

2026-2027

# OPEN ENROLLMENT



## SUBMIT CHANGE AND ENROLLMENT FORMS BY JUNE 1, 2026

July is our open enrollment month. This is the only time of year in which you can make changes to your health and/or dental plan[s] [i.e. add or drop dependents or enroll]. It is also the only time a year that you can elect to participate in a Flexible Spending Account [FSA] or a Dependent Care Account [DCA], outside of a life event.

### PLEASE NOTIFY HUMAN RESOURCES IF YOU WISH TO:

- Make any changes to your medical and/or dental plans.
- Sign up for the Flexible Spending [FSA] or Dependent Care [DCA] Accounts
- Update personal information [i.e. address, beneficiary information]

Visit the Open Enrollment Website  
[portsmouthnh.gov/hr/open-enrollment](https://portsmouthnh.gov/hr/open-enrollment)

The Open Enrollment Website includes: updated Summary of Benefits, monthly premiums by union, CHIPRA Notice, Health Care Exchange Notice, FSA Enrollment forms and additional plan resources.



# Changes to rates and employee contributions are effective July 1, 2026.



You are responsible for notifying your employer regarding the events indicated below. Please contact your Human Resources Department immediately if you:

- Wish to change benefit plans.
- Have changed your address or phone number. Have married, divorced or legally separated.
- Have begun receiving Medicare benefits for yourself or any family member due to a disability.
- Wish to enroll yourself and any eligible family members.
- Wish to enroll or remove a dependent child who is under 26 years of age.

Failure to notify the Human Resources Department of any status changes could require the employee to reimburse the City of Portsmouth for the full amount of any premiums paid on behalf of an ineligible dependent, and/or void his/her entitlement to extended benefits under COBRA.

## Summary of Benefits and Coverage

Your health benefits provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage [SBC], which summarizes important information about any health coverage option in a standard format, to help you compare across options. All SBC's are available at [portsmouthnh.gov/hr/open-enrollment](https://portsmouthnh.gov/hr/open-enrollment). A paper copy is also available, free of charge, by contacting Kelly Wood, Deputy HR Director.

[portsmouthnh.gov/hr/open-enrollment](https://portsmouthnh.gov/hr/open-enrollment)

# PRESCRIPTION PLAN

## RETAIL PHARMACY

For immediate or short-term medication needs\*

**You Will Pay:**

- \$10 for each generic medication
- \$20 for each preferred brand-name medication\*\*
- \$45 for each non-preferred brand-name medication\*\*

**Day Supply Limit:**

34-day supply

**Refill Limit:**

One initial fill plus two refills for maintenance or long-term medicines. For each additional fill a 100% copay will be applied.

**Prior Authorization Required:**

Botox and Myobloc for Non-Cosmetic Purposes Only

## MAIL SERVICE PHARMACY

For maintenance or long-term medication needs\*

- \$10 for each generic medication
- \$20 for each preferred brand-name medication\*\*
- \$45 for each non-preferred brand-name medication\*\*

90-day supply

None



## NOTICE REGARDING PRIMARY CARE PROVIDER (PCP) OR OB/GYN PROVIDER SELECTION

HealthTrust Access Blue New England [HMO], HMO Blue New England [HMO] plans generally require the designation of a PCP. You have the right to designate any PCP who is available to accept you or your family members. For Access Blue or HMO Blue New England plans, you may select from any PCP who participates in the Access Blue or HMO Blue New England network throughout the six New England states. For children, you may designate a pediatrician as the PCP. You do not need prior authorization from HealthTrust or Anthem or from any other person [including a PCP] in order to obtain access to obstetrical or gynecological care from a healthcare professional in the Anthem network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For information on how to select a PCP, and for a list of the participating PCPs and/or healthcare professionals who specialize in obstetrics and/or gynecology, contact Anthem Member Services at the number on the back of your ID card.

[portsmouthnh.gov/hr/open-enrollment](https://portsmouthnh.gov/hr/open-enrollment)

# FLEXIBLE SPENDING ACCOUNTS

Available under the Flexible Spending Account (FSA) are the Health Care Reimbursement Account (HCA) and Dependent Care Assistance Account (DCA). This program allows you to take money out of your paycheck on a pre-tax basis, which you can use for eligible out of pocket health care expenses or your eligible dependent care expenses. Since the money you choose to put into these accounts is not considered taxable income, you save by paying less Federal, State (if applicable) and FICA taxes.

## Medical Reimbursement Accounts (FSA)

Employees may set aside up to \$3,400 per year with a minimum of \$5 per pay period. Can be used to pay for:

- Medical Insurance Deductibles or Coinsurance
- Uninsured Dental Expenses (including orthodontia)
- Hearing aids and batteries
- Vision Care expenses including exams, glasses, contact lenses, supplies and solutions, and Lasik surgery
- Support or corrective devices (such as orthopedic shoes)
- and much more!

## Dependent Care Reimbursement Account (DCA)

Employees may set aside up to \$7,500 per family per year or \$3,750 for a married taxpayer filing separately. Can be used to pay for:

- Day Care Expenses
- Before/After School Care
- Preschool Costs
- Elderly Care
- Day Camps

**Please note that you must elect the FSA and DCA accounts every year.** Your election does not carry forward year to year. A maximum of **\$660** of any unused balance of FSA plans will rollover to the 2026-2027 plan year. Please check your account balances before making an election.

Changes become effective July 1, 2026 provided that all forms are received by HealthTrust during June 2026. Your employer may elect a July 1, 2026 or August 1, 2026 effective date for enrollment applications received during July 2026.