HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Open Enrollment/Informational Packet For EMPLOYEES (Mandatory Distribution)

The following information serves as an open enrollment guide for employees. Rates, plan and benefit information as well as open enrollment instructions are included for the health insurance coverage only. ***Information on other employer offered benefits should be provided separately by your employer.***

Any questions you have should always be directed to your employer first. Whether you are actively working or retired, your employer will always be your first point of contact for benefits questions, changes, and personal information updates. Your employer will disseminate the appropriate information to the appropriate benefit entities on your behalf.

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WHO IS THE HAMPSHIRE COUNTY GROUP INSURANCE TRUST

The Hampshire County Group Insurance Trust (the Trust or HCGIT) is the benefit manager for your employer sponsored group health insurance. The Trust is self-insured, meaning we pay your claims from our own funds, which is what we receive in premiums. The Trust decides the plan coverage, including employee eligibility*, covered benefits/exclusions, and policy limits. We provide health insurance coverage to 73 municipal entities across Franklin, Hampshire, Hampden and Worcester Counties. The Trust has contracted with Blue Cross Blue Sheild for medical coverage and CVS Caremark for prescription coverage.

*Employer personnel policies for eligibility should be followed in conjunction with Trust policies and deadlines.

Any and all health insurance eligibility questions and changes should be directed to your employer. They will reach out to the Trust on your behalf or direct you to contact the Trust when necessary. Direct contact should NOT be made with BCBS or CVSC unless you have a question regarding a claim.

ANNUAL REVIEW

Health care and pharmaceutical costs have increased substantially over the last year, resulting in double digit increases for 2025 being seen across the industry, including at the Trust. While we understand this may be difficult for many units and members alike, we have been fortunate in years past to have had many years in a row with no rate increases. We're also proud to still offer the best health insurance coverage for our members featuring no medical deductibles and lower than average copays.

At the Trust, our overall claim experience has increased significantly in the last year resulting in a loss of our reserves of more than $10 million. Our medical coverage has seen an increased number of cancer cases and increased utilization of behavioral health care services. On our pharmaceutical side, we've seen the usage of GLP1 drugs for weight loss double over the last year, which nearly doubled the cost of our pharmaceutical expenses.

At the Trust we have been diligently evaluating solutions to curb claim expenses in an effort to help level rate increases in the future, while not watering down your benefits. We continue to promote healthy lifestyle changes and participation in our Wellness Initiative program offerings, offered through your employer. We encourage employee lifestyle management and education in making informed decisions on medical utilization and using alternate available resources, including the use of the BCBS 24 hr Nurse Line and other virtual resources. These are the keys to reducing medical costs. We will continue to work on those areas as well with your employer over the next year.

WHAT IS OPEN ENROLLMENT AND WHEN IS IT

The open enrollment period provides employees with a once-a-year opportunity to initially enroll, change plans or add spouses/dependents without the requirement that the employee provide documentation of a qualifying event, and the application is not subject to underwriting review and approval by the insurance carrier.

The open enrollment period this year is from April 17 to May 9, 2025 with coverage beginning July 1, 2025. The open enrollment period is for active employees, retirees under age 65 and retirees not eligible for Medicare.
All completed information is due to the Trust no later than May 9th by 4:00pm. Any submissions that are incomplete, missing any information or received after the deadline will be denied, no exceptions. **Your employer may set forth a different deadline, please inquire with them as their deadline will need to be followed.**

Retirees (typically age 65) and/or their spouses who are eligible for Medicare have already had their open enrollment for 2025 and will have their next open enrollment in November of 2025 for the calendar year 2026.

RATE INFORMATION

The premium rates will be increasing:

- **18% on the Network Blue NE (HMO) plan**
- **20% on the Blue Care Elect Preferred (PPO) plan**

Please see the rate chart below for the full monthly health insurance premiums.

Your employer may pay a portion of this full monthly rate on your behalf. Please contact them directly for more information.

