

# BENEFITS SUMMARY

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The Town of Cohasset is happy to offer several benefits in addition to salary and wages to provide a competitive and comprehensive compensation package to our valued employees. In addition to the summaries provided here additional detail and annual updates can be found on the Benefits page of the Town of Cohasset website which is accessed through the Treasurer/Collector Department Page.

<http://cohassetma.org/233/Benefits>

**Disclaimer:** The following information is an honest attempt to provide employees and retirees with pertinent summary information to take advantage of the benefits offered by the Town of Cohasset. Although every attempt has been made to ensure the information is accurate and complete, the information listed here does not create an obligation on the part of the Town of Cohasset. Please contact the Payroll/Benefits Specialist in the Treasurer/Collector's office for the most up-to-date and accurate information.

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## Health Insurance

### Definition

Health Insurance helps cover medical, surgical, and prescription costs due to illness or injury to yourself and family. Two plan types are available: Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO). They are both provided through Massachusetts Interlocal Insurance Association (MIIA) and Blue Cross/Blue Shield. Membership can be either single or family.

### *Eligibility/Requirement*

Active permanent employees working at least 20 hours per week and their dependents under age 26 & spouses, are eligible for Health insurance. Seasonal employees or any employee working less than 20 hours per week are not eligible. Eligible employees will be required to accept or decline health insurance with a signature.

### *Enrollment*

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. This is a firm deadline. Coverage begins on your hire date or the first day of the following month. In addition, open enrollment is available each May to change or enroll in the health insurance beginning the following July 1<sup>st</sup>.

### *Benefit Provider & Contact Information*

Blue Cross/Blue Shield

See insurance card for customer service number

Express Scripts Mail Order Pharmacy

1-800-892-5119

[www.express-scripts.com](http://www.express-scripts.com)

### *Employer/Employee contributions*

Employee contributions are currently 11% for a single HMO plan and 31% for a family HMO plan and 50% paid by the employee for single or family PPO plan. Single and family plans are the only options available. The employee/retiree share of the premium is prepaid a month in advance. If there are not enough funds in a subscriber's payroll or retirement distribution, a direct pay arrangement must be made with the Treasurer/Collector's office.

### *Changes/Cancelation*

Coverage can be added when there is a qualifying event such as birth, death, marriage, divorce, or involuntary loss of coverage elsewhere. Coverage can be cancelled for some or all members at any time. Updated health insurance forms must be filled out signed and submitted to the Treasurer/Collector's office. Social Security numbers must be provided for all members.

Upon Separation of employment, health insurance deductions continue through the last paycheck unless the employees fill out a BCBS application with a specific date. Coverage continues until the deducted premiums run out. Either the 15<sup>th</sup> or the end of the month, depending on the deductions. So, if an employee made 2 payments in April, coverage would end 05/30.

COBRA is available to continue health insurance through the Town at 101% of the premium cost for up to 18 months after separation.

*More Forms and details*

Premium rates can change each June for coverage beginning July 1<sup>st</sup>.

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## Dental Insurance

### Definition

Dental Insurance helps cover costs of caring for the teeth and mouth of yourself and your family. Cohasset offers two levels (Low and High) of Dental Coverage from Blue Cross/Blue Shield with different costs and coverages. The High plan provides everything that the Low plan does plus major restorative and orthodontia benefits and a higher calendar year maximum. Single and family memberships are available.

### *Eligibility/Requirement*

Dental Insurance is optional for active employees working at least 20 hours, retirees, and their dependents under age 26 and spouses.

### *Enrollment*

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. This is a firm deadline. Coverage begins on your hire date or the first day of the following month. In addition, open enrollment is available each May to change or enroll in the dental insurance plan beginning the following July 1<sup>st</sup>.

### *Benefit Provider & Contact Information*

See your insurance card for customer service number.

or

Contact Treasurer/Collector's office for more information.

781-383-4102 x113

### *Employer/Employee contributions*

Employee contributions are 100% for a single and family plan. The employee share of the premium is prepaid a month in advance. If there are not enough funds in a subscriber's payroll or retirement distribution, a direct pay agreement must be signed with the Treasurer/Collector's office.

### *Changes/Cancelation*

Coverage can be added when there is a qualifying event such as birth, death, marriage, divorce, involuntary loss of coverage elsewhere. Coverage can be cancelled for some or all members at any time. Updated dental forms must be filled out, signed, and submitted to the Treasurer/Collector's office.

