



Town of Wilbraham, 240 Springfield Street, Massachusetts 01095

EMPLOYEE BENEFITS

July 1, 2009 to June 30, 2010



Health Insurance
Dental Insurance
Term Life Insurance
Whole Life Insurance
Short & Long Term Disability Insurance

Flexible Spending Accounts

Deferred Compensation

Where to find more information on the different plans offered:

This is a list of websites for our current insurance providers:

WWW.BLUECROSSMA.COM

WWW.HNE.COM

WWW.TUFTSHEALTHPLAN.COM

Wellness Program:

The Scantic Valley Regional Health Trust will be offering various Wellness Programs throughout the year. Amy Higgins is the Wellness Coordinator. She will be working on different programs that will be funded by the trust. Employees will receive detailed information on when and where these programs will be offered. If you have any suggestions or would like to see a certain program relating to Wellness please contact Amy Higgins at amy@ScanticHealth.org. Scantic Valley also offers a Website where there is newsletters, resource information, program scheduling, and benefit comparison. The Website is www.scantichealth.org.

Prescription Savings Program:

myMedicationAdvisor is a voluntary prescription medication safety and savings program provided free of charge as part of the benefits package for employees who are enrolled in Blue Cross Blue Shield or Health New England health plans. **myMedicationAdvisor** is primarily a web-based program but does have a paper-based ordering process and a customer-friendly telephonic component for those without computers. The program offers education in the area of medication management, and provides answers to confidential medication questions. In addition, the program offers selected maintenance medications which can be purchased more cost efficiently from a vendor who provides brand name medications. Over the past year in addition to ordering medications from Canada members have been able to order medications from the United Kingdom, Australia, and New Zealand. **myMedicationAdvisor** has been able to offer 122 new medications for Blue Cross Blue Shield and 49 new medications for Health New England. Medication lists are updated every three months. **myMedicationAdvisor**'s website is www.myMedicationAdvisor.com. Log on and start saving on prescription medications. They have a toll free hotline at 1-877-467-3133.

FITNESS BENEFITS:

All three insurance providers offer reimbursement benefits on fitness programs (clubs) Blue Cross Blue Shield offers \$150.00 per family per calendar year. Health New England also offers the same \$150.00 a year reimbursement. Join a participating fitness club and Tuft's Health Plan will offer a discounted rate and no enrollment fee. Please contact Amy DeLisle at 596-2800 Ext. 102 for printed information for these benefits.

	BCBSMA		BCBSMA	HNE	THP
	Blue Care Elect PPO		Network Blue HMO	HMO	HMO
	In-Network	Out-of-Network			
Deductible	None	\$250 per member \$500 per family	None	None	None
Coinsurance Maximum	None	\$1000 per member \$2000 per family	None	None	None
Lifetime Benefit Maximum	None	None	None	None	None
	In-Network	Out-of-Network			
INPATIENT	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
General Hospital (semi-private room and board and special services)	Nothing	20% coinsurance after deductible (Nothing - no deductible - for emergency/accident admissions)	Nothing	Nothing	Nothing
Physician Services	Nothing	20% coinsurance after deductible (Nothing - no deductible - for emergency/accident admissions)	Nothing	Nothing	Nothing
Skilled Nursing Facility	Nothing to 100 days per calendar year benefit maximum combined with out of network days	20% coinsurance after deductible to 100 days per calendar year benefit maximum combined with out of network days	Nothing to 100 days per calendar year benefit maximum	No charge (up to 100 days per calendar year) combined with inpatient rehabilitation	Nothing up to 100 days per calendar yr
Rehabilitation Hospital	Nothing to 60 days per calendar year benefit maximum	20% coinsurance after deductible to 60 days per calendar year benefit maximum combined with in-network days	Nothing to 60 days per calendar year benefit maximum	No charge (up to 100 days per calendar year) combined with Skilled Nursing Facility	Nothing to 60 days per calendar year benefit maximum
	In-Network	Out-of-Network			
OUTPATIENT HOSPITAL	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
Emergency Room Visits for Emergency or Accident Care	\$50 co-payment per visit (waived if admitted or for an observation stay)	\$50 co-payment per visit (waived if admitted or for an observation stay)	\$50 co-payment per visit (waived if admitted or for an observation stay)	\$50 co-payment per visit (waived if admitted directly from the ER)	\$50 co-payment per visit
Emergency Room Visits for Medical Care	\$50 co-payment per visit (waived if admitted or for an observation stay)	\$50 co-payment per visit (assuming the dx is one BCBSMA would pay)	\$50 co-payment per visit (waived if admitted or for an observation stay)	\$50 co-payment per visit (waived if admitted directly from the ER)	\$50 co-payment per visit

