Confidential

Town of Maynard

FY21 Employee Benefits
Open Enrollment
May 7, 2020 – May 22, 2020

NFP®

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Welcome to Open Enrollment

What do I need to do during the Enrollment Period?

Employees who want to keep the same health, life, dental, 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 Coordinator.

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. in the Retirement Office at the Town Office Building. Her phone number is (978) 897-1307 and email at gcongram@townofmaynard.net

BlueCross BlueShield

I - Medical Plan

NFP

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 - MIIA Renewal 7.20.20 - 3.48% Increase								
Medical Plan Benefits	**Enhanced Value Plan HMO**				**Blue Care Elect PPO**			
Physician Office Visit / Well Care	Covered In Full				Covered In Full			
Office Visit: PCP / Specialist	$20 PCP / $35 Specialist				$20 PCP / $35 Specialist			
Deductible	HMO - None				$500 / $1,000 Out of Network Only			
Out-of-Pocket Maximum	$2,500 / $5,000				$2,500 / $5,000			
Coinsurance	HMO NONE (except DME)				20% All Out-of-Network Services			
Emergency Room	$150 Copay				$150 Copay			
IN-PT Hospital Admission	$500 Copay				$500 Copay			
OUT-PT Surgical Day Care Ambulatory Surgical Facility	$250 Copay				$250 Copay			
Lab & X-rays	$0 - Covered In Full+E18:H23				$0 - Covered In Full			
CAT Scans, MRI, PET Scans	$100 Copay HMO				$150 Copay PPO			
RX - 30 Day Retail or 90 Day Mail Order Delivery	$10 / $25 / $45 $20 / $50 / $90				$10 / $25 / $45 $20 / $50 / $90			
Enrollment	Single	95	Family	155	Single	12	Family	16
Current Rates	Single	$831.30	Family	$ 2,182.66	Single	$1,385.61	Family	$3,452.30
Renewal Rates	Single	**$860.23**	Family	**$ 2,258.62**	Single	**$1,433.83**	Family	**$3,572.44**

Health Insurance

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 Massachusetts, contact your State Medicaid or CHIP office to find out if premium assistance is available. Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120

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

II - Additional Benefits

Advantages of Using the Mail Order Pharmacy

- You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications
- Medications are shipped to you at no additional cost for standard shipping
- With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose
- Get your prescriptions on time, every time with automatic refills

How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

- Visit Express Scripts at **express-scripts.com /starthd**, and select **Register**
- Download the Express Scripts mobile app and select **Register**
- Call Express Scripts at **1-800-892-5119** (TTY: **1-800-305-5376**)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to **1-800-837-0959**
- Fill out the order form* and mail it to:

  Home Delivery Service
  PO Box 66566
  St Louis, MO 63166-9967

How to Order Refills

- Log in to Express Scripts at **express-scripts.com**, select the medications to be filled, then click **Add to Cart**
- Call Express Scripts at **1-800-892-5119** (TTY: **1-800-305-5376**), 24 hours a day

Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you'll need your prescriptions and deliver them on time. They'll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

- Visit Express Scripts at **express-scripts.com**, and select **Automatic Refills**
- When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
- Call Express Scripts at **1-800-892-5119** (TTY: **1-800-305-5376**)

Save up to

33%

When you use the mail order pharmacy.**

Save Time and Money with $9 Generic Medications

You can pay just $9 for certain generic medications when you order a 90-day supply through our mail order pharmacy.

Express Scripts®, an independent company that administers your pharmacy benefit on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door at no additional cost. With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose, making it the most convenient and inexpensive way to get your medications.

Program Highlights

- Get a 90-day supply for $9
- Delivered to your door at no additional cost for standard shipping
- Fewer refills

See the Full List of $9 Generic Medications

1. Visit MyBlue at bluecrossma.com/pharmacy
2. Go to the **Mail Order Pharmacy** page
3. Click **View a list of $9 medications**

Shop smart. Get rewarded. Receive cash. *Repeat.*

Prices for identical medical procedures, like MRIs and CT scans, vary from hundreds to thousands of dollars depending on where you choose to go for your procedure.

