

# 2016 OPEN ENROLLMENT INFORMATION

**OPEN ENROLLMENT PERIOD: MAY 11, 2016 – MAY 23, 2016**

**EFFECTIVE DATE OF COVERAGE JULY 1, 2016**

HEALTH FAIR SESSIONS ARE SCHEDULED FOR THE FOLLOWING DATES:

**TUESDAY, MAY 17 - 9:00 AM - 12:00 PM AND THURSDAY, MAY 19 - 1:30 PM - 4:30 PM**

**SESSION WILL BE HELD IN THE AUDITORIUM ON THE 2<sup>ND</sup> FLOOR AT CITY HALL**

Representatives from **Blue Cross, Delta Dental, Crosby Benefits (FSA Provider)** and **VOYA (457 Deferred Comp plan)** will be on site to answer questions you may have regarding their respective plans.

***If you are currently enrolled in the FSA Medical or Dependent Care Plan - YOU MUST COMPLETE A NEW ENROLLMENT FORM EACH YEAR***

In addition, the following Open Enrollment meetings will be held:

**Monday, May 16 - 2:30 pm to 4:30 pm at the High School-Tuesday, May 17 - 3:30 pm to 4:30 pm at Golden Hill**

**Wednesday, May 18 - 3:30 pm to 4:30 pm at Consentino-Thursday, May 19 - 3:30 pm to 4:30 pm at Bradford Elementary**

**Monday, May 23 – 3:30 pm to 4:30 pm at Pentucket Lake**

**Health Insurance Rates Effective 7/1/2016** \*Adjustments will be made to May 27<sup>th</sup> and June 10<sup>th</sup> pay periods.

Provider	Plan	Type Of Coverage	Contribution Level	Bi-Weekly Deduction 20 PAY PERIODS	Notes
BCBS	PPO (Deductible)	Individual	75/25	\$172.62	Hired PRIOR to 7/1/11
BCBS	PPO (Deductible)	Family	75/25	\$400.48	Hired PRIOR to 7/1/11
BCBS	PPO (Deductible)	Individual	70/30	\$207.14	Hired AFTER 7/1/2011
BCBS	PPO (Deductible)	Family	70/30	\$480.57	Hired AFTER 7/1/2011
BCBS	HMO (Deductible)	Individual	75/25	\$105.11	Hired PRIOR to 7/1/11
BCBS	HMO (Deductible)	Family	75/25	\$281.70	Hired PRIOR to 7/1/11
BCBS	HMO (Deductible)	Individual	70/30	\$126.13	Hired AFTER 7/1/2011
BCBS	HMO (Deductible)	Family	70/30	\$338.04	Hired AFTER 7/1/2011

## Dental Plan Rates Effective 7/1/2016 (No rate or plan changes for FY16)

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

If you have questions or need enrollment forms contact Nina Torrasi at (978) 420-1964 or [nina.torrasi@haverhill-ps.org](mailto:nina.torrasi@haverhill-ps.org)