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## Employee Benefits

### Changes in Personal Status / Qualifying Life Events

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#### CHANGES IN PERSONAL STATUS

This guide summarizes actions you will need to take if changes in your health insurance coverage are necessary due to change in personal status. You may make changes in your health insurance outside of the annual open/switch enrollment period within thirty (30) days of the occurrence of the following qualifying events:

- New Hire – 20 or more hours (Support Staff) and/or .67 FTE or greater (Teaching Staff)
- Part Time to Full Time Status Change
- The Birth, Adoption, or Guardianship of a Child
- Marriage
- Change in Dependent Status
- Divorce or Legal Separation
- A Spouse's Change of Employment
- Involuntary Loss of Coverage
- Death of Employee, Spouse, or Dependent
- Resignation/Termination of Employment
- Retirement
- Leave of Absence

#### ENROLLMENT

Your benefits enrollment is very important. Please review the following guidelines to assist you in submitting the appropriate forms and documentation to enroll in the Cambridge Public School benefit plans. Timely submission of your forms and documents will ensure coverage for you and your family members. If you have any questions about your benefit plan options, please contact the CPS Employee Benefits Manager at 617.349.6440.

#### WHO IS ELIGIBLE?

- You, if you are classified as an employee working 20 hours or more a week on a regularly appointed basis, (i.e. Support Staff) or are an FTE .67 or greater (i.e. Teaching Staff). (Please see your Union Agreement to see which insurance plans you qualify for or contact the Benefits Office.)
- Your Legal Spouse
- Your unmarried or married natural or adopted child/stepchild; or children/stepchildren for whom you have legal guardianship. Children are eligible to the age of twenty-six (26) for Medical Insurance and Dental/Vision Insurance.
- Extended family members are not eligible under any circumstances.

## NEW HIRES

All new hires, hired after September 1, 2014 will be responsible for contributing 25% of the insurance premiums. They are eligible for Medical Insurance/Health Waiver, Life Insurance, and depending on Union Agreement Dental/Vision Insurance.

All benefits eligible new hires have **thirty (30) days** from their hire date to enroll onto the Cambridge Public School Department Insurance. They must provide all supporting documents to enroll dependents (i.e. spouse-marriage certificate, child(ren) birth certificate, social security numbers, Primary Care Provider Names & IDs for everyone).

Duplicate coverage is prohibited in the event the new hires dependent and/or parent are both employed or is retired from the City of Cambridge. They may each have individual coverage, or in the alternative, one may have family health coverage which will provide coverage for the new hire. The dependent that does not elect coverage may not receive the Medical Health Waiver.

If the initial enrollment is missed, the employee must either have a qualifying event or wait for Open/Switch Enrollment to enroll onto the insurance. (Please read further on about Qualifying Life Event.).

## QUALIFYING LIFE EVENTS

### Adding a Dependent Due to Birth, Adoption or Guardianship/ Custody of a Child, or Children Acquired Through Marriage

If you are adding a newborn, recently adopted child, a child who is temporarily or permanently in your custody, or acquired through a marriage, you must do so within thirty (30) days of the qualifying event. To add a dependent, you must complete the appropriate Health Insurance Enrollment Form and provided the Primary Care Provider (PCP) Name and ID number.

#### Required Documents

New Born: Copy of the Proof of Birth from the Hospital for initial enrollment. You will have **thirty (30) days** to submit a Copy of the Official State Certified Birth Certificate and Social Security Number to the Employee Benefits Office.

Adoption: Copy of Official State Certified Birth Certificate, Social Security Number, Copy of the Adoption or Placement papers from a Civil Court which shows when the child was placed in your custody.

Guardianship/Custody: Copy of Official State Certified Birth Certificate, Social Security Number, and a copy of the Official Court Document Awarding you guardianship or custody.

Child(ren) acquired through marriage: Copy of the Official State Certified Birth Certificate, Social Security Number.

#### Dependent Status Medical Insurance

Dependent Children under the Affordable Health Care Act are covered by all of the City of Cambridge Health plans until they reach the age of twenty-six (26). Insurance will end at the end of the month of which they turn twenty-six (26). When a dependent reaches age twenty-six (26), she/he is eligible to continue the Health Insurance as their own subscriber under COBRA up to thirty-six (36) months. A COBRA notice will automatically be sent by the Benefits Office. If you have questions about COBRA please contact the Benefits Office at 617.349.6440.

