

FY2024 Open Enrollment

May 1st thru May 19th



Active Employee Benefits

July 1, 2023 – June 30, 2024

Welcome to Open Enrollment

What do I need to do during the Enrollment Period?

Employees who want to keep the same health, life, dental, vision and life insurance plan(s) in which they are currently enrolled and add no additional coverage need to do nothing; enrollment will be automatically continued unless a change form is completed.

Employees who want to cancel a plan, enroll in a new plan, or add or delete a dependent must complete an enrollment/change form.

Please complete **the acknowledgement form** found on the last page of this document and return to **Stephanie Duggan, HR Manager**.

Changes permitted during Open Enrollment:

- Enroll yourself and/or dependents for the first time (if you meet eligibility requirements) in the plan of your choice.
- Add previously non-covered eligible dependents to existing plans.
- Cancel any coverage(s) or delete any dependents for whom coverage is no longer required.
- Switch from your current plan to any of the other offered plans or plan options.

Changes that happen during the plan year:

It is the employee's responsibility to inform the employer and health plan of any changes during the year. If you have a qualifying event that changes health care eligibility, such as (but not limited to) getting married, getting divorced, having or adopting a child, a child that reaches age 26, or losing health coverage through your spouse, please contact Gloria Congram **within 30 days** of the date of birth, marriage, divorce, loss of other health care coverage, or other qualifying event. After 30 days from the date of the event you may not be able to change coverage or enroll your new spouse or child until the next Annual Enrollment Period!

Where to go for help:

Your primary contact person for all insurance plan enrollment questions is

Gloria Congram – Benefits Manager of NFP, Inc.

Gloria is available Tuesdays from 12:30 p.m. to 6:00 p.m. at the Town Office Building. Her phone number is (978) 897-1307 and email at gcongram@townofmaynard.net



Medical Plan Overview



Eligible employees of the Town of Maynard have access to comprehensive medical coverage to protect yourself and your family from catastrophic medical costs. Below is a summary of the information on the medical plans offered:

Town of Maynard		
<u>Medical Plan Benefits</u>	<u>Enhanced Value Plan HMO</u>	<u>Blue Care Elect PPO</u>
Physician Office Visit/Well Care	Covered in Full	Covered in Full
Office Visit: PCP/Specialist	\$20 PCP / \$35 Specialist	\$20 PCP / \$35 Specialist
Deductible	None	\$500 / \$1,000 Out of Network
Out-of-Pocket-Maximum	\$2,500 / \$5,000	\$2,500 / \$5,000
Coinsurance	None (except DME)	20% out of network services
Emergency Room	\$150 Copay	\$150 Copay
Inpatient Hospital	\$500 Copay	\$500 Copay
Outpatient Surgical Day Care Ambulatory Surgical Facility	\$250 Copay	\$250 Copay
Lab & X-Rays	Covered in Full	Covered in Full
CAT Scans, MRI, PET Scans	\$100 Copay	\$150 Copay
RX - 30 day Retail	\$10/\$25/\$45	\$10/\$25/\$45
90 day Mail Order	\$20/\$50/\$90	\$20/\$50/\$90

General Regulations for Covering Spouses and Dependents

Eligible Spouses - The subscriber may enroll an eligible spouse for coverage under his or her health plan membership. An 'eligible spouse' includes the subscriber's legal spouse.

In the event of a divorce or legal separation, the person who was the spouse of the subscriber prior to the divorce or legal separation will remain eligible for coverage under the subscriber's health plan membership, whether or not the judgment was entered prior to the effective date of this health plan. The former spouse will remain eligible for this coverage only until the subscriber is no longer required by the judgment to provide health insurance for the former spouse or the subscriber or former spouse remarries, whichever comes first.

If the subscriber remarries, the former spouse may continue coverage under a separate health plan membership with the subscriber's group, provided the divorce judgment requires that the subscriber provide health insurance for the former spouse. This is true even if the subscriber's new spouse is not enrolled under the subscriber's health plan membership. However, the former spouse must move from family coverage to individual coverage and additional premiums will be required; the former spouse only remains eligible under the group if the divorce decree provided for such coverage. If the former spouse remarries, the former spouse's eligibility ends.