HEALTH OPTIONS FOR *ACTIVE* EMPLOYEES:

Options	Total Monthly Premium July 1, 2024 to June 30, 2025	Total Monthly Premium July 1, 2025 to June 30, 2026	% Increased
Network Blue New England (HMO)			
Individual (Employee Only)	$ 711.00	$ 839.00	18.0%
Employee +1	$ 1,655.00	$ 1,953.00	18.0%
Family	$ 2,040.00	$ 2,407.00	18.0%
Blue Care Elect Preferred (PPO)			
Individual (Employee Only)	$ 819.00	$ 983.00	20.0%
Family	$ 2,237.00	$ 2,684.00	20.0%

SUPPLEMENTAL OPTION (TYPICALLY FOR *RETIRED* EMPLOYEES WHO ALSO HAVE MEDICARE A&B):

Options	Total Monthly Premium Jan 1, 2024 to Dec 31, 2024	Total Monthly Premium Jan 1, 2025 to Dec 31, 2025	% Increased
Medex 2 w/ Blue Medicare Rx PDP (PPO)			
Individual	$ 360.00	$ 416.00	15.5%

ABOUT OUR PLANS

The Medical coverage we offer includes the Prescription coverage, under one monthly premium rate.

There are NO changes to our benefits this year.

*Please note, RX formulary changes occur quarterly which we have no control over.

Medical Coverage (obtained through Blue Cross Blue Shield):

The Trust offers two plan choices for active employees (or retirees not eligible for Medicare). **Please verify with your employer to see what they offer.** While there are some plan highlights listed below, **please refer to the Benefits Summary for full plan details**.

Blue Care Elect Preferred / PPO

- No deductibles.
- This plan is good nationwide for regular services.
- No referrals necessary.
- Optional use of out-of-network providers at a coinsurance cost.

Network Blue New England / HMO

- No deductibles.
- This plan is good in the New England states for regular services.
- Referrals are needed for specialist services.
- Must use in-network providers only.
- Has an Employee +1 rate level.

Prescription Coverage (obtained through CVS Caremark):

- The prescription coverage is the same for all HMO and PPO enrollees.
- There is a deductible of $100/individual, $200/family. Once satisfied, standard copays apply. The deductible gets reset each year on July 1st.
- Having CVS Caremark does not restrict use to CVS Pharmacies only; members can still obtain their prescriptions across a variety of other pharmacies of their choosing (such as Walgreens, Walmart, at the grocery stores, etc…).

Additional Benefit:

- **CanaRx** – this is a program for members on the HMO or PPO plan only that take an eligible NAME BRAND maintenance medication. This is a mail order program where you are shipped a 3-month supply at a time. More information can be found on our website with a list of medications covered and instructions on how to enroll.

CREATE AN ACCOUNT W/ BCBS & CVS CAREMARK

Once enrolled, you are encouraged to create a personal account with BCBS (using their MyBlue platform) and with CVS Caremark. This will allow you direct access to your virtual ID cards, the ability to review the benefits, and monitor your claims among other things.
BCBS MyBlue: https://member.bluecrossma.com/register
CVS Caremark: https://www.caremark.com/digital-fast/caremark-registration-web/

SPOUSE/EX-SPOUSE AND DEPENDENT ELIGIBILITY

Spouses, Ex-Spouses and Dependent Children are all eligible for enrollment under the Employee's plan with the proper documentation supplied.

For a **Spouse**, we require a completed Marital Status Affidavit and a copy of the city/town clerk's marriage certificate.

For an **Ex-spouse**, we require a completed Marital Status Affidavit and a copy of the divorce decree including the first page, the health insurance language page(s) and the court signature page.

For **Dependent/Adult Children**, we require a copy of the city/town clerk's birth certificate for each child enrolled (hospital certificates are NOT acceptable). Adult children are eligible to remain on coverage until they reach age 26 (regardless of their schooling or marital status). Adult children reaching the age of 26 will be terminated at the end of their birth month.