Upon Separation of employment dental insurance deductions continue through the last paycheck unless the employees fill out a BCBS application with a specific date. Coverage continues until the deducted premiums run out. Either the 15<sup>th</sup> or the end of the month depending on the deductions. So, if an employee made 2 payments in April coverage would end 05/30.

### *More Forms and details*

Premium rates can change each June for coverage beginning July 1<sup>st</sup>.

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## Vision Insurance

### Definition

Vision Insurance helps cover costs of caring for the eyes of yourself and your family. Cohasset offers Blue 20/20 which is administered by EyeMed Vision Care. Coverage includes help paying for eye exams, imaging, lenses, frames, and contacts with both in- and out-of-network options. Savings on hearing exams and hearing aids through Amplifon Hearing are an added bonus.

### *Eligibility/Requirement*

Vision Insurance is optional for active employees working at least 20 hours and their dependents under age 26 and spouses.

### *Enrollment*

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. This is a firm deadline. Coverage begins on the first of the month following hire. In addition, open enrollment is available each May to sign up for vision insurance beginning the following July 1<sup>st</sup>.

### *Benefit Provider & Contact Information*

See your insurance card for customer service number.

or

Contact Treasurer/Collector's office for more information.

781-383-4102 x113

### *Employer/Employee contributions*

Employee contributions are 100% of the plan cost. Single, employee plus spouse, employee plus one or more children, and family memberships are available. The employee share of the premium is prepaid a month in advance. If there are not enough funds in a subscriber's payroll or retirement distribution, a direct pay agreement must be signed with the Treasurer/Collector's office.

### *Changes/Cancelation*

Coverage can be added when there is a qualifying event such as birth, death, marriage, divorce, involuntary job loss. Coverage can be cancelled for some or all members at any time. Updated vision forms must be filled out, signed, and submitted to the Treasurer/Collector's office. Coverage is cancelled upon separation.

Upon separation coverage is cancelled at the end of month of termination.

### *More Forms and details*

Premium rates can change each June for coverage beginning July 1<sup>st</sup>.

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## Flexible Spending Account

### Definition

Flexible Spending Accounts (FSAs) allow employees to pay for certain expenses tax exempt. Specifically, Flexible Spending Medical Account and Flexible Spending Dependent Care Account options are available. Both programs have annual maximums that change periodically. The program is administered by Cafeteria Plan Advisors.

### Eligibility/Requirement

FSAs are optional for active employees working at least 20 hours.

### Enrollment

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. This is a firm deadline. Coverage begins on your hire date. In addition, open enrollment is available each May to sign up for FSA beginning the following July 1<sup>st</sup>. Please note your elections are for the fiscal year (July 1 – June 30). However, certain limitations apply on a calendar year (January 1 – December 31). Also, your enrollment does not automatically renew. If you experience a qualifying event, you may be able to change your coverage.

**You must reenroll every fiscal year during open enrollment.**

**At the end of the fiscal year there is a 90-day runout period to submit bills for previous year. If at the end of that time there remains a balance, the plan allows for a rollover of up to \$550. You must enroll in the subsequent fiscal year to utilize funds that are rolled over from the previous year.**

### Benefit Provider & Contact Information

Cafeteria Plan Advisors  
[www.cpa125.com](http://www.cpa125.com)  
781-848-9848

### Employer/Employee contributions

Employee contributions are 100%. Administration fees are currently split 50/50 between the employee and the employer. These fees are subject to change.

### Changes/Cancellation

Coverage cannot be added throughout the year. Coverage will be cancelled upon separation. Coverage can be changed with a qualifying event.

### More Forms and details

See annual enrollment memo for latest details.

General: [www.cpa125.com](http://www.cpa125.com)  
Forms: <http://www.cpa125.com/download.htm>  
Eligible expenses: <http://www.cpa125.com/FSA-Expenses.pdf>  
Annual memo: See Benefits Home Page for Current Form  
Enrollment Form: See Benefits Home Page for Current Form

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## Basic Life Insurance

### Definition

Basic life insurance policy provides a \$5,000 payment should a covered individual die and an additional \$5,000 for accidental death or dismemberment.

### Eligibility/Requirement

Basic life insurance is optional for active employees working at least 20 hours, retirees, and their spouses/dependents.

### Enrollment

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. This is a firm deadline. Coverage begins on the first of the month following your hire date. Basic life insurance is not offered during open enrollment. It is only offered upon hire.