Surgery	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing
Radiation & Chemotherapy	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing
Diagnostic X-ray and Lab	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing
Hemodialysis	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing
Physical Therapy	\$15 per visit to 100 visits per calendar year benefit maximum combined with out of network days	20% coinsurance after deductible to 100 visits per calendar year benefit maximum combined with out of network days	\$10 per visit to 60 visits per calendar year benefit maximum	\$10 co-pay per visit (limited to 2 months or 25 visits whichever is greater per condition per calendar year)	\$10 per visit
	In-Network	Out-of-Network			
PHYSICIAN'S OFFICE	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
Surgery	\$15 co-payment per visit	20% coinsurance after deductible	Nothing	Nothing	Nothing
Medical Care	\$15 co-payment per visit	20% coinsurance after deductible	\$10 co-payment per visit	\$10 co-payment per visit	\$10 co-payment per visit
Well Child Care	\$15 per visit; 10 visits 1st year 3 visits 2nd year 1 visit / year age 2-11 1 visit / 2 yrs age 12-18	20% coinsurance after deductible 10 visits 1st year 3 visits 2nd year 1 visit / year age 2-11 1 visit / 2 yrs age 12-18	\$10 co-payment per visit	\$10 co-payment per visit	\$10 co-payment per visit
Routine GYN Exam	\$15 co-payment per visit (1 visit per calendar year in and out of network combined)	20% coinsurance after deductible	\$10 co-payment per visit (1 visit per calendar year)	\$10 co-payment per visit (1 visit per calendar year)	\$10 co-payment per visit (no PCP referral is necessary)
Routine Vision Exam	\$15 per visit (1 visit per calendar year)	All charges	\$10 co-payment per visit (1 visit per calend yr)	\$10 co-payment per visit (1 visit per calendar year)	\$10 co-payment per visit (no PCP referral necessary)
Adult Routine Physicals	\$15 co-payment per visit 1 visit/5yrs age 19-29 1 visit/3yrs age 30-39 1 visi 2yrs age 40-54 1 visit/year age 55+	20% coinsurance after deductible 1 visit / 5 yrs age 19-29 1 visit / 3 yrs age 30-39 1 visit / 2 yrs age 40-54 1 visit / year age 55+	\$10 co-payment per visit	\$10 co-payment per visit	\$10 co-payment per visit

	In-Network	Out-of-Network			
MENTAL HEALTH	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
BIOLOGICALLY-BASED CONDITIONS+ Inpatient admissions in a general or mental hospital	Nothing	20% coinsurance after deductible	Nothing	Nothing no day limits for t in or outpatient care	Nothing
Outpatient Visits	\$15 co-payment per visit	20% coinsurance after deductible	\$10 co-payment per visit	\$10 co-payment per visit	\$10 co-pay p visit (up to 24 per cal yr)
NON-BIOLOGICALLY BASED CONDITIONS Inpatient admissions in a general hospital	Nothing	20% coinsurance after deductible	Nothing	No day limits	Nothing
Inpatient admission in a mental hospital facility (up to 60 days per calendar year)	Nothing	20% coinsurance after deductible	Nothing	Nothing (may substitute 2 days of partial hospitalization each for day of inpatient care)	Nothing
Outpatient visits	\$15 per visit	20% coinsurance after deductible	\$10 co-payment per visit	\$10 co-payment per visit (care for some conditions may be limited to 24 visits) per calendar year	\$10 co-payment per visit (up to 24 per cal yr)
	In-Network	Out-of-Network			
INPATIENT	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
ALCOHOLISM TREATMENT (IN ADDITION TO BIOLOGICALLY BASED MENTAL CONDITIONS) INPATIENT admissions in a general hospital	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing (services prov. through a Desig- nated Facility- Program for up to 30 days/calend yr
INPATIENT admissions in a substance abuse treatment facility (to 30 days per calendar year)	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing
OUTPATIENT visits ++	\$15 per visit	20% coinsurance	\$10 co-payment	\$10 co-payment	\$10 co-payment