Eligible Dependents - The subscriber may enroll eligible dependents for coverage under his or her health plan membership. The subscriber's 'eligible dependents' include: a dependent child who is under age 26. These include the subscriber's or legal spouse's dependent children who qualify as dependents as subject of a court order which requires the subscriber to provide health insurance for the children. These may include:

1. A newborn child – the effective date of coverage for a newborn child will be the child's date of birth provided that the subscriber formally notified the plan sponsor within 30 days of the date of birth.
2. An adopted child – the effective date of coverage for an adopted child will be the date of placement with the subscriber for the purpose of adoption. The effective date of coverage for an adoptive child who has been living with the subscriber and for whom the subscriber has been getting foster care payments will be the date the petition to adopt is filed. If the subscriber is enrolled under a family plan as of the date he or she assumes custody of a child for the purpose of adoption, the child's health care services for injury or sickness will be covered from the date of custody.
3. A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
4. A dependent child who is under age 26.
5. An unmarried disabled dependent child may maintain coverage under the subscriber's health plan membership. The child must be either mentally or physically handicapped so as not to be able to earn his or her own living, as determined by the health plan carrier. The subscriber must make arrangements for the disabled child to continue coverage under the family contract no more than 30 days after the date the child would normally lose eligibility.
6. A newborn infant of an enrolled unmarried dependent who is under age 26 immediately from the moment of birth and continuing until the enrolled dependent turns 26 or upon termination of the dependents coverage whichever occurs first.

Health Insurance Summary of Benefits and Coverage (SBC)

The Patient Protection and Affordable Care Act (ACA) requires that health plans provide a "Summary of Benefits and Coverage (SBC) following a prescribed format for ease of comparison.

Summary of Benefits and Coverage (SBC) for both our Blue Care Elect PPO Enhanced Value and HMO Blue New England Enhanced Value plans are available either in electronic or hard copy format by contacting Gloria Congram at (978) 897-1307.

Health Insurance Portability and Accountability Act (HIPAA)

Employees have the right to decline health insurance coverage if they have other coverage and may in the future be able to enroll themselves and their dependents on a town sponsored plan if they request coverage within 30 days after their other coverage ends. In addition, if you have a new dependent as a result of marriage, birth or adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption and provide proof (e.g., marriage certificate, birth certificate, adoption record) of this "qualifying event". It also provides for the right to receive a certificate of health coverage from your employer. For more information please contact the benefits administrator or visit the website of the U.S. Department of Labor at http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html

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)**.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and qualified beneficiaries the right to continue health insurance coverage under the town's group health plan when a "qualifying event" would normally result in loss of eligibility. Included are such events as resignation, termination of employment, a reduction in an employee's work hours, an unpaid leave of absence, divorce or legal separation, a dependent child no longer meeting eligibility requirements or the death of an employee. Under COBRA the employee or beneficiary pays the full cost of the premium at the Town of Maynard's group rate with an additional 2% administrative fee and coverage is subject to timely premium payments to the Town of Maynard. For more information please contact the benefits administrator or visit the website of the U.S. Department of Labor at: <http://www.dol.gov/dol/topic/health-plans/cobra.htm>

Ready for your 65th Birthday card?

PLAN AHEAD

WHAT DO I NEED TO DO?

ACTIVE EMPLOYEE:

1. Contact Social Security Administration **THREE (3) months PRIOR** to reaching age 65.
2. Apply for Medicare Part A only (deferring Part B at this time as employee is still actively working).
3. Provide a copy of Medicare card to employer.

RETIRED EMPLOYEE:

1. Contact Social Security Administration **THREE (3) months PRIOR** to reaching age 65.
2. Apply for Medicare Parts A & B (as employee is retired).
1. Provide a copy of Medicare card to employer along with appropriate forms to change to Senior Plan.

NOTE: A spouse's work status does not matter as they are covered under the employee's group health insurance plan. The spouse should follow the above according to the **employee's** work status.



Action is required if you or your spouse is turning 65. Please contact Gloria Congram at Town Hall to discuss and learn more about you and your spouse's eligibility and requirements for continuing health insurance coverage to avoid a disruption in benefits.