With evidence of insurability, employees may be able to apply for coverage outside of their original eligibility period.

### Benefit Provider & Contact Information

Boston Mutual  
Jim O'Leary  
617-696-4455  
[Jim@groupins.com](mailto:Jim@groupins.com)

Payroll/HR Benefits Specialist; Treasurer/Collector's office  
781-383-4102 x113

### Employer/Employee contributions

#### EMPLOYEES

Employee contributions are 50% and the policy is for \$5,000. If there are not enough funds in a subscriber's payroll or retirement distribution, a direct pay agreement must be signed with the Treasurer/Collector's office.

#### RETIREES

Current retiree contributions are 80% and the policy is for \$5,000.\* If there are not enough funds in a subscriber's payroll or retirement distribution, a direct pay agreement must be signed with the Treasurer/Collector's office.

### Changes/Cancelation

Coverage can be cancelled for some or all members at any time. Forms to that effect must be filled out, signed, and submitted to the Treasurer/Collector's office. Coverage ends at the end of the month of termination.

### More Forms and details

Boston Mutual General Information and Forms [See Benefits Home Page for Current New Hire Packet](#)

\* Some retirees have been grandfathered at different contribution rates and policy amounts.

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## Expanded Life Insurance

### Definition

Expanded life insurance policies provide much higher payments in the case a covered individual dies. Rates vary based on age, health, and amount of death benefit requested.

### *Eligibility/Requirement*

Expanded life insurance is optional for active employees working at least 20 hours, retirees, and their spouses/young dependents. A \$100,000 guaranteed issue is available up to age 60. Up to \$300,000 may be available with a medical exam.

### *Enrollment*

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. This is a firm deadline. Coverage begins on the first of the month following your hire date. Enrollment is not typically offered at open enrollment. However, there may or may not be open enrollment periods every 4-5 years.

With evidence of insurability, employees may be able to apply for coverage outside of their original eligibility period.

### *Benefit Provider & Contact Information*

Boston Mutual  
Jim O'Leary  
617-696-4455  
[Jim@groupins.com](mailto:Jim@groupins.com)

### *Employer/Employee contributions*

Employee contributions are 100%.

### *Changes/Cancelation*

Coverage can be cancelled for some or all members at any time. Forms to that effect must be filled out, signed, and submitted to the Treasurer/Collector's office. Contact the Boston Mutual Representative for continuing coverage options.

### *More Forms and details*

Boston Mutual General Information and Forms [See Benefits Home Page for Current New Hire Packet](#)

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# Long Term Disability

## Definition

Long Term Disability is an insurance that provides income protection to employees that become disabled for a long period of time, and as a result cannot work. The amount of coverage and the beginning date of payments after an injury or illness are flexible. The rates will depend on the options chosen.

## Eligibility/Requirement

Group Long Term Disability insurance is optional for active employees working at least 20 hours.

## Enrollment

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. This is a firm deadline. Coverage begins on the first of the month following your hire date. Enrollment is not typically offered at open enrollment. However, enrollment may be opened to existing employees from time to time.

With evidence of insurability, employees may be able to apply for coverage outside of their original eligibility period.

## Benefit Provider & Contact Information

Boston Mutual  
Jim O'Leary  
617-696-4455  
[Jim@groupins.com](mailto:Jim@groupins.com)

## Employer/Employee contributions

Employee contributions are 100%.

## Changes/Cancelation

Coverage can be cancelled at any time. Forms to that effect must be filled out, signed, and submitted to the Treasurer/Collector's office. Contact the Boston Mutual Representative for continuing coverage options.

## More Forms and details

Boston Mutual General Information and Forms [See Benefits Home Page for Current New Hire Packet](#)

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## Supplemental Insurance

### Definition

Supplemental insurance is an added level of financial protection for yourself and your family in the event of a serious accident or illness. Aflac provides a variety of coverages such as accident, critical illness, cancer, hospital, and short-term disability. Options change periodically.

### *Eligibility/Requirement*

Supplemental insurance is optional for active employees working at least 20 hours.

### *Enrollment*

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector's office within 30 days of hire. Coverage begins on the date agreed to with Aflac. If an employee wants supplemental insurance, he/she must enroll upon hire or during annual open enrollments.

### *Benefit Provider & Contact Information*

Aflac  
Erin Murphy  
508-830-0020  
[Erin\\_Murphy@US.Aflac.com](mailto:Erin_Murphy@US.Aflac.com)  
[www.Aflac.com](http://www.Aflac.com)

### *Employer/Employee contributions*

Employee contributions are 100%.