(to 8 / yr)	after deductible		per visit	per visit 1-8 \$20 co-payment	per visit (THP pays up to \$500 per calend yr)
	In-Network	Out-of-Network		per visit 9-20	
OTHER OUTPATIENT	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
Visiting Nurse	Nothing	20% coinsurance	Nothing (includes Hospice Care)	Nothing	Nothing
Home Health Care		after deductible			
Durable Medical Equipment	Nothing to \$1500 per calendar year benefit maximum combined with out-of-network maximum	20% coinsurance after deductible to \$1500 per calendar year benefit maximum combined with in-network maximum	Nothing up to \$1,500 per calendar year benefit maximum	\$3,000 annual calendar year max 20% co-pay for DME (some DMEs require prior approval) & a separate \$3,000 annual calendar year maximum with a \$0 co-payfor Prosthetics	20% coinsurance (\$5,000 calendar year maximum)
	In-Network	Out-of-Network		per visit 9-20	per calendar year
OTHER OUTPATIENT	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
Ambulance	Nothing (for emer- gency or medically necessary transport)	Nothing (for emergency transport) 20% after deductible (medically necessary transport)	Nothing	\$25 co-payment per member per day (includes Chair Van services)	Nothing (when medically necessary)
Routine Pediatric Dental	All charges	All charges	Nothing (covered services each six months)	Preventive dental only; no charge after \$25 deductible per child per calendar year(for children under age12)	Nothing (children under 12)
Chiropractor Visits	\$15 per visit (up to 12 visits per calendar year)	20% coinsurance after deductible (up to 12 visits per calendar year)	All charges	All charges % discount through American Chiroprac- tic Network (ACN)	All charges
	In-Network	Out-of-Network			
PRESCRIPTION DRUGS	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i>
Retail prescription (30-day supply)	Tier 1: \$10 Tier 2: \$20 Tier 3: \$35	Same as PCP/Plan Approved at retail pharmacies outside of Massachusetts	Tier 1: \$10 Tier 2: \$20 Tier 3: \$35	Tier 1: \$10 Tier 2: \$20 Tier 3: \$35	Tier 1: \$10 Tier 2: \$20 Tier 3: \$35
Mail order prescription (90-day supply)	Tier 1: \$20 Tier 2: \$40 Tier 3: \$70	Same as PCP/Plan Approved at retail pharmacies outside of Massachusetts	Tier 1: \$20 Tier 2: \$40 Tier 3: \$70	Tier 1: \$20 Tier 2: \$40 Tier 3: \$105 (non-formulary)	Tier 1: \$20 Tier 2: \$40 Tier 3: \$70
	Express Scripts, Inc. is the PBM	Express Scripts, Inc. is the PBM	Express Scripts, Inc. is the PBM	WellDyne RX	PCS is the PBM AdvanceRx for mail order

This is an abbreviated description of benefits. Details of coverage are available from each health plan provider. Health plans provided the information in this summary. The SVRHT is not responsible for the accuracy of this summary of benefits.

