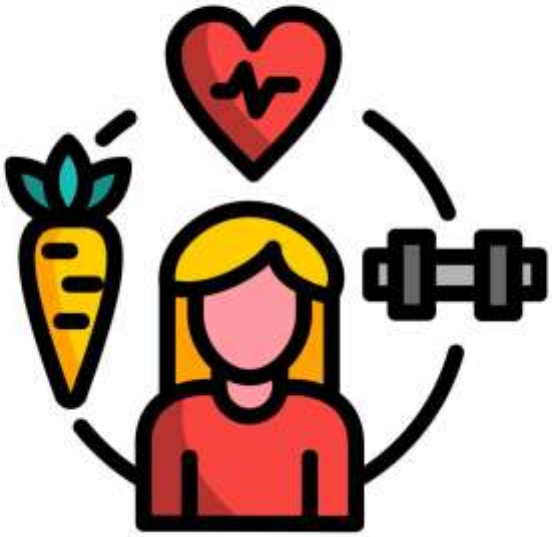
Town of Wilbraham, 240 Springfield Street, Wilbraham, Massachusetts 01095

Benefits Book

HEALTH, LIFE, DENTAL, VISION INSURANCE

Fiscal Year 2026

(July 1, 2025 to June 30, 2026)



To obtain this benefits book in alternate formats or if you have any questions please contact:

Human Resources
Town of Wilbraham, Select Board Office
240 Springfield Street, Wilbraham, MA 01095
hr@wilbraham-ma.gov
Telephone: (413) 596-2800 extension 222

This document is available online at: www.wilbraham-ma.gov

Index

	Page
Affordable Care Act (ACA)	23
CanaRx Free Prescription Drug Program	17
CHIP-Children's Health Insurance Program	18
Contact Information	11
Continuation of Coverage- COBRA	19
Coverage of Children to age 26	22
Deferred Compensation	22
Dental Insurance	14
Dependent Care Account	12
Dependent Enrollment Rules	13
Diabetes Rewards Program	17
Eligibility	12
Fitness Benefits	17
Flexible Benefits Plan	11
Health Insurance Marketplace	23
Summaries of Benefits and Coverage (SBA)	11
Health Insurance Portability and Accountability Act (HIPAA)	19
Life- Voluntary Term and AD&D Insurance	21
Massachusetts Access Law	18
Massachusetts Health Care Reform	18
Medical Expense Account	12
Medicare	20
Plan Comparison Chart	5
Premium Rates – Employees	4
Premium Rates – Retirees	10
Prescription Drug Program	17
Pre-Tax Benefits (Flexible Benefits, Section 125 or Cafeteria Plan)	11
Retirement	10
Scantic Valley Regional Health Trust	17
Spouse Enrollment Rules	13
Wellness Program	17
Women's Health and Cancer Rights Act	18

wellness program

Scantic Valley Regional Health Trust

www.scantichealth.org

WHAT'S NEW THIS YEAR?

At their meeting on February 12, 2025, the Board members of the Scantic Valley Regional Health Trust discussed various rate options for FY 2026. Rate increase projections ranged from 7% to 13.61%. Due to a healthy trust fund balance of $5.4 million ($2.2 million in excess of the $3.2 million target), the Board voted to keep increases at 4% across the board for all active plans. All plans the Town of Wilbraham offers its employees and retirees are still non-deductible plans.

Beginning in June of 2025, the Town is offering additional products offered by Boston Mutual. Following a Special Enrollment Period with guaranteed issue term life insurance offers, the Town is now offering a new **Critical Illness, Long Term Disability, Whole Life Insurance as well as Accident Insurance.** More Information on these programs and rates are posted on the town's website at www.wilbraham-ma.gov.

Where to go for help

Your primary contact person for all insurance plan enrollment, eligibility and rate questions is:

WHO: **Gloria Congram, Benefits Manager, NFP Corporate Services (NY), LLC**

WHEN: Gloria is available in person most Thursdays from 9:00 a.m. to 12 noon

WHERE: Multipurpose Room at the Town Office Building

PHONE: 413-596-2800 ext 102 (leave message if no answer)

EMAIL: Contact her at any time or to make an appointment at: gcongram@wilbraham-ma.gov

Claims and Benefits Questions
Employees and retirees who have claim problems or questions about benefits or providers should contact the Customer/Member Services number of the health or dental plan. If after having done this, they feel that they have not gotten satisfactory responses from the health/dental plans, then they can call our Benefits Manager Gloria Congram.