### *Changes/Cancellation*

Coverage can be cancelled at any time. Forms to that effect must be filled out, signed, and submitted to the Treasurer/Collector's office.

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## Deferred Compensation

### Definition

Deferred compensation is a plan which allows you to save and invest money for retirement with tax benefits. Different vendors provide a variety of options such as standard tax deferred contribution, Roth contribution, Loan option and an emergency withdrawal option. Please consult various vendors for the options they provide, and which are best for you.

### Eligibility/Requirement

A 457b Deferred compensation plan is offered to active all employees working at least 20 hours. School employees generally opt for a 403b deferred compensation plan which is offered only to active school employees working at least 20 hours. These are benefit eligible employees according to IRS regulations.

### Enrollment

Enrollment is available at any time through the select vendors. There is a limit to the amount of compensation that can be deferred for a calendar year. This limit can change from year to year. If you have deferred compensation through any plan type through another or previous employer for the current calendar year, please inform the Treasurer/Collector's office to avoid IRS penalties.

### Benefit Providers & Contact Information

457b	457b	457b
Great West	Equitable (Formerly AXA)	AIG (Formerly VALIC)
Marianne Cole	Scott Novak	Edward McBride
339-788-4621	857-998-0557	508-930-9913
<a href="mailto:Marianne.Cole@Empower-retirement.com">Marianne.Cole@Empower-retirement.com</a>	<a href="mailto:Scott.Novak@Equitable.com">Scott.Novak@Equitable.com</a>	<a href="mailto:Edward.McBride@AIG.com">Edward.McBride@AIG.com</a>
<a href="http://www.mass-smart.com">www.mass-smart.com</a>	<a href="https://equitable.com">https://equitable.com</a>	<a href="https://aigrs.com">https://aigrs.com</a>

403b

Many vendors see:

<https://www.tsacg.com/individual/plan-sponsor/massachusetts/town-of-cohasset/>

### Employer/Employee contributions

Employee contributions are 100%. The employee contribution is deducted from payroll and forwarded to the vendor or third-party provider.

### Changes/Cancelation

Contributions can be increased, decreased, or cancelled at any time. Forms to that effect must be filled out, signed, and submitted to the Treasurer/Collector's office and the vendor.

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# Wellness Program

## Definition

The Town of Cohasset is committed to the wellness of employees with the guidance and support of the MIIA. Several programs are offered at a discount or free. Programs are led by certified trainers and are onsite, online, or self-directed to appeal to different employees with different work/home schedules. Program content includes exercise, nutrition, wellness, lifestyle, stress management and more. There is a Wellness Incentive Program where all employees and all others who are on the Town of Cohasset Health Insurance plans can earn points towards prizes.

## Eligibility/Requirement

All town employees are eligible to participate in the programs. Non-employees (e.g., retirees, spouses, and dependents) that are enrolled in the Town of Cohasset Health Insurance plans are also eligible. *(Some prizes are limited to those enrolled in the Town of Cohasset Health Insurance Plans.)* Program availability is communicated through email.

## Enrollment

Most programs require registration.

## Benefit Provider & Contact Information

Massachusetts Interlocal Insurance Association (MIIA)  
<https://www.emiia.org/well-aware/services-and-programs>

Cohasset Wellness Group (CWG)  
Co-Chairs Jennifer Oram & Paula Linhares

## Employer/Employee contributions

Most programs are 100% employer paid.

## Cancellation

Anytime

## More Forms and details

n/a

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## Employee Assistance Program

### Definition

Employee Assistance Program (EAP) is a free benefit to all employees, and members of their households. It offers confidential mental health, legal, and financial counseling and referrals to resources such as child/elder care, parent support groups, education programs, summer camps, fitness classes, etc. Specifically, for supervisors, there are offerings in management training, professional development, team building services and more.

### *Eligibility/Requirement*

Available to all employees.

### *Enrollment*

No enrollment required.

### *Benefit Provider & Contact Information*

AllOne Health

1-800-451-1834

<http://www.allonehealth.com/MIIEAP/>

### *Employer/Employee contributions*

100% paid by the employer. Usage of services is confidential. Employer does not know who used services or what services were used.

### *Cancellation*

Benefits continue up until 60 days after employee separation.

