

**NEW HIRE BENEFITS ENROLLMENT GUIDE**

**CITY OF BOSTON: Employee Benefits Guide**  
For Benefits Effective July 1, 2024 – June 30, 2025



# WELCOME TO THE CITY OF BOSTON

We are pleased to offer benefit programs that provide comprehensive coverage to our employees. The *New Hire Benefits Enrollment Guide* is designed to help you and your family better understand your benefit choices before enrolling in coverage.

In addition to the information in this guide, you'll want to review the details found on the benefits website [Boston.gov/city-workers](https://www.boston.gov/city-workers), which is continually updated with the most current benefit information.

- As a new hire, you have 60 days from your date of hire to enroll in coverage
- If you wish to enroll in health insurance, you must also enroll in basic life insurance
- Your coverage will be effective the first day of the month following your hire date. For example, if you are hired on June 20th, your coverage will be effective July 1<sup>st</sup>
  - For active full-time uniform police officers and firefighters, your coverage will be effective on your date of hire. For example, if you are hired on June 20th, your coverage will begin on June 20th

All enrollment forms and eligibility documentation must be submitted directly to the Health Benefits & Insurance Division via e-mail, fax, or mail:

**E-mail:** [HBI@Boston.gov](mailto:HBI@Boston.gov)

**Mail:** Health Benefits & Insurance Office  
Boston City Hall, Room 807  
Boston, MA 02201

**Fax:** (617) 635-3932

Incomplete enrollment forms, or enrollment forms that are complete but missing the supporting eligibility documentation for spouses and/or dependents will not be accepted. Please make sure that you have completed all necessary forms in their entirety and you include any necessary documents.

Failure to return a completed enrollment form or waiver within the 60-day eligibility period will result in an automatic waiver of coverage.

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## WHO IS ELIGIBLE?

In general, employees scheduled to work 20 hours or more per week are eligible to enroll in benefits. However, there are employees who are scheduled to work less than 20 hours per week who are eligible due to the terms in their collective bargaining agreement. Please refer to your collective bargaining agreement and/or your personnel officer for more information.

If you're eligible for health coverage, you may also cover your eligible dependents, which include the following:

- **Your spouse**
- **Your former spouse (if required by divorce decree)**
- **You or your spouse's biological or adopted child (until the end of the calendar month in which they turn 26)**
- **Your grandchild (as long as their parent, your child, is enrolled in the health plan, your grandchildren will be eligible until their parent is no longer eligible)**
- **A person under age 26 who is not your child or your spouse's child, but who qualifies as a dependent under the Internal Revenue Code**
- **A child recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage**
- **A disabled dependent child age 26 or older**

In order to enroll an eligible dependent, you must submit the following documentation along with your completed enrollment form:

- **To enroll a spouse, you will need to submit a copy of your marriage certificate**
- **To enroll a former spouse, you will need to submit a copy of the divorce decree specifying that you must continue to provide coverage**
- **To enroll a child, you will need to submit a copy of the child's birth certificate**
- **To enroll an adopted child, you will need to submit a copy of the adoption certificate and birth certificate**
- **To enroll an adult disabled dependent, you will have to contact the health plan directly and follow their procedures**

# QUALIFYING EVENTS

If you do not enroll in coverage during the 60-day window from the date you are hired, you will not be able to enroll in coverage until the next annual enrollment period, unless you have a qualifying event.

The following examples are considered qualifying events and if you experience one of these situations outside of the initial enrollment period or the annual enrollment period, you will be allowed to make changes to your coverage:

- Marriage, divorce, legal separation, or annulment
- The birth or adoption of a child
- Loss of other coverage (please note, if loss of other coverage was due to the fact that the premium was not paid, this does not qualify as a qualifying event)
- A Qualified Medical Child Support Order requires that you provide coverage for an eligible dependent
- Moving outside of the service area (this is applicable to the HMO plans only and does not apply to dependents attending college outside of New England. If you have a student outside of New England, please contact the Health Benefits Office as we have a special process to ensure that your dependent student is able to receive coverage nationwide)

**If you experience a qualifying event, you have 30 days from the date of the event to change your benefit elections.**

**Contact the Health Benefits Office as soon as possible after a qualifying event occurs for help changing your coverage.**

# HEALTH PLANS AVAILABLE TO ACTIVE EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES

## BCBSMA STANDARD HMO (NETWORK BLUE NEW ENGLAND)

The BCBSMA Standard HMO Plan offers access to the regional Network Blue New England HMO network of doctors and hospitals that charge lower fees for services provided to plan participants. You must designate a primary care physician (PCP) under this plan. To receive services from other in-network physicians or specialists, your PCP **must** provide you with a referral.