#### Dependent Dental/Vision Insurance

For employees covered under the Cambridge Public Employee Dental and Vision Fund Insurance, eligible dependents are covered to age twenty-six (26). If you wish to have your dependent to continue on the Dental & Vision Insurance under COBRA once their dependent status ends, you must notify the CPE Dental & Vision Fund 60 days prior to the event (i.e. graduation date). For additional information please contact the CPE Dental & Vision Fund at 617.354.1110 or email them at [info@cdvfund.org](mailto:info@cdvfund.org).

## Marriage, Divorce, or Legal Separation

**Upon marriage**, if you wish to add your spouse to your plan, you must do so ***within thirty (30) days*** of the event by completing the appropriate Health Insurance Enrollment forms. You will also need to provide your Spouse's Primary Care Provider Name and ID number, Social Security Number, and you must provide a State Certified Marriage Certificate.

**As a result of divorce or separation**, you may need to enroll onto one of the City of Cambridge Health Plans. If already enrolled, you may need to change from a family to an individual plan or you may be required by the court to change from an individual to a family plan.

**Please contact the CPS Benefits Office if you wish to enroll on the Health Insurance, need to remove or add a spouse.**

Enrollment in a health plan or changes to family coverage must be accompanied by a copy of your marriage certificate as well as copies of any court documentation requiring you to cover a former spouse. You will also need to provide your former spouse's Social Security number and the Primary Care Provider name and ID number.

If you are removing a spouse, please provide the Benefits Office with a letter requesting the removal along with a current address for the individual being removed as we are required by Federal Law to offer them the option to continue their coverage under COBRA for up to thirty-six (36) months. Please note that we will not process a termination of a spouse or change to individual without a current address for the former spouse.

Please be aware that if you are separated and remove a spouse whom you are subsequently required to cover as part of a divorce or separation agreement, you may be required to pay 100% of the premium from the time the spouse was removed from your plan.

In the event that the employee/retiree remarries:

1. CPS must be provided with a court-certified judgment of divorce or separate support, which mandates that the former spouse of the CPS employee/retiree remain on the CPS-offered group insurance.
2. CPS shall have the right to require that the former spouse enroll in separate individual policy.
3. The CPS former spouse/subscriber shall be responsible to pay the full monthly premium (one hundred percent (100%) of the monthly rate) for the plan in which the former spouse is enrolled.
4. The former spouse of the employee/retiree shall, notwithstanding any contrary provision of these rules and regulations, lose any eligibility rights upon remarriage of such former spouse.

This information must be provided to the Benefits Office ***within thirty (30) days*** of the divorce or legal separation.

## Changes in Your Spouse's Employment Status

*Spouse starts a new job* and becomes eligible for health insurance; you may wish to evaluate which health plan best fits your current needs. Should you wish to continue coverage through the City, you do not need to do anything, unless you are changing from family to individual coverage. If changing to individual, you must complete the appropriate health plan enrollment form accompanied with documentation confirming your spouse's new coverage.

**Health Insurance Waiver:** If you decide to transfer to your spouse's new health insurance and terminate your enrollment with the City insurance through Cambridge Public Schools, you may be eligible to sign a health waiver of participation in a City plan and receive a defined stipend, paid in monthly installments, in lieu of health insurance coverage. Please review your Union Agreement to find out if you qualify and if so for what amount. If you elect this option you must complete the Health Waiver form and provide a copy of your new medical insurance card. You must do this within thirty (30) days of the qualifying event.

Spouse loses coverage as a result of ending their employment or because their employer terminates the health plan, and you wish to add your spouse to your health plan, you need to complete the appropriate Health Insurance Enrollment form and provide documentation from your spouse's former employer as to the type of coverage lost and the termination date of your spouse's insurance. A copy of your State Certified Marriage Certificate, spouse's Social Security Number, Primary Care Provider name and ID are also required. You must do this within thirty (30) days of the qualifying event.