INSURANCE RATES EFFECTIVE 7/1/2009

Health Insurance									
July 1, 2009 - June 30, 2010	FY010	EMPLOYEE	EMPLOYEE TOWN	TOWN	TOTAL	TOTAL	ANNUAL	ANNUAL	TOWN
	%	WEEKLY	MONTHLY	MONTHLY	PREMIUMS MONTHLY	PREMIUMS ANNUAL	TOWN	EMPLOYEE	%
BLUE CROSS BLUE SHIELD	INCR								
Network Blue HMO									
INDIVIDUAL	3	\$12.97	\$56.21	\$454.79	\$511.00	\$6132.00	\$5457.48	\$674.52	89%
FAMILY	3	\$89.34	\$387.15	\$947.85	\$1,335.00	\$16,020.00	\$11,374.20	\$4645.80	71%
BLUE CARE ELECT (PPO SENIOR PLAN)									
INDIVIDUAL	6.5	\$155.53	\$674.00	\$674.00	\$1,348.00	\$16,176.00	\$8,088.00	\$8,088.00	50%
FAMILY	6.5	\$340.50	\$1475.50	\$1,475.50	\$2951.00	\$35,412.00	\$17,706.00	\$17,706.00	50%
<i>BLUE CARE 65 (PLAN)</i>	<i>On 1/1/09</i>	<i>N/A</i>	<i>\$75.99</i>	<i>\$147.51</i>	<i>\$223.50</i>	<i>\$2,682.00</i>	<i>\$1,770.12</i>	<i>\$911.88</i>	<i>66%</i>
<i>MEDEX STANDARD (Senior PLAN)</i>	<i>0</i>	<i>N/A</i>	<i>\$198.00</i>	<i>\$198.00</i>	<i>\$396.00</i>	<i>\$4,752.00</i>	<i>\$2,376.00</i>	<i>\$2,376.00</i>	<i>50%</i>
HEALTH NEW ENGLAND HMO									
3 TIER PLAN									
INDIVIDUAL	1	\$25.79	\$111.76	\$396.24	\$508.00	\$6096.00	\$4754.88	\$1341.12	78%
2 PERSON	1	\$52.39	\$227.04	\$804.96	\$1032.00	\$12,384.00	\$9659.52	\$2724.48	78%
FAMILY	1	\$112.43	\$487.20	\$904.80	\$1392.00	\$16,704.00	\$10,857.60	\$5846.40	65%
<i>HNE MEDWRAP PLAN (SENIOR PLAN)</i>	<i>0</i>	<i>N/A</i>	<i>\$121.51</i>	<i>\$297.49</i>	<i>\$419.00</i>	<i>\$5,028.00</i>	<i>\$3,569.88</i>	<i>\$1,458.12</i>	<i>71%</i>
TUFT'S HEALTH PLAN HMO									
2 TIER PLAN									
INDIVIDUAL	5	\$32.20	\$139.54	\$494.74	\$634.29	\$7611.48	\$5936.88	\$1674.48	78%
FAMILY	5	\$128.05	\$554.92	\$1030.57	\$1585.49	\$19,025.88	\$12,366.72	\$6659.04	65%
<i>TUFT'S MEDICARE COMPLIMENT (SENIOR PLAN)</i>	<i>0</i>	<i>N/A</i>	<i>\$93.67</i>	<i>\$229.33</i>	<i>\$323.00</i>	<i>\$3,876.00</i>	<i>\$2,751.96</i>	<i>\$1,124.04</i>	<i>71%</i>
Dental Insurance		EMPLOYEE							
ALTUS DENTAL		WEEKLY							
Individual Plan		\$7.74							
Family Plan		\$22.48							
Life Insurance									
BOSTON MUTUAL LIFE INS.		POLICY	EMPLOYEE	TOWN	TOTAL	TOWN	EMPLOYEE		
(Additional policies in larger amounts available at employee's option at full cost)		AMOUNT	MONTHLY	MONTHLY	MONTHLY	%	%		
		\$2,000.00	\$0.84	\$0.84	\$1.68	50%	50%		
		\$1,000.00	\$0.40	\$0.40	\$0.80	50%	50%		

Eligibility Chart & Enrollment Deadlines

Benefit	Eligible Employees (min work hours)	Enrollment Deadlines	Retirees
<u>Health Insurance</u> HMO and PPO Plans Senior and Med Wrap Plans	20 hours or more per week and Compensated Elected Officials (must earn \$5000 or more/yr & document 20 hrs/week) Employees who are on Medicare	<ul style="list-style-type: none"> - Within 30 days from date of hire - Open enrollment - Within 30 days of a HIPAA qualifying event (marriage, birth, adoption of a child, loss of other coverage) 	If eligible at time of retirement has one time option to enroll, may choose any plan, eligible to participate in annual open enrollment; (not covered under HIPAA rules) Retirees who are on Medicare
<u>Life Insurance</u> Term Life Insurance Whole (Permanent) Life Insurance:	20 hours or more per week, terminates at age 75 20 hours or more per week	<ul style="list-style-type: none"> - Within 30 days from date of hire - Open enrollment 	If eligible at time of retirement may continue to participate, policy is reduced to \$1,000, terminates at age 75. Voluntary Insurance will be reduced to \$5,000.00
<u>Dental Insurance</u> Altus Dental	20 hours or more per week	<ul style="list-style-type: none"> - Within 30 days from date of hire - Open enrollment 	Not eligible
<u>Disability Insurance</u> Short and Long Term Disability Insurance	25 hours or more per week and under age 70	<ul style="list-style-type: none"> - Within 30 days from date of hire - Open enrollment 	Not eligible
<u>Flexible Spending Accounts</u> Medical Expense Acc. Dependent Care Exp. Account	20 hours or more per week	<ul style="list-style-type: none"> - Within 30 days from date of hire - Annually during the month of June 	Not eligible
<u>Deferred Compensation</u> 457 retirement plan for government employees	All non-temporary employees working over 20 hours per week (pay must support deductions)	<ul style="list-style-type: none"> - At any time 	Not eligible
<u>Hampden County Retirement</u>	Mandatory for employees who work over 20 hrs/wk Mandatory for appointed officials who earn more than \$200 per year Optional for elected officials who earn more than \$200 per year	<ul style="list-style-type: none"> - Date of hire 	N/A
<u>OBRA</u> (optional in lieu of Social Security) Omnibus Budget Reconciliation Act 1990	20 hours or less per week seasonal/temporary employees	<ul style="list-style-type: none"> - Within 30 days from date of hire 	Not eligible

