



*Town of Walpole*  
*Commonwealth of Massachusetts*

**DATE:** April 1, 2024  
**TO:** Benefit Eligible Employees  
**FROM:** Erin McGee, Benefits Coordinator  
**RE:** **Open Enrollment for Medical, Dental, & Vision Insurance, Flex Spending & Opt-Out**

**Open Enrollment: April 1, – May 1, 2024**

**OPEN ENROLLMENT:**

Open Enrollment occurs during the month of April and is your annual opportunity to add or change medical, dental and/or vision insurance plans. The only other opportunity you have to make these changes is when you experience a qualifying life event (i.e. birth or adoption of a child; marriage; divorce; loss of coverage).

If you are currently enrolled on a plan and **do not want to make any changes**, NO ACTION is required.

**MEDICAL INSURANCE:**

The town offers four medical insurance plans to choose from: **HMO Network Blue NE \$100 Deductible; HMO Network Blue NE \$500 Deductible; Blue Care Elect PPO \$500 Deductible** and our low cost plan, **HMO Blue Select Benchmark \$500**. Our medical insurance rates have increased by 4.9%.

Please find our new July 2024 – June 2025 monthly rates [HERE](#) & Enrollment/Change Form [HERE](#)

**DENTAL INSURANCE:**

The monthly rate for the [BCBS: Dental Blue Freedom Plan](#) has increased by 2.42%. For employees who would like to sign up or make changes to their dental insurance, please find the Enrollment/Change Form: [HERE](#)

**BLUE 20/20 VISION:**

The monthly rate for Blue 20/20 Vision Insurance has remained the same. For employees who would like to sign up or make changes to their vision insurance, please find the Summary of Benefits: [HERE](#) & Enrollment/Change Form: [HERE](#)

The effective date for these plans will be **July 1, 2024**; the new rates will be reflected in your June check for July coverage.

### **OPT-OUT PLAN:**

Employees who are currently enrolled on the Town's health insurance program, who are eligible, and participate in the opt-out program, will receive \$1,500 per plan year for an individual plan or \$3,500 per plan year for a family plan (or a pro-rated amount depending on the date of participation) if they no longer take health insurance through the Town of Walpole.

To qualify for this program, you must meet all of the following requirements:

1. Currently be enrolled on a health insurance plan through the Town of Walpole for at least two consecutive years immediately preceding the requested date of cancellation.
2. Provide proof of insurance for creditable health insurance coverage through a plan not offered by the Town of Walpole.

See attached [Opt-Out Plan](#) document for more information. If you wish to participate in the Opt-Out please complete the [Health Insurance "Opt-Out" Application form](#).

### **GOOD HEALTH GATEWAY DIABETIC CARE REWARDS PROGRAM:**

The [Good Health Gateway](#) program engages, supports and rewards members for health behaviors based upon established clinical guidelines for managing diabetes. Members who adhere to all diabetes care activities receive **all** of their diabetes medications and supplies for **free**, without the need to make any co-pays. If you or your family member has been diagnosed with pre-diabetes or diabetes AND you are enrolled on a health insurance plan through the Town of Walpole, please look into this program, which is at **no cost** to you to participate. For additional information, please go to their website at [GoodHealthGateway.com](http://GoodHealthGateway.com) or call 1-800-643-8028.

### **FLEX SPENDING:**

All employees who plan to participate in Flex Spending **MUST** complete a **new election form** each year. **Please submit your form for the new plan year by May 2<sup>nd</sup>:** Enrollment Form [HERE](#)

**FSA effective date:** Town employees July 1, 2024 – June 30, 2025; School employees September 1, 2024 – August 31, 2025.

**All enrollment/change forms must be submitted to Erin McGee, Benefits Coordinator, Walpole Town Hall; Room 114 no later than Thursday, May 2<sup>nd</sup>.**

**Please do not email any forms containing Social Security Numbers. It is best to drop these off in person or use inter-office mail.**

**All changes to your health, dental and/or vision insurance will become effective on July 1, 2024.**

If you are currently enrolled in the Town's Health, Dental, Vision plans or the Opt Out Program and do not wish to make any changes, **no action is required.**

Link to the Town's website Open Enrollment information:

[2024 INSURANCE OPEN ENROLLMENT | Walpole MA \(walpole-ma.gov\)](https://walpole-ma.gov/2024-INSURANCE-OPEN-ENROLLMENT)



**Under the Affordable Care Act - If you elect NOT to participate on the Town of Walpole's Health Insurance Program please complete AND submit the "[DECLINATION OF HEALTH INSURANCE](#) form". This form must be completed EVERY year -Thank you**

If you have any questions please do not hesitate to contact me at 508-660-7294 or [emcgee@walpole-ma.gov](mailto:emcgee@walpole-ma.gov). My office hours are Monday, Wednesday, Thursday 8:00am - 4:00pm; Tuesday 8:00am – 8:00pm and Friday 8:00am - 12:00 noon.