Medicare Eligibility
Employees and retirees with questions about Medicare should first call the local Social Security Office. The local office is located at 70 Bond Street, Springfield, MA 01104, phone 1-866-964-5061 (open Monday through Friday 9 am to 4 pm

A Word about Retirement

If you are an employee who is planning to retire during the upcoming fiscal year (any time between July 1, 2025 and June 30, 2026), please note that your coverage will continue on the same plan you will be enrolled in at the time you retire, but your contribution rate will go from 32% to 40% of the premiums (the Town pays 60%), unless you are 65 or older and eligible for Medicare at the time you retire. This also applies to your spouse. Please make an appointment and meet with Gloria Congram about 3 months before you plan to retire to initiate the application process as required.

The Regular Medicare B monthly premium for Calendar Year 2025 is $185.00. Depending on your income you may be charged an Income Related Monthly Adjustment Amount (IRMAA).

PREMIUM RATES FY 2025

Health Insurance - (EE 32% - ER 68% except PPO EE 50% - ER 50%)

Blue Care Elect Preferred (PP0)

	Total	Employer Share	Employee Share	Bi-Weekly Deduction
Individual	$1,649.00	$824.50	$824.50	$412.25
Family	$3,589.00	$1,794.50	$1,794.50	$897.25

Network Blue N.E. (HMO)

	Total	Employer Share	Employee Share	Bi-Weekly Deduction
Individual	$967.00	$657.56	$309.44	$154.72
Family	$2,394.00	$1,627.92	$766.08	$383.04

HNE (HMO)

	Total	Employer Share	Employee Share	Bi-Weekly Deduction
Individual	$887.00	$603.16	$283.84	$141.92
Double	$1,801.00	$1,224.68	$576.32	$288.16
Family	$2,426.00	$1,649.68	$776.32	$388.16

Harvard Pilgrim (HMO) (formerly Tufts)

	Total	Employer Share	Employee Share	Bi-Weekly Deduction
Individual	$979.00	$665.72	$313.28	$156.64
Family	$2,446.00	$1,663.28	$782.72	$391.36

Vision Insurance - 100% employee paid

Blue 20/20

	Total	Bi-Weekly Deduction
Employee	$6.08	$3.04
Employee & Spouse	$10.34	$5.17
Employee & Child(ren)	$10.64	$5.32
Family	$16.72	$8.36

Dental Insurance - 100% employee paid

BCBSMA Dental Blue

	Total	Bi-Weekly Deduction
Individual	$52.52	$26.26
Family	$153.32	$76.66

Life Insurance - EE 50% - ER 50%			
Boston Mutual Life Insurance		**Monthly Deduction**	
Basic & AD&D	**Total**	**Employer Share**	**Employee Share**
$5,000	$3.10	$1.55	$1.55

SVRHT Plan Benefit Comparison

Effective 7/1/2026

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern (there were no changes from the prior year).

	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	HARVARD PILGRIM
	NETWORK BLUE	BLUE CARE ELECT PREFERRED PPO			
BENEFIT	**HMO**	**In-Network**	**Out-of-Network**	**HMO**	**HMO**
Deductible	None	None	$400 Individual $800 Family	None	None
Out-of-Pocket (OOP) Maximum - *Once your out-of-pocket expenses for applicable services reaches this amount, you pay $0 for remainder of plan year* ***(July 1 to June 30).***	**Medical:** $2,000 per member $4,000 per family **Prescription:** $3,000 per member $6,000 per family	**Medical:** $2,000 per member $4,000 per family **Prescription:** $3,000 per member $6,000 per family	**Medical:** $3,000 per member	**Medical:** $2,000 per member $4,000 per family **Prescription:** $3,000 per member $6,000 per family	**Medical:** $2,000 per member $4,000 per family **Prescription:** $3,000 per member $6,000 per family
INPATIENT	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services)	$500 copay	$500 copay	20% coinsurance* Processes at in-network rate for emergency/accident admissions	$500 copay	$500 copay