## BCBSMA PREFERRED PROVIDER ORGANIZATION (PPO)

The BCBSMA PPO offers access to the nationwide network of PPO participating doctors and hospitals. In addition, this plan offers an out of network level of benefits in which you can use any provider of your choice. This plan does not require you to get referrals for specialist visits, and you do not need to designate a primary care provider (PCP.)

## MASS GENERAL BRIGHAM VALUE HMO (LIMITED NETWORK)

The Mass General Brigham Value HMO Plan offers access to the Mass General Brigham Value HMO network of high-quality, lower cost doctors and hospitals. You must designate a primary care physician (PCP) under this plan. To receive services from other in-network physicians or specialists, your PCP **must** provide you with a referral.



**MAKE SURE YOUR PROVIDERS ARE IN-NETWORK!**

Here's how to check your providers.

BCBSMA Plans:

[member.bluecrossma.com/fad](https://member.bluecrossma.com/fad)

Go to **Provider Search**, and enter the network:

- PPO or EPO (PPO Plan)
- HMO Blue New England (Standard HMO)

Mass General Brigham Value HMO:

<https://massgeneralbrighamhealthplan.org/city-of-boston>

**Helpful tip for your search: Start with the first initial and last name of your provider. Some providers can be found by searching their practice name.**



**REVIEW EACH PLAN BEFORE YOU ENROLL!**

A Preferred Provider Organization (PPO) plan offers more flexibility regarding where you receive care, doesn't require you to choose a PCP, and covers out-of-network services at higher rates.

A Health Maintenance Organization (HMO) plan takes a managed approach to in-network care. You must choose a PCP, and the plan won't cover out-of-network care except for emergency room and urgent care visits.

# HEALTH PLANS AVAILABLE TO ACTIVE EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES

| Covered Services  | Mass General Brigham Value HMO (Limited Network)                   | BCBSMA Standard HMO (Network Blue New England)                     | BCBSMA PPO (Blue Care Elect Preferred)  |
|---|--|--|---|
| <b>Network</b>  | <b>In-Network Only</b>   | <b>In-Network Only</b>   | <b>In-Network / Out-of-Network</b>  |
| <b>Monthly Rates</b>  | \$186.68 Individual Policy<br>\$495.30 Family Policy               | \$225.03 Individual Policy<br>\$596.70 Family Policy               | \$412.36 Individual Policy<br>\$1,093.04 Family Policy  |
| <b>Service Area</b>   | Massachusetts-based  | New England-based  | Anywhere in United States*  |
| <b>Deductible (per plan year)</b>   | \$0  | \$100 per member, up to \$200 per family                           | In-Network: \$250 per member, up to \$500 per family<br>Out-of-Network: \$350 per member, up to \$875 per family                |
| <b>Out-of-Pocket Maximum</b>  |  |  |   |
| <b>In-Network (applies to all out-of-pocket costs for covered medical and prescription drug services)</b> | \$4,500 per member, up to \$9,000 per family                       | \$4,500 per member, up to \$9,000 per family                       | \$4,500 per member, up to \$9,000 per family  |
| <b>Out-of-Network (applies to deductible and coinsurance)</b>   | No coverage  | No coverage  | \$4,500 per member, up to \$9,000 per family  |
| <b>Preventive Care Visits, Health Screenings, and Immunizations</b>                                       | \$0  | \$0  | In-Network: \$0<br>Out-of-Network: 20% coinsurance after deductible   |
| <b>Office Visit Copays (non-preventive)</b>   | \$20 per primary care visit<br>\$30 per specialty care visit       | \$20 per primary care visit<br>\$35 per specialty care visit       | In-Network:<br>\$20 per primary care visit<br>\$35 per specialty care visit<br>Out-of-Network: 20% coinsurance after deductible |
| <b>Chiropractor Visit</b>   | \$30 copay   | \$30 copay   | In-Network: \$35 copay<br>Out-of-Network: 20% coinsurance after deductible  |
| <b>Physical Therapy</b>   | \$20 copay<br>Up to 60 visits per plan year                        | \$20 copay<br>Up to 60 visits per plan year                        | In-Network: \$20 copay<br>Out-of-Network: 20% coinsurance after deductible<br>Up to 100 visits per plan year                    |
| <b>Prescription Drugs</b>   |  |  |   |
| Up to a 30-day supply at a retail pharmacy  | Tier 1 – \$10 copay<br>Tier 2 – \$30 copay<br>Tier 3 – \$55 copay  | Tier 1 – \$10 copay<br>Tier 2 – \$30 copay<br>Tier 3 – \$55 copay  | Tier 1 – \$10 copay<br>Tier 2 – \$30 copay<br>Tier 3 – \$55 copay   |
| Up to a 90-day supply at a mail-order pharmacy:   | Tier 1 – \$20 copay<br>Tier 2 – \$60 copay<br>Tier 3 – \$135 copay | Tier 1 – \$20 copay<br>Tier 2 – \$60 copay<br>Tier 3 – \$135 copay | Tier 1 – \$20 copay<br>Tier 2 – \$60 copay<br>Tier 3 – \$135 copay  |