With SmartShopper from Vitals®, an independent company, you can comparison shop for eligible, competitively priced care, have your procedure, and then sit back and wait for your reward check to arrive in the mail!

Shop smart

1. Log In or Register (if you haven't already)

Create a MyBlue account at bluecrossma.com/myblue by selecting Register Now.

2. Shop—online or by phone

Online:

- Select the Find a Doctor & Estimate Costs box
- On the Find a Doctor & Estimate Costs home page, select the Go to Find a Doctor & Estimate Costs button
- Next, select the SmartShopper incentive button

Phone:

Have a member of the Personal Assistant Team find the best care options that return the biggest reward—simply call 1-877-281-3722, Monday-Thursday, 8:00 a.m.-8:00 p.m., or Friday, 8:00 a.m.-6:00 p.m.

3. Have the Procedure

Have your procedure at the eligible location of your choice, and earn cash rewards!

4. Receive Your Cash Reward

Once the claim for your procedure is processed, Vitals will mail your reward check to you within 6 to 8 weeks.

MASSACHUSETTS

Weight-Loss Reimbursement

Your reward for health

Receive up to $150 annually when you participate in a qualified weight-loss program.[1]

Qualified for Weight-Loss Reimbursement:

Participation fees for:

- Hospital-based programs and Weight Watchers® in-person
- Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists. Note: Reimbursement requests for 2020 programs must be submitted ***after*** your 2020 health benefits become effective.

Not Qualified for Weight-Loss Reimbursement:

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests or other services that are covered benefits under your medical plan

How It Works

Remote Diabetes Monitoring from Express Scripts (ESI)

Know Your Numbers with the OneTouch Verio® Flex

Use your Verio Flex Glucometer, synced with the OneTouch Reveal®' app, to regularly record your blood sugar levels.

Manage Your Condition and Prescriptions with the OneTouch Reveal App

As you track your blood sugar levels, the Reveal app sends your data to ESI's Diabetes Support Team—a group of specialized clinicians and pharmacists. They'll be ready to offer support when you need it.

Features:

- Syncs seamlessly with the OneTouch Verio Flex Glucometer

BlueCross BlueShield

III - Dental Plan

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Dental Blue Plan II

Town of Maynard - Dental Renewal 7.1.2020						
Plan Benefits	***BCBSMA* Dental Blue Program 2 Current**			***BCBSMA* Dental Blue Program 2 Renewal**		
Calendar Year Deductible *(Individual / Family)*	$25 / $75 ***(Waived for Preventive Services)***			$25 / $75 ***(Waived for Preventive Services)***		
Calendar Year Maximum *(Per Covered Family Member)*	$1,000			$1,000		
Out-of-Network Reimbursement	90th Percentile of UCR*			90th Percentile of UCR*		
Diagnostic Services - Preventive	100% In/Out of Network			100% In/Out of Network		
Minor Restorative Services Oral Surgery, Periodontics, Endodontics & Prosthetic Maintenance	80% In/Out of Network			80% In/Out of Network		
Major Restorative Services Crowns, Prosthodontics	50% In/Out of Network			50% In/Out of Network		
Orthodontia	NA			NA		
Maximum Rollover	Included			Included		
Monthly Premium	$47.32	$94.42	$144.74	$47.32	$94.42	$144.74
Renewal $ change	N/A			$0		