### *More Forms and details*

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## WORKERS' COMPENSATION

### Definition

Workers' compensation is a state mandated (Massachusetts General Law Chapter 152) insurance program that provides medical bill payment and up to 60% of average previous year's weekly gross pay to employees who suffer job-related injuries and illnesses and are out of work for more than five (5) days. Benefits are not taxed by the federal government or state government. Benefits are not pensionable.

### *Eligibility/Requirement*

Almost all employees and volunteers are covered regardless of number of hours worked. Contractors are not covered under the Town policy but may be covered under their own policy.

### *Enrollment*

Enrollment is on a group basis and is handled through the Treasurer/Collector's office.

### *Benefit Provider & Contact Information*

MIIA (Massachusetts Interlocal Insurance Association)  
Michael Eaton  
Senior Claims Adjuster  
Phone: 617-457-7663 Fax: 617-753-9987  
Michael.d.eaton7@aon.com  
[MIIA Workers' Compensation](#)

### *Employer/Employee contributions*

Contributions are 100% paid by the employer.

### *Cancellation*

Coverage terminates with separation.

### *More Forms and details*

[Here's what you need to know about: Workers' Compensation](#)

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## OBRA

### Definition

OBRA stands for Omnibus Budget Reconciliation Act of 1990. This federal legislation requires that beginning July 1, 1991, employees not eligible to participate in their employer's retirement program be placed in Social Security or another program meeting federal requirements. Seasonal and part-time individuals meet those criteria.

### *Eligibility/Requirement*

OBRA is required for all seasonal and part-time employees that are not eligible to join the Norfolk County Retirement or Massachusetts Teachers Retirement Systems. OBRA is not required for retirees collecting a pension that that are rehired by the town.

### *Enrollment*

Required forms are provided for you to fill out upon hire. Submit forms to Treasurer/Collector office. If you wish to specify more beneficiaries, there is a separate form.

### *Benefit Provider & Contact Information*

Empower Services  
PO Box 173764  
Denver, CO 80217-3764  
Phone: 877-457-1900 Fax: 866-745-5766  
[www.mass-smart.com](http://www.mass-smart.com)

### *Employer/Employee contributions*

Contributions are 100% paid by the employee. Fees (\$14.10 annually per account in 2018) apply and are 100% paid by the employee.

### *Cancellation*

Upon separation you can receive a distribution which is taxable unless it is rolled into a qualifying account. See the link below for more information including distribution options, converting to full-time status and service buy back. Please notify Treasurer/Collector's office of distribution.

[https://fascore.com/PDF/mass/MASS\\_OBRA\\_Plan\\_Highlights.pdf](https://fascore.com/PDF/mass/MASS_OBRA_Plan_Highlights.pdf)

### *More Forms and details*

<https://mass-smart.gwrs.com/preLoginContentLink.do?accu=MassachusettsWR&contentUrl=prelogin.participate.obra&specificBundle=preLogin>

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# Retirement

## Definition

Retirement payroll deductions are taken in lieu of Social Security from permanent employees. They are mandatory. The retirement system that you will be a part of is based on your job. Town employees and non-ESE certified school employees are members of the Norfolk County Retirement System (NCRS). As of 2021, the Norfolk County rate is 9% of your full salary plus 2% of your salary above \$30,000. Teachers and other ESE certified employees are members of the Massachusetts Teachers' Retirement System (MTRS). As of 2021, the Mass Teacher's retirement rate is 11%. Previously hired employees under both systems, may have different rates based on the date of hire.

## Eligibility/Requirement

Enrollment in Norfolk County Retirement or Massachusetts Teachers Retirement Systems is required for permanent employees working 20 or more hours. In some cases, it is not required for retirees that are rehired by the town.

## Enrollment

Required forms for enrollment and beneficiaries are provided for you to fill out upon hire. Submit forms to Treasurer/Collector office.

## Benefit Provider & Contact Information

Norfolk County Retirement System (NCRS)  
781-821-0664

<http://www.norfolkcountyretirement.org/>

Massachusetts Teachers Retirement (MTRS)  
617-679-MTRS (6877)

<https://mtrs.state.ma.us/>

## Employer/Employee contributions

Contributions are mandatory and 100% paid by the employee.

## Cancelation

Upon separation you may be eligible to receive a pension based on your age, creditable service, and salary. Contact the appropriate retirement board for your specific options and more details regarding withdrawals or rollovers.