# HEALTH PLANS AVAILABLE TO ACTIVE EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES

| Covered Services  | Mass General Brigham Value HMO (Limited Network)      | BCBSMA Standard HMO (Network Blue New England)               | BCBSMA PPO (Blue Care Elect Preferred)                       |
|---|---|--|--|
| Network   | In-Network Only                                       | In-Network Only  | In-Network/Out-of-Network                                    |
| <b>Diagnostic Test (X-ray, blood work)</b>                                  | \$0   | \$0 after deductible   | In-Network: \$0 after deductible                             |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
| <b>Advanced Imaging (CT/PET scans, MRIs)</b>                                | \$50 copay*   | \$100 copay after deductible*                                | In-Network: \$100 copay after deductible*                    |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
| <b>Outpatient Hospital</b>  | \$50 copay*   | \$100 copay after deductible*                                | In-Network: \$100 copay after deductible*                    |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
| <b>Inpatient Hospital and Skilled Nursing Care</b>                          | \$50 copay*   | \$100 copay after deductible*                                | In-Network: \$100 copay after deductible*                    |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
| <b>Behavioral Health Services (mental health or substance use disorder)</b> | Outpatient services: \$20 copay                       | Outpatient services: \$20 copay                              | Outpatient services: \$20 copay                              |
|   | Inpatient services: \$0                               | Inpatient services: \$0                                      | Inpatient services: \$0                                      |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
| <b>Emergency Room Care</b>  | \$100 copay per visit, waived if admitted to hospital | \$100 copay after deductible, waived if admitted to hospital | \$100 copay after deductible, waived if admitted to hospital |
| <b>Emergency Medical Transportation</b>                                     | \$0   | \$0 after deductible   | \$0 after deductible   |
| <b>Home Healthcare</b>  | \$0   | \$0 after deductible   | In-Network: \$0 after deductible                             |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
| <b>Durable Medical Equipment</b>  | \$0   | \$0 after deductible   | In-Network: \$0 after deductible                             |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
| <b>Routine Vision Care</b>  | \$30 copay  | \$20 copay   | In-Network: \$0  |
|   |   |  | Out-of-Network: 20% coinsurance after deductible             |
|   | Once every 12 months                                  | Once per plan year   | Once every 24 months (In- and Out-of-Network combined)       |
| <b>Preventive Dental Care</b>   | Up to age 12 – \$0                                    | Up to age 13 – \$0   | Not covered  |
|   | 1 visit every 6 months                                | 2 visits per plan year                                       |  |

\* Maximum of one copayment per category (Advanced Imaging, Outpatient Hospital, and Inpatient Hospital) per plan year

All plan accumulators (out-of-pocket limits, deductibles, therapy visits, etc.) will run on a plan year (July 1<sup>st</sup> – June 30<sup>th</sup>)



# DENTAL AND VISION COVERAGE FOR ACTIVE EMPLOYEES

Many City employees receive coverage through the Massachusetts Public Employee Fund (MPE Fund). Other employees receive coverage through their respective unions. Refer to your collective bargaining agreement for details on your dental and vision coverage. The coverage varies depending on your agreement.