Dental Plan Overview



Town of Maynard - Effective 7/1/2022

Plan Benefits	BCBSMA Dental Blue Program 2
Calendar Year Deductible <i>(Individual / Family)</i>	\$25 / \$75 <i>(Waived for Preventive Services)</i>
Calendar Year Maximum <i>(Per Covered Family Member)</i>	\$1,000
Out-of-Network Reimbursement	90th Percentile of UCR*
Diagnostic Services - Preventive	100% In/Out of Network
Minor Restorative Services Oral Surgery, Periodontics, Endodontics & Prosthetic Maintenance	80% In/Out of Network
Major Restorative Services Crowns, Prosthodontics	50% In/Out of Network
Orthodontia	50% to \$1,000 lifetime maximum Dependents under the age of 19
Maximum Rollover	Included



Life Plan Overview

- The Town currently offers a Group Term Life Insurance Policy as well as a Voluntary Optional Life Insurance Policy through Boston Mutual. If you did not enroll in the life insurance plan when you originally became eligible you may enroll by completing an “Evidence of Insurability” form.

Division 1	All Eligible DPW Employees and Department Heads	\$10,000 Life	\$10,000 AD&D
Division 2	All Eligible Active Employees (excluding DPW employees and Department Heads)	\$5,000 Life	\$5,000 AD&D
Division 3	All Eligible Retirees	\$5,000 Life	\$ - 0 - AD&D



Vision Plan Overview



Vision care service	In-network member cost	Out-of-network reimbursement ¹
Comprehensive eye exam	\$20 copay	up to \$50
Contact lens fit and follow-up² <ul style="list-style-type: none"> • Standard • Premium 	up to \$55 10% off retail price	n/a n/a
Retinal imaging	up to \$39	n/a
Frames	\$130 allowance, then additional 20% off balance	up to \$74
Standard plastic lenses <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular • Standard progressive lens • Premium progressive lens tier 1- tier 3 tier 4 	\$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$110-\$135 copay \$90 copay, then 80% of charge less \$120 allowance	up to \$42 up to \$78 up to \$130 up to \$130 up to \$140 up to \$196 up to \$196
Lens options² <ul style="list-style-type: none"> • UV treatment • Tint (solid and gradient) • Standard plastic scratch coating • Standard polycarbonate • Standard polycarbonate for covered dependents under age 19 • Standard anti-reflective coating • Premium anti-reflective coating • Photochromic/Transitions[®] plastic • Polarized • Other add-ons 	\$15 \$15 \$15 \$40 Paid in full \$45 \$57-\$68 20% off retail price 20% off retail price 20% off retail price	n/a n/a n/a n/a up to \$26 n/a n/a n/a n/a n/a
Contact lenses³ <ul style="list-style-type: none"> • Conventional • Disposable • Medically necessary 	\$130 allowance, then additional 15% off balance \$130 allowance Paid in full	up to \$104 up to \$104 up to \$210
Frequency <ul style="list-style-type: none"> • Exam • Lenses for frames or one order of contact lenses • Frames 	once every 24 months once every 12 months once every 24 months	



Premium Renewal Rates July 1, 2023

Health Insurance				
Blue Care Elect Preferred (PP0) 00-2323316				
Plan	Total	Employer Share	Employee Share	Bi-Weekly Deduction
Employee	\$1,591.68	\$1,193.76	\$397.92	\$198.96
Family	\$3,965.73	\$2,974.30	\$991.43	\$495.72
Network Blue New England (HMO) 00-4034993				
Plan	Total	Employer Share	Employee Share	Bi-Weekly Deduction
Employee	\$954.94	\$716.20	\$238.74	\$119.37
Family	\$2,507.27	\$1,880.45	\$626.82	\$313.41
Dental Insurance - 100% employee paid				
BCBSMA Dental Blue 00-2371393				
Plan	Total	Biweekly Deduction		
Employee	\$42.72	\$21.36		
Employee +1	\$85.24	\$42.62		
Family	\$130.70	\$65.35		
Vision Insurance - 100% employee paid				
BCBSMA Blue 20/20 21002				
Plan	Total	Biweekly Deduction		
Employee	\$5.54	\$2.77		
Employee & Spouse	\$9.42	\$4.71		
Employee w/Child(ren)	\$9.70	\$4.85		
Family	\$15.23	\$7.62		
Life Insurance				
Boston Mutual Life Insurance 24687 - 00002/00001				
Plan - Basic & AD&D	Total	Employer Share	Employee Share	
\$5,000 Actives	\$6.70	\$3.35	\$3.35	
\$10,000 DPW & Dept Heads	\$13.40	\$6.70	\$6.70	



