

2015 OPEN ENROLLMENT INFORMATION
OPEN ENROLLMENT PERIOD WILL BE MAY 12, 2015 – MAY 20, 2015
ALL CHANGES ARE EFFECTIVE JULY 1, 2015

HEALTH FAIR SESSIONS ARE SCHEDULED FOR THE FOLLOWING DATES:

TUESDAY MAY 12th FROM 12 PM – 4PM AND THURSDAY MAY 14th FROM 9AM – 1PM
SESSION WILL BE HELD IN THE AUDITORIUM ON THE 2ND FLOOR AT CITY HALL

Representatives from **MIIA (BC/BS Provider)** and **Crosby Benefits (FSA & HRA Provider)** will be on site to answer questions you may have regarding their respective plans. Updated pamphlets will be available on May 12, 2015.

If you are currently enrolled in the FSA Medical Plan or FSA Dependent Care Plan and wish to continue into the new fiscal year, **YOU MUST COMPLETE A NEW FORM EACH YEAR.** You may pick up new forms in the School Department Benefits Office.

Please contact the Benefits Office at (978) 420-1964 or email kmackie@haverhill-ps.org if you have any questions.

Health Insurance Rates Effective 7/1/2015 *Adjustments will be made to May29th and June 12th pay periods.

Provider	Plan	Type Of Coverage	Contribution Level	Bi-Weekly Deduction 20 PAY PERIODS	Notes
BCBS	PPO (Deductible)	Individual	75/25	\$153.03	
BCBS	PPO (Deductible)	Family	75/25	\$355.03	
BCBS	PPO (Deductible)	Individual	70/30	\$183.64	
BCBS	PPO (Deductible)	Family	70/30	\$426.04	
BCBS	HMO (Deductible)	Individual	80/20	\$74.55	
BCBS	HMO (Deductible)	Family	80/20	\$199.79	
BCBS	HMO (Deductible)	Individual	75/25	\$93.18	Hired PRIOR to 7/1/11
BCBS	HMO (Deductible)	Family	75/25	\$249.73	Hired PRIOR to 7/1/11
BCBS	HMO (Deductible)	Individual	70/30	\$111.82	Hired AFTER 7/1/2011
BCBS	HMO (Deductible)	Family	70/30	\$299.68	Hired AFTER 7/1/2011

Dental Plan Rates Effective 7/1/2015 (No rate or plan changes for FY15)

Provider	Plan	Type Of Coverage	Bi-Weekly Deduction 20 PAY PERIODS
DELTA DENTAL	Basic	Individual	\$16.79
DELTA DENTAL	Basic	Ind + 1	\$34.55
DELTA DENTAL	Basic	Family	\$53.18
DELTA DENTAL	Enhanced	Individual	\$29.21
DELTA DENTAL	Enhanced	Ind + 1	\$60.13
DELTA DENTAL	Enhanced	Family	\$92.53