For MPE Fund eligible Employees, there is a 6-month waiting period before benefits become effective. The MPE Fund will mail you enrollment materials and a booklet outlining the coverage options. If you take no action, you will automatically be enrolled in individual only coverage effective 6 months from your hire. You can add a spouse or dependents to the policy at any time.

There is no cost for the dental and vision coverage provided through the MPE Fund. The City covers the cost of these benefits for eligible employees.

Generally, your coverage includes:

- Preventive, basic, and major dental services
- Orthodontia
- Dental exams, teeth cleaning, fluoride treatments, and bitewing X-rays
- Tooth extraction, when medically necessary
- Eye exams, lenses, frames, and contact lenses
- Discounts on frames, sunglasses, and laser eye surgery

For a full description of covered services and providers, please visit: [MPE Fund Dental and Vision Coverage Booklet](#)

# LIFE INSURANCE

## **Basic Life Insurance**

A Basic Term Life Insurance policy is offered to employees of the City. The value of the benefit is \$5,000 or \$10,000 based on Union affiliation. This policy also includes a separate benefit of equal value for accidental death and dismemberment coverage.

Basic Term Life Insurance is mandatory for any employee enrolled in a City administered Group Health Insurance Plan. Enrollment is voluntary for benefits-eligible employees who are not enrolled in a City administered Group Health Insurance Plan. The cost for this benefit is shared 50/50 between the City and the employee.

## **Optional Term Life Insurance**

The City offers employees optional life insurance coverage, including a separate benefit of equal value for accidental death and dismemberment coverage. You can enroll up to a maximum amount of \$74,000 or your annual salary minus \$1,000, whichever is less. The cost of the policy is based on the amount of coverage you want and your age and is paid 100% by you.

Upon retirement, the full benefit is available at a higher premium until you reach age 75. At age 75, your term life insurance benefits terminate, and you have the option to convert to a whole life policy directly with Boston Mutual.

## **Accidental Line of Duty Death Insurance**

All active full-time police officers and firefighters employed by the City of Boston are automatically enrolled in this coverage at no cost to the employee. The benefit amount is based on the base annual salary at the time of death.

**Contact the Health Benefits & Insurance Office to learn more.**

# FLEXIBLE SPENDING ACCOUNTS

The City of Boston offers several tax-advantaged options to help active employees pay for healthcare, dependent care, and commuting expenses. Your contributions are tax-free and so are reimbursements that you claim. Our Flexible Spending Accounts (FSAs) are administered by Cafeteria Plan Advisors, Inc.

For each FSA option you select, the City of Boston deducts your contribution from your paycheck on a pretax basis. As a result, you pay less in federal income and Massachusetts state income tax. Your FSA elections might even lower your tax bracket!

We offer four FSA options. You can enroll in none, some, or all of them. The IRS determines the maximum annual amount you're allowed to contribute to each FSA account. Below are the annual maximum contribution amounts for 2024:

- **Health Care FSA:** Up to \$3,050 per year
- **Dependent Care FSA:** Up to \$5,000 per family
- **Transportation (parking):** \$3,600 per year (\$300 per month)
- **Transportation (transit):** \$3,600 per year (\$300 per month)

Employees have 30 days from their date of hire to enroll in the FSA account(s). If an employee does not enroll during this initial period, they will have a chance to enroll during the FSA Annual Enrollment period which takes place in the fall each year.

The funds in FSA accounts are “use it or lose it.” They do not roll over from year to year. The City provides a 75-day grace period to employees to spend the previous year’s balance.

All FSA accounts that the City offers run on a calendar year basis. Therefore, you should be mindful of your hire date when enrolling in an FSA. For example, an employee who is hired mid-year may not want to contribute the full amount to their healthcare FSA the first year because if they do not spend the full amount, they’ll lose what is leftover.

## GRACE PERIOD

Health Care FSA participants get an extra 75 days at the end of the plan year to spend down the prior year's available balance.

When employees terminate or retire, they have until the end of the calendar year to submit a claim for services that occurred prior to their separation date.

# OPT-OUT INFORMATION

If you choose to receive coverage under another medical plan outside of the City of Boston's group coverage, you may waive the City of Boston plan and receive an annual opt-out payment through your paycheck.

