



# Town of Chester

## Employee Benefits Policy

Last Updated: 3/13/2026

Approved: 3/23/2026

### **Health Insurance Plan**

(As provided for under MGL. C. 32B.)

#### Eligibility

Regular full-time and regular part-time employees who are regularly scheduled to work nineteen and a half (19.5) hours or more per week are eligible to receive health insurance on the first of the month after date of hire, under the terms outlined below. You are able to cover your dependents but must submit the documents required by the Town's health Trust. For married persons a copy of the marriage certificate, marriage affidavit, and birth certificates for eligible dependents.

#### Cost

The Town offers group health insurance plans (when applicable). The contribution rate is twenty percent (20%) of the monthly premium payable by the employee and eighty percent (80%) of the monthly premium is payable by the Town. It is important to remember that the coverage you elect will remain in effect unless your employment or personal status changes, or until the Town provides you with an opportunity to change your coverage (during open enrollment each year). Upon termination your medical coverage will continue through the end of the month and any monies owed will be deducted from your last pay unless you choose COBRA.

### **Dental Insurance Plan**

Employees who are scheduled to work at least nineteen and a half (19.5) hours per week have the opportunity to participate in Group Dental Insurance beginning the first of the month after their hire date. The contribution rate is twenty percent (20%) of the monthly premium payable by the employee and eighty percent (80%) of the monthly premium is payable by the Town.

It is important to remember that the coverage you elect will remain in effect unless your employment or personal status changes, or until the Town provides you with an opportunity to change your coverage (during open enrollment each year). Upon termination your dental coverage will continue through the end of the month and any monies owed will be deducted from your last pay unless you choose COBRA.

### **Vision Insurance Plan**

Employees who are scheduled to work at least nineteen and a half (19.5) hours per week have the opportunity to participate in the towns vision insurance beginning the first of the month after their hire date, The contribution rate is fifty percent (50%) of the monthly premium payable by the employee and fifty percent (50%) of the monthly premium is payable by the Town.

It is important to remember that the coverage you elect will remain in effect unless your employment or personal status changes, or until the Town provides you with an opportunity to change your coverage (during open enrollment each year). Upon termination your dental coverage will continue through the end of the month and any monies owed will be deducted from your last pay unless you choose COBRA.

### **Life Insurance Plan**

The Town provides life insurance to regular full-time and regular part-time employees who are regularly scheduled to work nineteen and a half (19.5) hours or more per week.

The employee must pay fifty percent (50%) of the monthly premium cost, and the Town will contribute fifty percent (50%) of the cost.

Employees should contact the Town Administrator and/or Treasurer, or designee for further information on the available Life Insurance Plan.

### **Voluntary Employer-Sponsored Benefits**

The town provides employer-sponsored Disability and Supplemental benefits for employees. Please see the Treasurer for more information regarding the types of benefits and eligibility requirements.

### **COBRA Rights**

Under COBRA, the Town is required to offer employees and their families the opportunity for temporary extension of medical coverage (called continuation coverage) at a group rate in certain instances where coverage under the plan would end.

As an employee of the Town, you have the right to choose this continuation coverage if you lose your group medical coverage because of a reduction in your hours of employment or termination of your employment, whether voluntary or involuntary for any reason other than gross misconduct on your part.

Under the law, the employee or family member (to include divorced spouse or dependent child) has the responsibility to inform the Town Treasurer, the Town's group health plan administrator of a divorce, legal separation or a child losing dependent status under the Town's medical insurance plan.

The Town has the responsibility to notify the insurance company's plan administrator of the employee's death, termination of employment or reduction in hours, or Medicare entitlement.

When the insurance company's plan administrator is notified that one of the above-referenced events has happened, the insurance company's plan administrator will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least sixty (60) days from the date you would lose coverage because of the events described above to inform the insurance company's plan administrator that you want continuation coverage. If you do not choose continuation coverage, your group medical insurance coverage will end.

If you choose continuation coverage, the Town is required to give you coverage which, as of the time coverage is provided, is identical to the coverage provided under the plan to similarly situated employees or family members, for a period of time as required by law.

To maintain your health insurance under COBRA, you will be required to pay the entire premium for your continuation coverage plus an additional two percent (2%) administrative fee, and you will be required to pay this amount on the date specified by the Town. Failure to pay your health insurance premium on or before the monthly deadline may result in the cancellation of your health insurance.

### **Employee Assistance Program**

The Town offers an Employee Assistance Program (EAP) benefit for employees and their dependents. EAP provides confidential assessment, referral and short-term counseling for employees who need or request it. If an EAP referral to a treatment provider outside the EAP is necessary, costs may be covered by the employee's medical insurance, but the costs of such outside services are the employee's responsibility.

<https://www.mass.gov/info-details/mass4you-employee-assistance-program-eap>

### **Retirement/Pension Plan**

(As provided for under M.G.L. Chapter 32B, section 9A)

Any individual, who is regularly employed nineteen and a half (19.5) or more hours per week with any member unit or units of the Hampden County Regional Retirement System ("HCRRS"), shall become a member of the HCRRS. Upon becoming a member of the HCRRS, a member must maintain the status of being regularly employed 20 or more hours per week to continue contributing to the Hampden County Regional Retirement System and accruing additional creditable service, consistent with the Hampden County Regional Retirement Board's creditable service regulation.

### **Requirements for Retiree Benefits**

For employees whose employment commenced on or after January 1, 1978, a member must have a minimum of ten (10) years retirement service credit and be at least age 55;

an individual may retire at any age if they have a minimum of twenty (20) years of retirement service credit.

**Retirees Benefits**

Retirees are eligible for health and dental insurance coverage if they are eligible for health and dental insurance at the time of retirement and they are receiving a pension from Hampden County Retirement. The Town will pay fifty (50%) of an individual health plan rate. The retiree must pay the remaining premium for the individual or family plan. Retirees must pay 100% of the dental premium. Retirees are also eligible to continue their basic life insurance plan (if already enrolled) at a rate of fifty percent (50%) of the current rate.

A surviving spouse or dependent may continue health and dental coverage, provided that they are enrolled when the retiree passed. Health coverage will be converted to a retiree supplemental plan after the age of 65. Spouses and/or dependents are responsible for 100% of the premium(s) and will be billed monthly.

Print Name:

Signature:

Position:

Date: