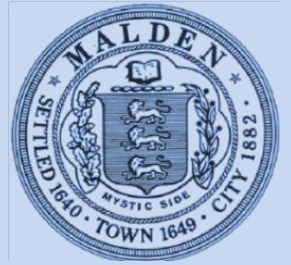


# CITY OF MALDEN

## Human Resources Department

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## EMPLOYEE BENEFITS SUMMARY

### Enrolling in Benefits

Eligible new employees (full-time and permanent part-time employees whose regular schedule is twenty or more hours per week) have **30 days** to enroll in benefits for you and your dependents. Failure to submit your election within the 30 day deadline will result in exclusion from medical insurance and any voluntary benefits offered by the City, **unless you have a qualifying change of life event**. Otherwise, you will have to wait for the Open Enrollment period (mid-April through mid-May) for the next Fiscal Year, effective July 1<sup>st</sup>. The City of Malden pays a percentage of the premium cost for the Medical Insurance and Basic Life Coverage.

### Medical Insurance

- Effective date of coverage for new employees is 30 days from date of hire
- You must first satisfy the plan deductible
- For most services you will have a tiered co-payment, including hospital admissions

#### **Harvard Pilgrim Best Buy Tiered Copay Choice Net HMO** (Offers high-quality coverage)

- You must choose a primary care provider (PCP) for yourself and all covered dependents for your medical care
- The deductible is \$500 per Individual with a maximum of \$1,000 per Family

#### **Harvard Pilgrim Best Buy Tiered Copay Choice Net PPO** (Offers choice, flexibility, and high-quality coverage)

- You are not required to select a primary care provider or get referrals for care
- The deductible is \$1,000 per Individual with a maximum of \$2,000 per Family
- You can receive care from most doctors or facilities in Massachusetts or across the nation

#### **Wellness Program Sponsored by Harvard Pilgrim**

- The Wellness Program is to guide employees in the use of effective health care strategies in order to achieve and maintain a healthy lifestyle. For enrollees of the Wellness Program, the City will provide funds into a Health Reimbursement Account (HRA) of up to \$500 annually. Funds will be placed onto an HRA card to help pay for out-of-pocket medical expenses like co-pays, deductibles, prescriptions, emergency room visit co-pays, eyeglasses and dental work.

### Availability of Summary Medical Benefits and Coverage (SBC)

- As an employee, the medical benefits available to you represent a significant component of your total employment package. They also provide important protection for you and your family in the case of illness or injury. Choosing a medical coverage option is an important decision. To help you make an informed choice, you have available a Summary of Benefits and Coverage (SBC), which summarizes important information about any medical coverage option in a standard format, to help you compare across options. The SBC is available on the web at: [www.harvardpilgrim.org/cityofmalden](http://www.harvardpilgrim.org/cityofmalden). A paper copy is also available in the Human Resources Office.

### Dental Insurance

- Effective date of coverage for new employees is 30 days from date of hire
- You must remain on the plan for one year

#### **Delta Dental PPO Plus Premier Plan**

Provides 100% coverage for diagnostic & preventive services

- No out of pocket expense if services are provided by a contracted Delta Dental Dentist
- Up to \$1,000 in dental benefits annually
- Rollover maximum benefit – allows a portion of the unused annual maximum to be carried over to the next year, for greater value

#### **DMS-CIGNA Dental Care Access Plus Network**

Provides a low-cost alternative

- In-Network
- Preventive & Basic services covered at 100%
- Orthodontia care for children and adults, plan pays 50%

## **Flexible Spending and Dependent Accounts**

### **CPA125**

Flexible Spending Accounts allow you to set aside up to \$2,750 per fiscal plan year (July through June) to pay for out-of-pocket medical/dental expenses for yourself and your family members.

- Contributions are deducted from your paycheck prior to federal, state and FICA taxes
- If you do not use the money from your FSA account by the end of the plan year you forfeit any amount over \$500 as, per regulations, you are only allowed to roll over a maximum of \$500 into the following plan year
- Employees can set aside up to \$5,000 per plan year to pay for out-of-pocket dependent care expenses for children under the age of 13 or elderly parents.
- Current plan participants **MUST** re-enroll in the plan **EACH** plan year.