## **You Have an Involuntary Loss of Coverage**

Complete a Health Insurance Enrollment form to enroll in the benefits you and your eligible family members lost. Please contact the Benefits Office within thirty (30) days of the qualifying event. Provide a Loss of Coverage Letter from previous employer or insurance provider which specifies who was covered, type of coverage and the date coverage terminated. Include all required documentation, State Certified Marriage Certificate (adding a spouse), State Certified Birth Certificates for child(ren), Social Security Numbers, and Primary Care Provider names and ID numbers for everyone to be enrolled. The effective date of coverage will start the date the coverage is lost.

## **Resignation/Termination of Employment**

Generally, your coverage under the City of Cambridge School Department health plans ends on the last day of the month after the month in which your employment terminates. However, if you terminate employment the first of the month, your benefits end on the last day of that month. If you have dental and vision coverage, they will end the last day of the month in which you terminate.

Under COBRA, you can continue your health, dental and vision coverage for up to eighteen (18) months at the cost of 102% of the full monthly premium for your health and/or dental and vision plan.

Term Life Insurance Coverage- Basic and Voluntary Life will end on the last day of the month in which you terminate. These plans are "portable" - i.e. if you wish to continue the plans once you leave City employment, you may do so by contacting the insurer.

Flexible Spending Medical and Dependent Care Accounts- deductions will cease upon termination, and you may submit claims for reimbursement of expenses incurred before your termination date. If you have questions you can contact the Cafeteria Plan Advisors at 781.848.8477.

## **Leaves of Absence**

If you are on a paid, approved medical, family or sabbatical leave, your existing health, life and/or dental insurance premium deductions will continue to be taken from your paycheck during the period of your leave.

During periods of unpaid approved medical and family leaves of absence, employees are required to pay the employee portion of their premiums directly to the School Department via bank or cashier's check made payable to the City of Cambridge (cash payment as opposed to payroll deduction).

Employees on an approved Personal Leave of Absence must pay 100% of the full cost of their health, life and/or dental insurance premiums if they wish to remain enrolled.

The Benefits Office will notify you, in writing, regarding payment of the amount of your monthly required premium(s). If, while on approved leave, you are required to make direct payments via money order/banker/cashier's check (personal checks will be returned), and you fail to meet your premium payment obligations, your benefit enrollment and coverage will be terminated and you will not be able to re-enroll until the next Open/Switch Enrollment period for health plans (usually held in Feb./Mar. for an April 1st effective date).

## Death of an Employee, Spouse, or Dependent

In the event of the death of your spouse or a dependent, you will need to provide the Benefits Office with a copy of the individual's death certificate so that he or she can be removed from your health plan. For changes that affect coverage level such as going from family to individual, you will need to notify the Benefits Office as soon as possible.

In the event that you the employee passes away, your spouse and/or dependent child(ren) will need to notify us of your passing and will be eligible to maintain the health, dental and vision insurance through either COBRA for thirty-six (36) months or via Retirement Pension (this is if you qualified for retirement benefits before passing). They will need to either contact the Massachusetts's Retirement Board at 617.679.6877 or City of Cambridge Retirement Board at 617.868.3401 to see if they qualify for retirement pension benefits. The Benefits Office will notify your spouse and/or dependents of their next steps.

If you had the Basic and Voluntary Life Insurance coverage, the listed beneficiary will need to complete a claim form and return it along with an Official Death Certificate.

## Retirement

Upon retirement, eligible individuals who are currently enrolled in the City's contributory group health and life insurance programs may continue coverage as a retiree to the extent allowed by the various insurance providers. Only those dependents enrolled in an insured employee's health insurance plan at the time of retirement may continue coverage once that insured employee commences retirement. Retired employees may not add dependents (i.e. new spouse) onto their health insurance plans after retirement.

If you retire when you are under sixty-five (65) years of age and have health and life insurance through the School Department, you retain the coverage you have at the contribution rate for retirees at the time you retire. The amounts will be deducted from either the City of Cambridge Pension or the Massachusetts Teacher Retirement System pension.

If you and/or your spouse are already over 65 and you and you are retiring you will need to contact your local Social Security Office 800.772.1213 to find out if you and/or your spouse are eligible for Medicare.

If you and/or your spouse are found to be **ineligible** for Medicare, simply obtain written confirmation from Social Security and forward it to the Benefits Office and you will remain on your current Health Insurance plan.