## More Forms and details

n/a

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## Medicare Supplemental Health Insurance

### Definition

Supplemental health insurance helps cover medical, surgical, and prescription costs due to illness or injury to yourself and family that are not covered by Medicare. Everyone on supplemental insurance must be on Medicare A and B. The Health Maintenance Organization (HMO) option is Managed Blue for Seniors and is local. The Preferred Provider Organization (PPO) option is Medex2 and is national. They are both provided through MIIA and Blue Cross/Blue Shield and include the Prescription Drug Plan (PDP). Medicare is the primary insurance. The supplemental health insurance is the secondary insurance.

### Eligibility/Requirement

Supplemental health insurance is optional for retirees who have reached their 65<sup>th</sup> birthday and their spouses/dependents. If a spouse of an employee reaches age 65, the spouse remains on the standard health insurance plan until the employee retires. Retirees under 65, employees and their spouses/dependents are not eligible for supplemental health insurance. They may be eligible for standard health insurance. The retiree must have been enrolled in the health insurance program on the date of separation and on the date of retirement (which may be delayed from date of separation) and maintain coverage. Any break in health insurance coverage after separation is permanent. Open enrollment is to change between HMO and PPO plans and not to enroll or re-enroll. Other eligibility requirements must also be met and maintained. See separate policy.

### Enrollment

At the later of retiring or turning age 65 a retiree must switch from a standard health insurance to a supplemental health insurance plan, if allowed. Forms should be filled out, signed, and submitted to the Treasurer/Collector's office. In addition, open enrollment is available each November to switch between HMO and PPO for coverage beginning the following January 1<sup>st</sup>.

### Benefit Provider & Contact Information

Blue Cross/Blue Shield

See insurance card for customer service number

CVS/caremark Mail Order Pharmacy

1-888-543-4917

Groups.RxMedicarePlans.com

### Employer/Retiree contributions

Enrollment in a supplemental plan would be a transfer from a standard health insurance plan when the retiree reaches age 65. Current retiree contributions are 50% for all supplemental plans\*. All supplemental plans are single plans. The retiree share of the premium is prepaid a month in advance. If retirement distribution is not enough or non-existent in the case of a surviving spouse to cover the cost of the plan a direct payment arrangement must be made with Treasurer/Collector's office.

*Changes/Cancelation*

Coverage can be cancelled for some or all members at any time. Updated supplemental health insurance forms must be filled out, signed, and submitted to the Treasurer/Collector's office. Social Security numbers must be provided for all members.

*More Forms and details*

Premium rates can change each December for coverage beginning January 1.

\* Some retirees have been grandfathered at different contribution rates

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## Health Insurance (Retirees)

### Definition

Health Insurance helps cover medical, surgical, and prescription costs due to illness or injury to yourself and family. Two options are available: Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO). They are both provided through Massachusetts Interlocal Insurance Association (MIIA) and Blue Cross/Blue Shield.

### Eligibility/Requirement

Retirees, who are not Medicare eligible and their dependents under age 26 & spouses, may be covered under a standard health insurance plan. The retiree must have been enrolled in the health insurance program on the date of separation and on the date of retirement (which may be delayed from date of separation) and maintain coverage. Any break in health insurance coverage after separation is permanent. This is applicable to employees, retirees, spouses, and dependents. Open enrollment is a chance to switch between HMO and PPO plans and not to enroll. Other eligibility requirements must also be met and maintained. Please see the separate policy.

### Enrollment

Retirees continue with the same coverage when they retire until they reach age 65. At 65 switching to a supplement health insurance is required. See Supplemental Health Insurance below. Open enrollment is a chance to change between HMO and PPO plans and not to enroll.

### Benefit Provider & Contact Information

Blue Cross/Blue Shield  
See insurance card for customer service number

Express Scripts Mail Order Pharmacy  
1-800-892-5119  
[www.express-scripts.com](http://www.express-scripts.com)

### Employer/Employee contributions

Retiree contributions are currently 11% for a single HMO plan and 31% for a family HMO plan and 50% paid by the employee for single or family PPO plan\*. Single and family plans are the only options available. The employee/retiree share of the premium is prepaid a month in advance. If there are not enough funds in a subscriber's payroll or retirement distribution, a direct pay arrangement must be made with the Treasurer/Collector's office.

### Changes/Cancelation

Coverage can be cancelled at any time.

### More Forms and details

Premium rates can change each June for coverage beginning July 1<sup>st</sup>.

\* Some retirees have been grandfathered at different contribution rates

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