BlueCross BlueShield

IV - Vision Plan

NFP

Blue 20/20

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-up[2]		
• Standard	up to $55	n/a
• Premium	10% off retail price	n/a
Retinal imaging	up to $39	n/a
Frames	$130 allowance, then additional 20% off balance	up to $74
Standard plastic lenses		
• Single vision	$25 copay	up to $42
• Bifocal	$25 copay	up to $78
• Trifocal	$25 copay	up to $130
• Lenticular	$25 copay	up to $130
• Standard progressive lens	$90 copay	up to $140
• Premium progressive lens		
tier 1- tier 3	$110-$135 copay	up to $196
tier 4	$90 copay, then 80% of charge less $120 allowance	up to $196
Lens options[2]		
• UV treatment	$15	n/a
• Tint (solid and gradient)	$15	n/a
• Standard plastic scratch coating	$15	n/a
• Standard polycarbonate	$40	n/a
• Standard polycarbonate for covered dependents under age 19	Paid in full	up to $26
• Standard anti-reflective coating	$45	n/a
• Premium anti-reflective coating	$57-$68	n/a
• Photochromic/Transitions®* plastic	20% off retail price	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
Contact lenses[3]		
• Conventional	$130 allowance, then additional 15% off balance	up to $104
• Disposable	$130 allowance	up to $104
• Medically necessary	Paid in full	up to $210
Frequency		
• Exam	once every 24 months	
• Lenses for frames or one order of contact lenses	once every 12 months	
• Frames	once every 24 months	

V - Life Insurance

Life Insurance

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.

Massachusetts has adopted the Uniform Probate Code, which became effective March 31, 2012. Under the Probate Code, MGLA Chapter 190B Section 2-804, **if the named beneficiary of a life insurance policy is a divorced spouse, the designation is automatically considered to be revoked by operation of the Code.** If you are insured and divorced it is suggested that you review any beneficiary designation made on your life insurance policy for consideration of making a change.

Division 2 Class 1	All Eligible Active Employees (excluding DPW employees and Police Chief)	$5,000 Life	$ 5,000 AD&D
Division 3 Class 1	All Eligible Retirees	$5,000 Life	$ - 0 - AD&D

VI - Premium Renewal Rates

Premium Rates Effective July 1, 2020

How Much Do I Pay?

Effective July 1, 2020		
HMO Blue New England	Individual	$215.06
	Family	$564.66
Blue Care Elect Preferred	Individual	$358.46
	Family	$893.10
Dental Blue Program 2	Individual	$47.32
	Individual +1	$94.42
	Family	$144.74
Blue 20/20	Individual	$5.74
	Emp & Spouse	$9.76
	Emp & Children	$10.06
	Family	$15.78
Boston Mutual Life Insurance		
Active Employees ($5,000 AD&D)		$2.98
DPW and Dept Heads ($10,000 AD&D)		$5.96

VII - Aflac

Aflac

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**

VIII - Massachusetts Deferred Compensation SMART Plan

(Save Money and Retire Tomorrow)

Deferred Compensation

(Deferred Compensation is **not** subject to Open Enrollment restrictions; you can open an account at any time!)

- 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 Robert Young at Smart Plan (877) 457-1900.

IX – Flexible Spending

Flexible Spending Accounts

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**. Click on below link for a list of covered expenses. **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.**

http://www.cpa125.com/FSA-EXPENSES.pdf

Did you know?

There are many types of medical expenses that can qualify for FSA reimbursement.
Be sure to review the
List of Eligible Expenses

CAFETERIA PLAN ADVISORS CPA INC.

FSA Rules & Regulations

- You can elect up to your plan maximum. The IRS allows $2700 max, but each plan maximum is established by your employer.
- Reimburses you for:
  - Co-Pays & Deductibles
  - Prescription Drugs
  - Vision
  - Non-Cosmetic Dental
  - And much more…

X – Acknowledgement Form

Acknowledgement Form – FY21

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

- Health Insurance:

  ___ Network Blue N.E. – Blue Care Elect Preferred

  ___ I do not wish to enroll in the health plan*

- Dental Insurance

  ___ Dental Blue Program 2

  ___ I do not wish to enroll in the dental plan

- Vision Insurance

  ___ Blue 20/20

  ___ I do not wish to enroll in the vision plan

- Life Insurance

  ___ Boston Mutual Life Insurance

  ___ I do not wish to enroll in the life plan

Employee Affidavit

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.

Employee Signature: _____ Date: ____/ ____/ ____

Printed Name: _____

Please return completed form to Stephanie Duggan, HR Coordinator sduggan@townofmaynard.net