

MEMO

Open Enrollment period: April 15, 2023-May 15, 2023

To: Town of Plympton Employees
From: Treasurer's Office, Direct Telephone: 781-585-0409

Included:

- Availability of Summary of Health Information
- in addition to 457(b) Deferred Compensation
- AFLAC Supplementary Plan Representative Contact Information
- Boston Mutual Basic Life, Voluntary Life, and AD&D Insurance Representative Contact Information
- VOYA 457(b) Roth option, see brief summary of new Roth Option
- **NEW VISION PROVIDER INFORMATION**
- Premium Assistance Under Medicaid and the Children's health Insurance Program (CHIP)
- FY24 Rate Information attached

HEALTH INSURANCE PLANS

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

There are a series of health coverage options available to you. Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option the Town of Plympton offers in a standard format, to help you compare across options.

All summaries are available on the Town of Plympton Website at:
www.town.plympton.ma.us/treasurer-collector/pages/employee-information

If you find it would be easier to read a paper copy, please don't hesitate to contact the Treasurer's Office at 781-585-0409. We will make arrangements to be sure you receive a paper copy.

DENTAL

Please see the Town of Plympton website for additional summary dental information:
www.town.plympton.ma.us/treasurer-collector/pages/employee-information

AFLAC

If you would like additional documentation for AFLAC Supplemental Plans offered by the Town of Plympton, please contact our representative, Stephen Debellis at: stephen_debellis@us.aflac.com. Stephen can also be reached by telephone at 617-512-6731. Stephen has been our Aflac representative since 2012.

Open Enrollment is where you can ADD/CANCEL/CHANGE your Aflac Programs AND also get great 1-on-1 claims help too.

**Aflac is onsite Wednesday May 3rd & also Tuesday May 16th
(see schedule in original email and attached AFLAC Information)**

BOSTON MUTUAL
Basic Life, Voluntary Life, and
AD &D(Accidental Death and Dismemberment) Insurance

If you would like additional information by brochure, please reach us in the Treasurer's Office and we'd be happy to get it to you. For policy questions, please contact our representative:

Douglas L. Tracy, Group Enrollment Director
Platinum Worksite Benefits Inc.
Office- 1-800-445-4493 Ext. 142, cell- 860-338-1059
Email: DLT@pwb-mmip.com

VISION

The Town of Plympton will be switching from BCBS Blue 20/20 to EyeMed.

- Please note both plans have the same provider network so there is no member disruption.
- EyeMed rates are 5% lower versus Blue 20/20.
- Frames/contact allowance will be increased from \$130 to \$175.
- EyeMed plan includes Eye360, allowing members visiting Plus providers to receive their eye exam at no cost
- Extra \$50 on frame allowance.
- The new reduced rates are below

FY24 EyeMed VISION Rates

Employee: \$4.58
Employee + spouse: \$7.79
Employee + one or more children: \$8.02
Family: \$12.60

NEW FROM VOYA FINANCIAL ADVISORS

Hello All Plympton Employees,

As a benefit to the Town of Plympton staff members, we are excited to offer post-tax Roth contributions to your 457(b)-retirement plan.

What is the Roth option?

457(b) Roth contributions differ from traditional pre-tax contributions simply because of when you are taxed. Right now, you may be saving for retirement through the traditional 457(b) pre-tax retirement plan contributions. This means you pay taxes on contributions and earnings when you withdraw the funds at retirement. With the Roth option, you pay taxes on your contributions now, and then withdraw your contributions and any earnings tax-free at retirement. Having both options means you have more ways to save for retirement, with the potential for significant tax advantages.*

If you are already involved in the plan and would like to discuss if Roth is right for you or if you are not involved in the plan and would like to set up a 457(b) and begin contributing, please contact Brady Cowling, contact information below.



VOYA FINANCIAL ADVISORS

Brady Cowling

Investment Advisor Representative
Voya Financial Advisors, Inc.
30 Braintree Hill Office Park – 4 North
Braintree, MA 02184
Tel: 781.796.9973
Cell: 860.416.0742
Fax: 781.796.9392
Email: brady.cowling@voyafa.com
Virtual Meeting Scheduler: <https://bradycowling.timetap.com/>

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)**.

**You may be eligible for assistance paying your employer health plan premiums.
Contact your State for more information on eligibility
–MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: (617) 886-8102

To see if any other states have added a premium assistance program since January 31, 2023, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)