## **Life & Disability Insurance**

- Effective date of coverage for new employees is first of the month after 30 days of service following date of hire

### **Boston Mutual Life Ins. Co.**

- Basic Life Group Term - \$5,000 of life insurance coverage for employee only
- Voluntary Life – Up to \$500K. Maximum coverage allowable may not exceed five times your base annual salary
- Spousal coverage in units of \$5,000 to a maximum of \$100K, not to exceed 50% of your coverage amount
- Dependent children coverage allows \$5,000 to age 19 (Age 25 for full-time students)

### **Boston Mutual Voluntary Disability Coverage**

- Disability benefits are paid directly to you and the benefit you receive is non-taxable.
- Your individual age and salary based rates and coverage details will be available to you during the upcoming, on-site open enrollment. Meet with a benefits counselor to see your options and join these valuable new programs and/or compare it to your existing policy coverage and rates.

## **Deferred Compensation (457 Plan)**

A deferred compensation plan is a supplemental retirement savings program which allows participants to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket. A 457 plan is similar to a 401(k) plan, except there are never employer matching contributions and the IRS does not consider it a qualified retirement plan. Employees may choose to participate in this program at any time, subject to calendar year contribution limits set by the Internal Revenue Service (IRS) Code.

## **Open Enrollment**

Open Enrollment is an annual event which begins in mid-April and continues through mid-May which allows you to enroll in voluntary benefits or change your current benefits for the next Fiscal Year, effective July 1<sup>st</sup>. Open Enrollment information will be sent to you through your payroll clerk or Union President.

## **Qualifying Change of Life Event**

To change benefits coverage when a qualifying change of life event occurs, you must act within 30 days of the date of the event. Otherwise, you will have to wait for the next Open Enrollment period. You will be asked to provide documentation of the qualifying change of life event. Qualifying change of life events are as follows:

- Marriage or divorce – photocopy of marriage certificate or divorce decree
- Birth, adoption, placement for adoption, \*guardianship, or the addition of a child through marriage (stepchild) – photocopy of birth certificate showing parent-child relationship of insured or insured's spouse
- Adopted children: photocopy of proof of placement letter or adoption
- Death or loss of a dependent – death certificate
- Loss of coverage due to a change in your spouse's employment status - letter from your spouse's employer or COBRA continuation letter
- Loss of coverage due to age change for Dependent children - letter from parents employer or COBRA continuation letter

*\* For legal guardianship, in addition to the above, a dependent remains eligible only until the expiration date stipulated by the court within the Letters of Guardianship.*

## **Effective Date of Coverage Change**

If you are requesting to remove an ineligible dependent or cancel coverage, changes are effective the first of the following month. Any necessary adjustments to your deductions due to a change in benefit enrollment will be made from your paycheck. Changes in deductions are retroactive to the event date.

## **Dependent Coverage Definition**

- An employee's spouse, child (up to age 26) by birth, adoption, placement for adoption, guardianship, or the addition of a child through marriage (stepchild), and any child 26 years of age or over who is mentally or physically incapable of earning his/her own living, provided that any additional premium which may be required is paid for the coverage of such handicapped child.
- An employee's child is allowed to be covered on his/her parent's medical plan until the age of 26, regardless of the dependent status of the child, however the child's spouse and/or children are not eligible for coverage.

# City of Malden

## Medical Insurance Dependent Checklist

Dependent	Eligibility	Required Documents
Spouse	<b>For all plans:</b> Your legally married spouse	<ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• Social Security number</li> </ul>
Biological Child	<b>For the health plan:</b> your child under age 26 regardless of marital status or military enlistment	<ul style="list-style-type: none"> <li>• Birth Certificate of child</li> <li>• Social Security number</li> </ul>
Adopted Child	<b>For the health plan:</b> your child under age 26 regardless of marital status or military enlistment	<ul style="list-style-type: none"> <li>• Birth Certificate of child</li> <li>• Social Security number</li> <li>• Valid court order of adoption, <i>or</i></li> <li>• Valid pre-adoption placement order issued by a licensed child placement agency</li> </ul>
Stepchild	<b>For the health plan:</b> your child under age 26 regardless of marital status or military enlistment	<ul style="list-style-type: none"> <li>• Birth Certificate of child</li> <li>• Social Security number</li> <li>• Marriage certificate for you and the biological parent</li> </ul>
Child under legal guardianship	<b>For the health plan:</b> your child under age 26 regardless of marital status or military enlistment	<ul style="list-style-type: none"> <li>• Valid court order naming you as the child's guardian</li> <li>• Social Security number</li> </ul>