Masachusetts Deferred Compensation

- (Deferred Compensation is **not** subject to Open Enrollment restrictions; you can open an account at any time!)
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- 457 Deferred Compensation Plans are offered to the employees of state and local governments, subdivisions of state governments or certain eligible key employees of tax-exempt organizations.
- Deferred compensation plans allow participants to save for retirement now and pay taxes later by contributing a portion of their salaries to the plan. Your 457 plan may offer investment options through a group fixed and variable deferred annuity, or a selection of mutual funds, or a selection of bank products, or a combination of investment alternatives.
- You can start contributing to a deferred contribution account in your name **at any time** and you can change the amount of your contributions – within the allowable limits- at any time. You can also change your investment selections at any time.
- **If you have any questions or would like to open a Deferred Compensation Account, please contact Andrew Wilson, CFR at (339) 221-2770 or andrew.wilson@empower.com .**



Flexible Spending

Flexible spending accounts let you set aside a portion of your paycheck **tax free** to pay for certain health and dependent care expenses. Contributions are deducted from your paycheck prior to federal, state and social security taxes. No tax on your contribution saves you money. **New election forms must be completed annually for FSA Plans, even if you are a current participant. If you have any questions or would like to see when the next time you can enroll in the Flexible Spending Account, please contact Karen Smith at Cafeteria Plan Advisors, Inc. (781) 848-9848 or info@cpa125.com .**



Greetings from the desk of *Norm Robinson*-your AFLAC servicing agent.

Thanks to your employer, all Town of Maynard employees are entitled to enroll in the following AFLAC plans, at Group prices. Employees who participate will own their policies. You may also have the deductions done conveniently through your payroll, which will reduce your plan cost by at least 25%, if the plan taken is pre taxable. You may select an individual, employee/spouse, employee/kids or full family plan. Please contact Norm for any interest in adding or changing these Aflac plans.

1: ACCIDENT-Pays you cash if you are hurt on/off the job, 24/7. Enroll by age 64, keep for life. Built in guaranteed issue life insurance up to \$150k. **Cost <\$5/wk** individual plan.

2: LIFE INSURANCE-10/20/30 **year term or whole life** up to \$500k. (**NO** medical exams or any tests). May insure spouse ½ yours, up to \$50k, children up to \$12.5k.

3: CANCER-Pays huge cash payments for cancer related expenses, over & above health insurance. Enroll by 64, keep for life. \$75 annual wellness benefit for all covered.

- **Net cost >\$4/week for individual + kids. Dependents covered for FREE to age 26.**

4: HOSPITAL ADVANTAGE-Pays cash for hospital stays from \$500-\$2000 for 23 hour stay, \$100 for less, plus \$100 ER and rehab unit. **Optional riders available for extra coverage. May use for injury illness, or surgery.** **Cost <\$3/week** for \$500 plan individual.

5: DENTAL- 4 plans available, \$1,200-\$1,800 annual benefit. Enroll by 70, keep for life. Three primary plans plus one plan which complements any existing coverage. You pick your dentist.

- **NO network or deductible.** Optional orthodontic rider. **Net cost \$3-\$6/week** for individ.

6: SHORT TERM DISABILITY-Pays \$500-\$6,000/month for up to 24 months if out of work. Guaranteed Issue to \$4,000/mo, with **NO health questions.** **Includes Maternity Leave.** Covers approx 2/3 of paycheck. Any checks received are **NOT** taxable income.

7: CRITICAL CARE-Pays **\$8,500** for major health events **\$10,000** kids (stroke, heart attack, coma, 3rd degree burns, kidney failure, paralysis) plus hospital, ambulance & continuing care. **\$4,000 paid** for subsequent events. **Cost <\$2-6/week** depending on age

Norm Robinson, AFLAC agent Tel: 508-395-7429 email: [normanaflacagent@gmail.com](mailto:normanafacagent@gmail.com)



FY2024 Acknowledgement Form

The following group insurance plans are available to you through the Town of Maynard.

- Health Insurance
- Dental Insurance
- Vision Insurance
- Life Insurance

Employee Affidavit

I acknowledge receipt of the Town of Maynard Fiscal Year 2024 Open Enrollment information. I understand that if I do not have health insurance, I may be responsible for the full cost of medical treatment and that I may incur tax penalties on the State and Federal levels.

I understand that if I do not participate in the open enrollment process, I will be unable to enroll in a new plan or make changes to my existing plan until the next Open Enrollment Period, unless I experience a qualifying event during the plan year.

Signature

Date

Please return completed form to:

Stephanie Duggan, HR Manager

Town of Maynard

195 Main Street

Maynard, MA 01754

sduggan@townofmaynard.net