy questions at 781-224-1709 ext. 139 or via email at [brf@mosseservices.com](mailto:brf@mosseservices.com).

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

## **457(b) Deferred Compensation Plans**

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

Enrollment in a 457B is a two-part process. You will need to go to our third party administrator website and submit a salary reduction agreement using the following link [https://www.tsacg.com/individual/plan-sponsor/massachusetts/city-of-somerville-457\(b\)/](https://www.tsacg.com/individual/plan-sponsor/massachusetts/city-of-somerville-457(b)/) Employees should contact TSA at (850-362-6840) with any questions.

Once you have completed that process, contact the vendor selected directly to make your investment elections.



255 Bear Hill Road  
Waltham, MA 02451

Customer Service Phone: 800-701-8255  
Website: [www.empower-retirement.com](http://www.empower-retirement.com)

Contact: Alex Mendoza  
Phone: 959-895-0584  
Email: [alexis.mendoza@empower.com](mailto:alexis.mendoza@empower.com)



40 William Street, Suite 200  
Wellesley, MA 02481

Contact: Timothy Weaton  
Phone: 781-237-8232  
Email: [timothy.weaton@equitable.com](mailto:timothy.weaton@equitable.com)

Contact: Brandon Eigenberg  
Phone: 781-237-8227  
Email: [brandon.eigenberg@equitable.com](mailto:brandon.eigenberg@equitable.com)



Contact: Eli Gonzalez  
Phone: 508-250-9796  
Email: [GonzE21@nationwide.com](mailto:GonzE21@nationwide.com)



## **Open Enrollment Process and Instructions**

**If you are happy with your coverages**, you do not need to do anything during this Open Enrollment.

**If you wish to enroll or make changes to your benefits**, please complete the appropriate form(s) or process found on the City of Somerville's open enrollment website at [somervillema.gov/openenrollment](https://somervillema.gov/openenrollment) by May 1st. Any changes received after May 1<sup>st</sup> will not be processed.

- **Health** Insurance changes must be submitted via the NEW myGIC Link online portal.
- **Dental, Vision, Group Life and Long-Term Disability** forms are available online as fillable forms. Submit forms **ONLY** to [benefits@somervillema.gov](mailto:benefits@somervillema.gov) email for processing. Please do not send your enrollment/change forms to any individual member of the Benefits Team.
- **Flexible Spending** - Open Enrollment for Flexible Spending will occur in November 2024, for coverage effective date of January 1, 2025. Those currently enrolled will need to re-enroll for coverage in during the 2024 open enrollment period for the following calendar year.

If you have any challenges, call the Benefits line at 617-625-6600 ext 3324 or send an email to [benefits@somervillema.gov](mailto:benefits@somervillema.gov) and we will assist you.

***Reminder: If you are currently not enrolled in the City's Health Insurance and eligible, you are required to submit a Health Insurance Responsibility Disclosure (HIRD) form to Human Resources by Wednesday, May 1<sup>st</sup>.***

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

New deductions for health, dental, vision and life insurance will go into effect as of the first pay in June as deductions are taken the month prior to the coverage effective date of July 1st. Please see below the breakdown of when the new rates will be reflected in you pay:

Paycheck dated June 7, 2024, for City Weekly – 52

Paycheck dated June 28, 2024, for City Monthly – 12

Paycheck dated June 5, 2024, for School Weekly – 52

Paycheck dated June 4, 2024, for School Biweekly – 26

For those employees that are not paid during the summer months (School Weekly – 42, School Biweekly –21 and School Biweekly – 26 (SAA &209 paying benefits on a 21 schedule) your scheduled health, dental and basic life deductions will be updated on the first payroll in September 2024. **A follow up communication will be sent on how deductions will be processed in May/June 2024 to capture the new rate differentials for the prepaid summer months.**

## **Benefit Contacts**

**Benefits Team - 617-625-6600 ext 3324 • [Benefits@somervillema.gov](mailto:Benefits@somervillema.gov)**

### **Health**

*Group Insurance Commission (GIC) • 617.727.2310 • [mass.gov/gic](http://mass.gov/gic)*

*Harvard Pilgrim Health Care • 866.874.0817 • [harvardpilgrim.org/gic](http://harvardpilgrim.org/gic)*

*Health New England • 800.842.4464 • [hne.com/gic](http://hne.com/gic)*

*Mass General Brigham Health Plan • 866.567.9175 • [massgeneralbrighamhealthplan.org/gic-members](http://massgeneralbrighamhealthplan.org/gic-members)*

*Wellpoint (formerly UniCare) • 800.442.9300 • [Wellpointmass.com](http://Wellpointmass.com)*

**Pharmacy Benefits** – CVS Caremark • 877.876.7214 • [info.caremark.com/oe/gic](http://info.caremark.com/oe/gic)

**Health Insurance Opt Out** - Benefits Line 617-625-6600 ext. 3324 • [somervillema.gov/benefits](http://somervillema.gov/benefits)

**Flexible Spending** – VOYA|Benefit Strategies • 888.401.FLEX (3539) • [Benstrat.com](http://Benstrat.com)

**Dental** - Cigna • 800.Cigna24 • [Cigna.com](http://Cigna.com)

**Vision** – Vision Service Plan • 800.877.7195 • [VSP.com](http://VSP.com)

**Life** - Boston Mutual • 800.669.2668 • [BostonMutual.com](http://BostonMutual.com)

**Short Term Disability** - Colonial Life • Garth Brown • 617.293.7108 • [garthbrown@coloniallife.com](mailto:garthbrown@coloniallife.com)

**Long Term Disability** - Sun Life Financial • Administered by Mosse & Mosse • Brian Fitzgerald • 781.224.1709 ext 139 • [brf@mosseservices.com](mailto:brf@mosseservices.com)

**Deferred Compensation** (3 vendors)

*Equitable* • Timothy Weaton 781.237.8232 • [timothy.weaton@equitable.com](mailto:timothy.weaton@equitable.com)

*Empower* • Customer Service • 800.672.7240 • [www.empower-retirement.com](http://www.empower-retirement.com)

*Nationwide* • Eli Gonzalez • 508.250.9796 • [gonze21@nationwide.com](mailto:gonze21@nationwide.com)

***For those employees who are not on the All City or All School email distribution lists, please email the Benefits Team at [benefits@somervillema.gov](mailto:benefits@somervillema.gov) with your email address and you will be manually added to the Benefits email distribution list. Thank you!***