

ANNUAL OPEN ENROLLMENT NOTICE

Retirees

Open enrollment for *HEALTH INSURANCE* is now thru **May 22nd, 2023**. If you would like to enroll or change the type of plan you are now in, now is the time to do so. Details about all plans may be obtained on the Town's Website, Treasurer's Office, or School Administration Office. All rate changes and coverage beginning dates are as of July 1st.

For more information about your coverage, or to get a copy of the complete terms of coverage, see <http://semhg.org/>. For general definitions of common terms, you can view the **Glossary** at www.bluecrossma.com/sbcglossary or call **1-800-932-8323** to request a copy. If you call Customer Service located on your card for one of the specific plans, then use the Group # associated with the plan. That will bring up the SMHG new plan offerings specifically. Additionally, to help direct you, you may call the Treasurer's Office at 508-636-1007.

Beginning on or after September 23, 2012, group health plans are required by the Affordable Care Act to provide a standard **Summary of Benefits and Coverage (SBC)** on renewal. The **SBC's** for both the **Value and Deductible Plans with both Network Blue (HMO) and Blue Care Elect (PPO)** are posted on the **Town of Westport, Treasurer's Office web-site**. The **Treasurer's Office also currently has copies available at the office**.

	<u>FULL AMOUNT</u>	<u>TOWN SHARE</u>	<u>RETIREE MONTHLY</u>
NETWORK BLUE NE ENHANCED VALUE (MANAGED): (00-4062766)			
Individual Plan	\$887.00/month	\$443.50/month	\$443.50
Family Plan	\$2,326.00/month	\$1,163.00/month	\$1,163.00
BLUE CARE ELECT ENHANCED VALUE (PPO): (00-2359686)			
Individual Plan	\$1,593.00/month	\$796.50/month	\$796.50
Family Plan	\$3,961.00/month	\$1,980.50/month	\$1,980.50
NETWORK BLUE NE \$250 DEDUCTIBLE WITH HCCS (MANAGED TIERED): (00-4062767)			
Individual Plan	\$836.00/month	\$418.00/month	\$418.00
Family Plan	\$2,190.00/month	\$1,095.00/month	\$1,095.00
BLUE CARE ELECT \$250. DEDUCTIBLE WITH HCCS (PPO TIERED): (00-2359687)			
Individual Plan	\$1,440.00/month	\$720.00/month	\$720.00
Family Plan	\$3,583.00/month	\$1,791.50/month	\$1,791.50

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Treasurer's Office.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

MASSACHUSETTS – Medicaid and CHIP	RHODE ISLAND – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

WHCRA Annual Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 847-491-7513 for more information.