**If you and/or your spouse are eligible for Medicare A and B, either on your own or through your spouse, you must apply for and accept Medicare.** You will then need to change your current health plan. The Cambridge Public Schools currently offers five (5) Senior Supplemental Health Plans to its' Medicare-eligible retirees and spouses; these plans also include Part D Prescription Coverage. A brief comparison of some of the benefits available under these plans along with the monthly cot to you of each plan (via pension deduction), is available in the Benefits Office.

Applications to enroll onto the Senior Supplemental Plan must be completed in the Benefits Office prior to the first of the month in which you turn sixty-five (65).

Once your membership in the new plan has been approved, you will be set up on the City of Cambridge's Medicare Reimbursement plan whereby you are refunded 85% of the cost of Medicare Part B every three (3) months.

If you have the Dental and Vision Insurance through the Cambridge Public Employee Dental and Vision Fund, you will receive a letter from them directly if you wish to continue your coverage at retirement. If you are an Administrator or Management and have the Dental Insurance through the City of Cambridge School Department you will receive a COBRA notice to continue the Delta Dental Premier for eighteen (18) months.

## DESIGNATION OF BENEFICIARIES

Life Insurance beneficiaries can be changed at any time. In order to change your beneficiary information you will need to complete a change form. Please contact the Benefits Office to obtain this form.

Should you wish to change your 403(b) Tax Sheltered Annuity please contact the Third Party Administrator: PenServ Plan Services, Inc 800.849.4001.

For changes to Massachusetts Teachers Retirement System pension beneficiaries (Teachers, Unit B Administrators and Principals), contact MTRS at 617.679.6877. For changes to City pension beneficiaries (Professional, Managerial and Support Staff), contact the City of Cambridge Retirement Board at 617.868.3401.

## OTHER CHANGES

You may change your health plan Primary Care Provider (PCP) or request a new identification card at any time by contacting your health plan directly. Most health plans allow you to make these changes or requests via their websites.

## VENDOR CONTACT INFORMATION

**Blue Cross Blue Shield Blue Choice:** Customer Service 800.782.3675; [www.bcbsma.com](http://www.bcbsma.com)

**Blue Cross Blue Shield HMO Blue:** Customer Service 800.782.3675; [www.bcbsma.com](http://www.bcbsma.com)

**Harvard Pilgrim:** Customer Service 888.333.4742; [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

**Tufts:** Customer Service 800.462.0224; [www.tuftshealthplan.com](http://www.tuftshealthplan.com).

**All forms must be submitted to the Office of Human Resources, Attn: Benefits Office, 135 Berkshire Street, Cambridge, MA 02141 or please email to [tahmed@cpsd.us](mailto:tahmed@cpsd.us) or fax to 617.349.6439. Your information will be verified and enrollment will be processed. Please note that you only have 30 days from your hire date to enroll in benefits. If you do not enroll within the 30 days, you will have to wait for Open Enrollment or a Qualifying Event to enroll. The Life Insurance enrollment is only during your first 30 days of hire or during Open Enrollment.**

**Delta Dental:** Customer Service 800.872.0500; [www.deltadentalma.com](http://www.deltadentalma.com)

**FSA-Cafeteria Plan Advisors:** Customer Service 800.544.2340; [www.cpa125.com](http://www.cpa125.com)

**Cambridge Public Schools 403(b) Plan:** PenServ Plan Services, Inc 800.849.4001; [www.penserv.com](http://www.penserv.com)

**Boston Mutual:** 800.669.2668

**Trustmark Insurance Company-Mass. Municipal Insurance Program (Plan C):** 800.445.4493

**City of Cambridge Retirement Board:**

125 CambridgePark Drive Suite 104, Cambridge, MA 02140; 617.868.3401; [www.cambridgeretirementma.gov](http://www.cambridgeretirementma.gov)

**Massachusetts Teachers Retirement System - Cambridge Office:**

500 Rutherford Avenue #210, Boston, MA 02129; 617.679.MTRS (6877); [www.mass.gov/mtrs](http://www.mass.gov/mtrs)

## ADDITIONAL INFORMATION & ASSISTANCE

**Cambridge Public Schools Office of Human Resources - Benefits Office**

135 Berkshire Street, Cambridge, MA 02141

Phone: 617.349.6440; Fax: 617.349.6439; [www.cpsd.us](http://www.cpsd.us)