Dental Insurance: Altus Dental

For more information, and a list of **participating dentists**, please visit their website at: <http://www.altusdental.com> or contact Amy DeLisle in the Selectmen's Office at 596-2800 extension 102 (Monday – Friday 8:30 a.m. to 1:30 p.m.)

Benefits	Coverage
Preventive and Diagnostic	
Oral Exams- Cleanings 2/year	100%
Periodic Oral Exams 2/year	100%
Flouride Treatments 2/year	100%
X-rays	100%
Emergency Exams	100%
Sealants	100%
Space Maintainers	100%
Minor Restorative	
Restorative Services	80%
Oral Surgery	80%
Periodontics/ Endodontics	80%
Prosthetic Maintenance	80%
General Anesthesia	80%
Emergency treatment	80%
Major Restorative	
Prosthodontics	50%
Crowns, Inlays, and Onlays	50%
Implants	50%
Annual Maximum Benefit (per person)	
Per calendar year (Jan 1 – Dec 31)	\$1,500.00
Deductibles	
Individual Plan	\$ 50.00/year
Family Plan	\$150.00/year

Rates as of July 1, 2009:

Individual Plan	\$ 7.74 per week
Family Plan	\$ 22.48 per week

Whole Life Insurance: ELO

The Employee Life Option is life insurance at an affordable price. It combines the guaranteed premiums, coverage and values of term life insurance with the advantages of cash accumulation at current interest rates. Your policy is an "Endowment at 95" policy with coverage to age 95.

BASIC PLAN

Traditional whole life insurance provides cash value accumulation based on a very low - fixed interest rate. The ELO Basic Plan provides current interest rates on your policy's value. This means that along with guaranteed premiums and guaranteed coverage, you may also benefit from competitive interest rates. ELO is affordable and available through payroll deduction. The Basic Plan is offered to eligible employees, their spouses, children and grandchildren.

THE OPTIONS

There are several options in addition to the basic plan. These options are available at additional cost:

Payor Waiver of Premium Option continues to pay the premiums in the event the payor becomes totally disabled before age 60. The *Accidental Death Benefit (ADB)* pays an additional amount if the insured is killed accidentally. The *Children's Term Benefit (CTB)* provides level term coverage for unmarried children ages 15 days to 25 years.

FLEXIBILITY-RATES

You choose the amount of insurance or the amount of the premium that best suits your needs. All eligible employees and their spouses through insurance age 70 may purchase coverage under the Basic Plan. Weekly deductions range from \$2.00 - \$20.00 per week. Insurance is also available for your spouse, unmarried dependent children and grandchildren, even if you chose not to buy coverage.

POLICY VALUES*

As long as premiums are paid, your ELO Basic Plan offers a guaranteed cash value that can grow over the years. The cash value can be used to supplement retirement income, for emergency cash, as an education fund or to provide a paid-up insurance benefit. While this value can never be less than the guaranteed amount, ELO gives you the advantage of potential cash values far in excess of the guaranteed amount. The current interest rate in effect when your policy is issued is guaranteed for the first year. On each policy anniversary date, you will receive an annual statement outlining your policy's accumulated value and changes in the interest rate, if any.

**The actual cash value may be decreased by loans or withdrawals you make*

CONSTANT COVERAGE

ELO participants are protected worldwide, 24 hours a day. Your policy is owned by you and supplements any other insurance you may have.

BENEFITS YOU CAN KEEP

Once purchased, your ELO plan remains in force as long as premiums continue to be paid, and your permanent plan premiums cannot be increased. If you change jobs or retire, as long as you continue to pay premiums, your insurance will remain in force without interruption. Boston Mutual will bill you at home and you may choose from several different payment options – annual, semi-annual, quarterly, monthly coupon book or monthly automatic check plan.

ACCELERATED DEATH BENEFIT**

This feature allows a portion of the policy's death benefit to be paid before the death of the insured. It is a part of your permanent life insurance policy and is made available at no extra cost. With certification from a licensed physician that the insured because of any illness has a life expectancy of no more than 12 months, the policy owner may request the early distribution of a portion of the policy's permanent face amount. Distribution of the requested face amount (minimum \$10,000, max \$50,000) will be paid in a lump sum or in six equal installments. The proceeds will be discounted at the current interest rate.