IMPORTANT NOTES:

- Social Security Numbers are required for each person enrolling in coverage, no exceptions.
- Dependents of dependents (grandchildren) are NOT eligible for coverage.
- Medicare information is required for anyone that is eligible for it due to age 65+, a disability, or ESRD.
- It is the employee's responsibility to notify the employer of any changes in status for them or one of the members they cover and make the appropriate changes accordingly. This includes but not limited to notification of marriages/divorces, retirement or disabled status changes, voluntary cancellations, name changes, enrollment in other insurances, etc…

ANY MISREPRESENTATION OF INFORMATION AND FAILURE TO PROPERLY NOTIFY YOUR EMPLOYER OF ANY STATUS CHANGES, ESPECIALLY DIVORCE/REMARRIAGE, COULD RESULT IN TERMINATION OF THE MEMBER'S PLAN. THE MEMBER WILL BE HELD LIABLE FOR ANY CLAIMS INCURRED DUE TO THE LACK OF PROPER NOTIFICATION. THE TRUST RESERVES THE RIGHT TO SEEK ANY OTHER LEGAL REMEDIES AVAILABLE INCLUDING POSSIBLE PROSECUTION FOR INSURANCE FRAUD.

EMPLOYEES/SPOUSES TURNING AGE 65

Every person reaching age 65 needs to reach out to the Social Security Administration (SSA) to apply for Medicare (regardless of if they know they are eligible or not). What Part of Medicare a person should apply for is determined by the primary subscriber's working status. A spouse's working status does not matter in determining this as the spouse is covered under your employer group health plan. Each person applying for Medicare should do so **THREE MONTHS PRIOR** to the effective date. Medicare will always be effective on the 1st of the month. We strongly encourage creating an account online with www.SSA.gov to apply for Medicare. This will yield the quickest turnaround time of the information.

Active Employees

For any **active employee** and/or their spouse reaching age 65, you must apply for Medicare Part A (deferring part B at this time). A copy of your Medicare card should be provided to your employer once received. Your plan coverage will remain the same. Medicare is the secondary payer and the employer's group plan is the primary payer.

Retired Employees

For any **retired employee** and/or their spouse reaching age 65, you must apply for Medicare Parts A AND B and the member would need to select a supplemental coverage to enroll in. The Trust offers one supplemental plan called Medex 2 w/ Blue Medicare Rx PDP. **You will need to discuss this with your employer to see if you/your spouse qualify. Employer eligibility policies for retirees/spouse of retirees should be followed.**

- If eligible to continue, you would need to provide your employer with a copy of your Medicare card with A & B on it and complete forms to change coverage. Medicare is the primary payer and the employer's group plan is the secondary payer.
- If not eligible per the employer policy or opting to decline the supplemental coverage, you would need to complete a form with the employer to cancel your coverage.

For Active Employees Planning to Retire

It is imperative to pre-plan your retirement to ensure you have the proper information in place prior to the date of retirement so you do not jeopardize your insurance coverage.

- If you or your spouse will be **over** age 65 when you retire, please refer to the "Retired Employees" section above explaining the need for obtaining Medicare A & B.
- If you or your spouse will be **under** age 65 when you retire, you do not need to apply for Medicare. Your health coverage would remain the same until reaching age 65.
- If you decide to **retire within 3 months** of turning 65, please know that you will struggle with SSA to obtain Medicare Part B so soon after obtaining Part A as they have a waiting period once B is deferred.

IMPORTANT NOTES:

- A person becomes entitled to Medicare Coverage on the first day of the month in which the person reaches age 65 or on the first day of the previous month if the person's birthday is the first of the month.
- **Required Medicare information is due to the Trust office at least one week PRIOR to the effective date or by the predetermined deadline that may be set in advance (whichever comes first), or coverage will be cancelled for non-compliance.**

FORMS & BENEFITS SUMMARIES

Units and members should refer to the Trust's website, **www.HCGIT.org,** for all their health insurance needs. Here is a short list of what is available there, check the website for much more information:

- Required Docs and Info (info required for enrollments)
- Rate Sheet (current year and previous year rates)
- Find A Doctor (link to BCBS to look up PCP IDs)
- BCBS Member Enrollment and Change Form
- Marital Status Affidavit
- Fitness and Weight Loss Reimbursement Forms
- Blue Care Elect PPO Benefits Summary
- Network Blue HMO Benefits Summary
- CVS Caremark HMO/PPO Prescription Benefit Summary
- CANARX Member Enrollment Package and Formulary information (for HMO/PPO only)
- Medex 2 Benefits Sum
- Blue Medicare RX PDP Benefits Summary
- Blue Medicare RX PDP Enrollment Form
- Voluntary Delta Dental Information (see if your employer offers this)
- Voluntary MetLife Vision Information (see if your employer offers this)
- Trust Guide on Medicare Requirements
- MyBlue App Information
- Telehealth Information
- Worldwide Coverage Information

