



City of Brockton

Human Resources

Robert F. Sullivan
MAYOR

Sandra Knight
DIRECTOR, HUMAN RESOURCES

DATE: April 15, 2025
TO: NON-MEDICARE ELIGIBLE RETIREES/SPOUSES/SURVIVING SPOUSES
FROM: THE HUMAN RESOURCES DEPARTMENT
***RE: HEALTH INSURANCE – ANNUAL OPEN ENROLLMENT**

The City's Open Enrollment period for FY26 will be Thursday, April 17 through Friday, May 16, 2025.

Eligible employees and retirees can review benefit options and enroll in/update coverage for benefits such as:
1) Change your health insurance carrier; 2) Enroll for the first time in a health or dental insurance plan; or 3) Add family members to your policy.

Any changes you make to your health insurance will become effective on July 1, 2025.

Please note: The new rates will reflect in your June retirement check.

If members do not want to change any health-related plan during the Annual Enrollment, no further action is needed to remain in your current health plan. There is nothing you need to do.

These are your options for health insurance:

- Blue Cross Blue Shield Blue Care Elect PPO
- Blue Cross Blue Shield Network Blue New England HMO
- Harvard Pilgrim Choicenet HMO

Retirees, Spouses, and/or Surviving Spouses cannot make changes to the dental plan. Open enrollment for dental is in the Fall 2025.

Premiums for the City's health insurance plans will increase by 14.5% in FY26. All of the rates for FY26 are set out below.

IF YOU WANT MORE INFORMATION ABOUT THE PLANS:

- IN PERSON BENEFITS FAIR, Thursday, May 8th, 10:00am - 2:00pm at the War Memorial Building, 156 West Elm Street, Brockton (free parking on site).** Representatives from Blue Cross, Harvard Pilgrim, Retirement Board and many of our voluntary programs will be in attendance.
- The summary of benefits for the City's health plans can be found by going to our website page, www.cityofbrockton.com/HR, and then navigating to "Open Enrollment." You may also request that information by emailing us at hr@cobma.us



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IF YOU PLAN TO ENROLL FOR THE FIRST TIME IN A CITY HEALTH OR DENTAL INSURANCE PLAN, MAKE CHANGES TO YOUR COVERAGE, OR CHANGE HEALTH INSURANCE CARRIERS, THIS IS WHAT YOU NEED TO DO:

Access an application form by going to the Human Resources website page at www.cityofbrockton.com/HR and navigating to Open Enrollment. You may also request forms by emailing us at HR@cobma.us. Remember that the forms must be **completed** and **returned** to the City Human Resources Department via email (at hr@cobma.us) by 4:30 pm on Friday, **MAY 16, 2025**. **Please include "Insurance for FY 26" in the subject line of the email.**

IF YOU ARE ADDING AN INDIVIDUAL TO A PLAN YOU WILL NEED:

- Social Security number
- Date of birth
- Name of primary care physician (PCP) if you are enrolling in an HMO plan.
- If you are enrolling in or making changes to a family plan, you will need:
- A copy of your marriage certificate if you are adding a spouse;
- A copy of your divorce agreement/decreed if you are adding an ex-spouse*;
- Birth certificates for all dependent children.

Please note, dependent children can continue to be covered on your health and dental insurance plans until they turn the age of 26.

*If you decide to change your current insurance carrier and your plan is also covering an ex-spouse, please notify HR.

THINGS TO REMEMBER:

Please be aware that you must immediately email the City's Human Resources Department about any changes throughout the year in your health insurance status (e.g., marriage, re-marriage of employee or ex-spouse, births, adoptions, deaths, retirement, Medicare additions or changes, involuntary loss of insurance, change of address, change in dependent children status, etc.) It is essential that we receive this information as soon as possible, since we must report all changes (other than those made during Open Enrollment) to your insurance carrier within thirty (30) days of the event. ***Failure to notify the Human Resources Department in a timely manner may result in non-payment of claims for you, your dependents or your ex-dependents. The non-payment of claims by the City may also result in the claims being billed directly to you as the subscriber.***

If you decide to change your current insurance carrier and your plan is also covering an ex-spouse, please notify HR by email at HR@cobma.us since your ex-spouse must also change their carrier.



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Please be advised that if you are a surviving spouse of a City Retiree and you remarry, you must advise HR of this change immediately. In accordance with Massachusetts General Laws Chapter 32B, effective the date of marriage, you will no longer be eligible to continue the health insurance through the City.

The contribution rate for retirees/surviving spouses is 25% of the total monthly premium, unless you qualify a reduced rate. The reduced rates are: 15% for Blue Cross Blue Shield Clue Care Elect (PPO) or 10% for Blue Cross Blue Shield Network Blue (HMO) and Harvard Pilgrim Choicenet (HMO). Please note that If you did qualify for the lower 10 % or 15% rate, this office has previously provided you with that information.

Open Enrollment period ends on May 16, 2025, **you may not make any changes to your health or dental insurance coverage until the next annual Open Enrollment period which begins in April of 2026.** The only exception to this rule is if a “qualifying event,” as described below, occurs.

Qualifying event: If you didn’t enroll yourself or your dependents (including your spouse) because you had other health insurance coverage, you may enroll in the City’s health or dental plans outside the Open Enrollment period if your non-City coverage is involuntarily canceled. Please note that you must request enrollment in the City’s plan(s) within thirty (30) days of the date that your other policy was canceled. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you will be able to enroll yourself and your dependents in the City’s plan(s) outside the Open Enrollment period, provided that you request enrollment **within thirty (30) days** of the event.

HEALTH INSURANCE PLANS AND MONTHLY PREMIUMS FOR FY26:

The following are the health benefit plans offered by the City of Brockton and the monthly premiums for each:

	<u>HEALTH</u>			
	<u>Total Monthly Cost</u>		<u>Retiree/Surviving Spouse</u>	
			<u>Individual</u>	<u>Family</u>
BC/BS BLUE CARE ELECT PREFERRED (PPO) (If previously qualified)	\$1,353.01	\$3,520.54	25% \$338.25	\$880.14
			15% \$202.95	\$528.08
BC/BS NETWORK BLUE NEW ENGLAND (HMO) (If previously qualified)	\$1,235.20	\$3,072.89	25% \$308.80	\$768.22
			10% \$123.52	\$307.29
HARVARD PILGRIM CHOICENET (HMO) (If previously qualified)	\$1,199.58	\$3,055.71	25% \$299.90	\$763.93
			10% \$119.96	\$305.57



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REQUIREMENTS FOR REDUCED RATE:

<u>Previous</u>	<u>2025</u>
Older than 65 as of July 1, 2003	Older than 65 as of July 1, 2003
Income = 200% of Federal poverty level or lower	Income = 200% of Federal poverty level or lower
\$29,160 / Single person over 65 yrs. of age	\$31,300 / Single person over 65 yrs. of age
\$39,440 / two-person household with one person over 65 yrs. of age	\$42,300 / two-person household with one person over 65 yrs. of age

Please submit all questions regarding eligibility for the reduced contribution rate to the Human Resources Department at hr@cobma.us.