***May not be available in all states; accelerated death benefits may be taxable; consult your tax advisor for advice*

Short and Long Term Disability Insurance: EDO

SHORT TERM DISABILITY INCOME COVERAGE

A monthly disability benefit will be payable to you in the event of Total Disability resulting from a covered accident or illness.

"Total Disability" (or Totally Disabled) means during the first 12 months of Total Disability (depending on your plan) that you are unable to perform the material and substantial duties pertaining to your employment. After that, "Total Disability" means you are unable to perform the material and substantial duties of any occupation for wage or profit for which you are reasonable qualified by training, education, or experience.

LIMITATIONS

The sum of Disability Benefits payable to you plus the lump sum or periodic payments you and your dependents are entitled to received from sources listed below may not exceed 60% of you monthly salary being earned by you on the date of disability:

- Group insurance coverage or like coverage for persons in a group;
- Social Security Benefits paid to you and your dependents)
- State or Federal Government disability or retirement plan payments
- Pension Plan to which the policy holder or your employer contributes
- Salary or wage continuance plans such as paid sick leave which extends beyond 30 calendar days
- Federal Old Age Benefits

EXCLUSIONS

The policy does not cover any loss, fatal or non-fatal, which results from:

- intentionally self-inflicted injury while sane or insane;
- an act of war, declared or undeclared;
- accident sustained or illness contracted while in the service of the armed forces of any country;
- committing a felony;
- acting as a pilot or crew member or performing any duty of your occupation connected with such flight;
- accident or sickness arising out of or in the course of any occupation for wage or profit;
- penal incarceration for a period of 30 consecutive days or longer;
- any period which you are not under the regular care and attendance of a physician.

MENTAL ILLNESS AND ALCOHOL AND DRUG ADDICTION LIMITED BENEFIT

If you become totally disabled due to a mental illness, regardless of the cause, disability benefits will be paid for ½ the benefit period on 6-month, 12-month and 24-month plans. Benefits will be paid the same way as any other illness on a 3-month plan.

If you become totally disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days in any 12-month period will be paid.

RATES

RATES FOR LONG AND SHORT TERM DISABILITY INSURANCE VARY DEPENDING ON YOUR AGE, YOUR SELECTION AND A NUMBER OF OTHER FACTORS. TO RECEIVE A QUOTE, PLEASE CONTACT CHRIS BOUDREAU, BROKER, BOSTON MUTUAL INSURANCE, AT 1- 800-635-9055 X 321.

Flexible Spending Accounts: FSA's

The Town offers two flexible spending account options for pre-tax payroll deduction. It is necessary for payroll to support the amount of the deductions to allow for the pre-tax benefit. These accounts then reimburse the employee for different expenses. Each year during the month of June the employee estimates a dollar amount up to an allowable maximum for anticipated expenses during the following fiscal year through and is reimbursed from this account upon submission of qualifying proof of incurred expenses. The payroll deductions will be divided equally between the number of pay periods. Two different Accounts are offered:

Medical Expense Reimbursement Account

The medical expenses reimbursed through this account are expenses normally deductible on your federal income tax return. The maximum amount employees can defer into this account is \$3,000 per fiscal year. Expenses which may be reimbursed include, for example, your health insurance co-payments, prescription medications, eye glasses, chiropractors, nursing home costs, and dental expenses, and certain surgical procedures. Expenses for which you may be reimbursed are only those not covered by insurance. If you have any questions concerning these accounts please contact Lynne Frederick Assistant Treasurer at 596-2800 Ext. 129 or Thomas Sullivan, Treasurer/Collector at 596-2800 Ext. 130.

Dependent Care Reimbursement Account

The expenses reimbursed through this account are Child Day Care and Dependent Adult Care up to a maximum of \$5,000 per year. (This would be in place of taking the deduction in your federal tax return.)

Deferred Compensation

(Deferred Compensation is not subject to Open Enrollment restrictions)

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.

For more information, including amounts you are able to contribute to the plan, please contact Assistant Treasurer Lynne Frederick at 596-2800 extension 129.

This document is available, upon request, in alternate formats including large print.

Please direct your request to:

Herta Dane, Human Resources Coordinator
240 Springfield Street, Wilbraham, MA 01095
or call (413)596-2800 extension 100