## Eligibility

To participate, employees must currently be enrolled in medical coverage through the City of Boston and drop the coverage for at least one year; or your collective bargaining agreement states that you qualify because you had City of Boston health insurance coverage for at least one year during your employment with the City and had previously dropped the coverage (enhanced program only).

Employees are eligible for the payment if they have coverage under another plan. Other plans include:

- Your spouse's/ partner's plan (as long as he or she is covered by a plan other than the City of Boston, Boston Water & Sewer Commission, or the Boston Public Health Commission)
- A private plan
- A plan offered through a second employer (if you have another job that provides health care benefits)
- A retiree health plan from an employer other than the City of Boston

Employees must be active or on leave at the time of the opt-out payout. If an employee is separated from the City or retirees at the time of payout, they will no longer be eligible to receive the payment.

## Annual Opt-Out Payment Amount

The opt-out application opens in the Spring each year. Eligible employees who apply and are approved for payment will receive the payment in one of the July payroll checks

- **Regular opt-out program:** \$1,000 for individual / \$1,500 for family
- **Enhanced opt-out program:** \$1,500 for individual / \$2,500 for family

**Please note that the amounts you receive under this plan are subject to federal, state, and Medicare taxes.**

# OPT-OUT INFORMATION

## Applying for the Annual Opt-Out Payment

The City of Boston wants you to stay on the road to good health. Therefore, if you choose to waive medical plan coverage, you must certify that you have coverage under another medical plan by:

1. Completing and signing a “Waiver of Health Insurance Coverage” application through an online Google form; and
2. Providing written documentation of your other coverage on employer or group letterhead signed by an authorized representative of the employer or health insurance group providing the alternative coverage; and
3. Copy of your marriage certificate or one of your dependent’s birth certificate if you are applying for the family benefit.

## If you Waive Coverage and Need to Rejoin the City’s Health Insurance

If you waive coverage and then lose your other coverage during the City of Boston’s medical plan year, you can rejoin the plan, but you must:

1. Notify the City of Boston within thirty (30) days of the date of insurance cancellation;
2. Provide verification of loss of coverage; and
3. Enroll in a medical plan offered by the City

If you do not enroll in a City health plan within the 30 days, the City of Boston will not be responsible for any medical claims you incur after your loss of other coverage, and you must wait until the next Annual Enrollment period to reapply for coverage.

## Repayment of Cash Benefit Payment

If you waive coverage, receive your cash benefit, and then rejoin the City of Boston’s medical plan at a later date, you must pay back a prorated amount of the annual opt-out payment. The amount you pay will be calculated to reflect the period for which you received payment minus the number of months that you will now be covered by one of the plans offered by the City of Boston.

# WELLNESS PROGRAM



Human Resources &  
Public Employee Committee

The City of Boston in collaboration with the Public Employee Committee (PEC) offers employees access to a robust wellness program that includes a variety of challenges in which employees can earn points and get rewards. In addition, the Wellness Program contains access to Burnalong, which is an online platform of on demand exercise videos.

To learn more, visit: [bostonwellness.livehealthyignite.com](https://bostonwellness.livehealthyignite.com)



## Boston Employee Wellness Program Guide

Rewards, Challenges, Recipes and More

# CONTACT INFORMATION

## Health Benefits Office

1 City Hall Square, Room 807  
Boston, MA 02201

Email: [HBI@boston.gov](mailto:HBI@boston.gov)

Phone: 617-635-4570

Fax: 617-635-3932

Office hours: Monday–Friday, 9 a.m.–5 p.m.

## Health Benefits Office Website:

City Employees: [Boston.gov/city-workers](http://Boston.gov/city-workers)

## Blue Cross Blue Shield of Massachusetts

Phone: 888-714-0189

Website: [planinfo.bluecrossma.org/cityofboston](http://planinfo.bluecrossma.org/cityofboston)

## Mass General Brigham Health Plan

Phone (current member): 866-567-9175

Phone (non-member): 800-871-2223

Website: [massgeneralbrighamhealthplan.org/city-of-boston](http://massgeneralbrighamhealthplan.org/city-of-boston)

## Cafeteria Plan Advisors, Inc.

Phone: 781-848-9848

Website: [cpa125.com](http://cpa125.com)



# CITY *of* **BOSTON**

Health Benefits Office  
1 City Hall Square, Room 807  
Boston, MA 02201