OPEN ENROLLMENT PROCEDURES FOR HEALTH INSURANCE

1. **Currently enrolled employees who wish to remain on the same health plan as this year do not need to do anything.**
2. **If you wish to change to a different plan, add a spouse/dependent(s) or join a plan as a new enrollee, you should reach out to your benefits administrator.**
    - In general, your benefits administrator should direct you to complete a BCBS Enrollment/Change Form and provide any necessary documents required to them for processing no later than whatever deadline they set forth for open enrollment.
    - The benefit administrator should then **forward the completed information to the Trust no later than May 9, 2025, by 4:00pm** for processing. All information needs to be submitted in full. Any incomplete information or information received after the deadline will be denied, no exception. **Your employer may set a different deadline for you, please inquire with them as their deadline will need to be followed.**

COMPLETING THE BCBS FORMS

When processing Enrollments, Changes or Cancellations, all transactions require a complete BCBS Form (and required documents) for processing. **Once completed, all forms and information should be sent directly to the Trust office. DO NOT SEND ANYTHING DIRECTLY TO BCBS!!**

All forms should include:

*TO BE COMPLETED BY THE **UNIT**:*
Your employer should complete the top portion of the form for you and sign it.

*TO BE COMPLETED BY THE **MEMBER**:*
You should begin completing the form under section "2. Yourself (Member 1)".

- **Pick a plan:** check Network Blue or PPO
- **Membership Type:** check either Individual or Family or write in E+1.
- **Member names**: first name, middle initial, last name for the employee, spouse and any dependents as applicable for enrollment/changes/cancellations.
- **Address**
- **Phone Number**
- **Date of Birth** for all individuals
- **Social Security Numbers** for all individuals
- **PCP Name and PCP ID Numbers are required for each individual enrolling in the HMO plan. (PCP ID's are not required for enrollment in the PPO plan).**
  The doctor's first and last name are required, no facility names.
  PCP ID Numbers can be found using BCBS's Find A Doctor link online. Most Massachusetts PCP ID's are formatted "700Jxxxxx" or "700NPxxxx", all will start with "700". Out of state PCP ID's are formatted differently. You can contact your employer or BCBS if you need assistance with finding a PCP ID.
- **Medicare information** if applicable, or check the NO box
- **Working status**, actively working Y/N is required for all subscribers and spouses. If NO, the date of retirement is required.
- **Member Signature**, the employee must sign the form for all adds/changes/cancellations made to their plan, any voluntary choice made. The only exception to a member signature is if the member leaves employment; they are no longer eligible for the benefit and the employer has the right to process the cancellation without the member's signature.

List of Contacts for Members

Your Employer – this is always your first point of contact.
They have different policies in place that need to be followed. All changes need to be presented to them first for monetary adjustments to be made. The Employer will then present any changes to the appropriate benefits entities on your behalf.

Hampshire County Group Insurance Trust 413-584-1300
The Trust should only be contacted with eligibility questions that your employer cannot answer for you.

BCBS Member Services (800) 486-1136
Their number can be found on the back of your ID card.
You should only contact BCBS directly if you have questions regarding claims.
NO information for changes/updates should ever be submitted directly to BCBS.

CVS Caremark Member Services (844) 201-2183
Their number can be found on the back of your ID card.
You should only contact CVS Caremark directly if you have questions regarding claims.
NO information for changes/updates should ever be submitted directly to CVS Caremark.
If you are not currently enrolled but would like to know if your medications would be covered under our plan, please call 844-201-2183.

Delta Voluntary Dental
Member Services contact information, www.deltadentalma.com (800-872-0500).

CanaRx Customer Service (866) 893-6337.
All Enrollment or Coverage questions should be directed to CanaRx.

Wellness Initiative (sponsored by the Trust)
The wellness initiative is a program designed to help employees improve their health through prevention and wellness. To participate in the many programs offered, contact Michele Komosa at michelek@hcgit.org or call (413) 584-1300 Ext. 173.