

ANNUAL OPEN ENROLLMENT NOTICE

Open enrollment for *HEALTH, DENTAL, AND DISABILITY INSURANCE* is now thru **May 24th, 2024**. If you would like to enroll or change the type of plan you are in, now is the time to do so. Details about all plans may be obtained on our website www.westport-ma.com/town-treasurer. You can also contact the Treasurer's Office or School Administration Office. All rate changes and coverage beginning dates are as of July 1st.

	<u>FULL AMOUNT</u>	<u>TOWN SHARE</u>	<u>EMPLOYEE MONTHLY</u>	<u>BI-WEEKLY</u>
NETWORK BLUE NE ENHANCED VALUE (MANAGED): (00-4062766)				
Individual Plan	\$938.00/month	\$591.88/month	\$346.12	\$173.06
Family Plan	\$2,459.00/month	\$1,507.38/month	\$951.62	\$475.81
B/C ELECT ENHANCED VALUE (PPO): (00-2359686)				
Individual Plan	\$1,684.00/month	\$884.10/month	\$799.90	\$399.95
Family Plan	\$4,187.00/month	\$2,198.18/month	\$1,988.82	\$994.41
NETWORK BLUE NE \$250.00 DEDUCTIBLE WITH HCCS (MANAGED TIERED): (00-4062767)				
Individual Plan	\$884.00.00/month	\$557.80/month	\$326.20	\$163.10
Family Plan	\$2,315.00/month	\$1,419.10/month	\$895.90	\$447.95
B/C ELECT \$250.00 DEDUCTIBLE WITH HCCS (PPO TIERED): (00-2359687)				
Individual Plan	\$1,522.00/month	\$799.06/month	\$722.94	\$361.47
Family Plan	\$3,787.00/month	\$1,988.18/month	\$1,798.82	\$899.41
B/C ELECT PPO SAVER				
Individual Plan	\$1,155.00/month	\$606.38/month	\$548.62	\$274.31
Family Plan	\$2,860.00/month	\$1,501.50/month	\$1,358.50	\$679.25
NETWORK BLUE NE SAVER				
Individual Plan	\$687.00/month	\$433.50/month	\$253.50	\$126.75
Family Plan	\$1,898.00/month	\$1,163.48/month	\$734.52	\$367.26
Altus Dental Voluntary Low Plan: (2600-0013)				
Individual Plan	\$35.28/month	none	\$35.28	\$17.64
Two Person Plan	\$70.56/month	none	\$70.56	\$35.28
Family Plan	\$105.83/month	none	\$105.83	\$52.92
Altus Dental Voluntary High Plan: (2600-0014)				
Individual Plan	\$39.47/month	none	\$39.47	\$19.74
Two Person Plan	\$83.66/month	none	\$83.66	\$41.83
Family Plan	\$123.13/month	none	\$123.13	\$61.57
EyeMed Voluntary Plan:				
Employee	\$5.60/month	none	\$5.60	\$2.80
Employee/Spouse	\$10.08/month	none	\$10.08	\$5.04
Employee/Child(ren)	\$10.64/month	none	\$10.64	\$5.32
Family	\$16.78/month	none	\$16.78	\$8.39

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 all the Value, Deductible, and Saver 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.

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 and CHIP
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.

Boston Mutual Basic Life and Voluntary Life

Benefit eligible employees for 2024 only can now enroll in the Basic Life Insurance and obtain Voluntary Life Insurance. Current enrollees can now increase their Voluntary Life Insurance.

For more information and rates please contact Christopher Boudreau at bbinsinc@comcast.net or 508-999-4924.

DISABILITY INSURANCE – NOW OFFERING NEW BENEFIT LEVELS. Current enrollees can increase Benefit Levels by \$100.00. Visit our website www.westport-ma.com/town-treasurer for plans and rates. Premiums for current employees with Short Term Disability have increased and will be reflected in your payroll deductions moving forward.

Now is a great time to review your 403(b) or 457(b) retirement options. Please contact your representative directly.

Town & School 457(b)

Empower(Smart Plan)
Vito DeSimone Vito.DeSimone@empower-retirement.com

Security Benefits
Bradford P. Smith bpsmith@lincolninvestment.com

Nationwide
Michael Hackleman hacklm2@nationwide.com

School Employees 403(b)
www.tsag.com