Physician Services	Nothing	Nothing	20% coinsurance* Processes at in-network rate for emergency/accident admissions	Nothing	Nothing
Skilled Nursing Facility	Nothing to 100 days per calendar year benefit maximum	Nothing to 100 days per calendar year benefit max combined with out of network days	20% coinsurance* to 100 days per calendar year benefit maximum, combined with in-network days	$0 copay for up to 100 days per calendar year, combined with inpatient rehabilitation	Nothing up to 100 days per plan year
		BLUE CROSS BLUE SHIELD		**HEALTH NEW ENGLAND**	**HARVARD PILGRIM**
BENEFIT	**NETWORK BLUE HMO**	**BLUE CARE ELECT PREFERRED PPO**		**HMO**	**HMO**
		In-Network	**Out-of-Network**		
Rehabilitation Hospital	Nothing to 60 days per calendar year benefit maximum	Nothing to 60 days per calendar year benefit maximum	20% coinsurance* to 60 days per calendar year benefit maximum	$0 copay for up to 100 days per calendar year, combined with skilled care	Nothing up to 60 days per plan year
OUTPATIENT HOSPITAL	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**
Emergency Room Visits for Emergency or Accident Care	$100 copay (waived if admitted or for observation stay)	$100 copay (waived if admitted or for observation stay)	$100 copay (waived if admitted or for observation stay)	$100 copay, (waived if admitted)	$100 copay, (waived if admitted)
Emergency Room Visits for Medical Care	$100 copay (waived if admitted or for observation stay)	$100 copay (waived if admitted or for observation stay)	$100 copay (waived if admitted or for observation stay)	$100 copay, waived if admitted	$100 copay, waived if admitted
Surgery	$150 copay	$150 copay	20% coinsurance*	$150 copay	$150 copay
Radiation and Chemotherapy	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay
Diagnostic X-ray and Lab	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay

Routine Colonoscopy *(without symptoms)*	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay
High Cost Radiology (MRI, CT & PET)	$100 copay* - copay waived if received at nonhospital facilities	$100 copay* - copay waived if received at nonhospital facility	20% coinsurance* No deductible for OON	Outpatient hospital based services $100 copay; $0 for non-hospital based services	$100 copay
Hemodialysis	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay
Physical Therapy	$20 copay to 60 visits per calendar year	$20 copay to 100 visits per calendar year	20% coinsurance* to 100 visits per calendar year	$20 copay (60 visits per calendar year for PT and OT)	$35 co-pay (60 visits per calendar year for PT and OT
		BLUE CROSS BLUE SHIELD		**HEALTH NEW ENGLAND**	**HARVARD PILGRIM**
	NETWORK BLUE HMO	**BLUE CARE ELECT PREFERRED PPO**		**HMO**	**HMO**
PHYSICIAN'S OFFICE	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**
		In-Network	**Out-of-Network**		
Surgery	$20 PCP Office $35 Specialists Office	$20 PCP Office $35 Specialists Office	20% coinsurance*	$20 PCP Office $35 Specialists Office	No charge
Adult Preventative Exam *(incl. prev. lab*	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	$20 copay	$20 copay	20% coinsurance*	$20 copay	$0 copay
Well Child Care *(incl. preventative lab tests)*	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay
Routine GYN Exam *(1per calendar year, incl. preventative lab*	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay

tests)					
Routine Mammogram	$0 copay	$0 copay	20% coinsurance*	$0 copay	$0 copay
Routine Vision Exam	$0 copay (once every 12 months)	$0 copay (once per calendar year)	20% coinsurance after deductible(once per calendar year)	$0 copay (once per calendar year)	$20 copay (once per plan year)
Specialist Office Visit	$35 copay	$35 copay	20% coinsurance*	$35 copay	$35 copay
OTHER OUTPATIENT	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**
Visiting Nurse Home Health Care	Nothing (Includes Hospice Care	Nothing	20% coinsurance*	Nothing	Nothing
Durable Medical Equipment	Member pays 20%, plan pays 80% with no limit	Member pays 20%, plan pays 80% with no limit*	40% coinsurance after deductible	Member pays 20%, plan pays 80% with no limit	Member pays 30%, plan pays 70% with no limit

	BLUE CROSS BLUE SHIELD			**HEALTH NEW ENGLAND**	**HARVARD PILGRIM**
BENEFIT	**NETWORK BLUE HMO**	**BLUE CARE ELECT PREFERRED PPO**		**HMO**	**HMO**
		In-Network	**Out-of-Network**		
Ambulance	Nothing (for emergency or medically necessary transport)	Nothing (for emergency or medically necessary transport)	Nothing for accident or emergency; 20% coinsurance* other medically necessary ambulance transport	$25 co-pay per member per day (included Chair Van services)	Nothing (for emergency or medically necessary transport)
Routine Pediatric Dental (under age	Nothing (covered services each	All charges	All charges	Not covered	$20 copy up to age 13

12)	six months)				
Chiropractor Visits	$20 copay per visit(up to 12 visits per calendar year)	$20 copay per visit (up to 12 visits per calendar year)	20% coinsurance (up to 12 visits per calendar year)	$20 copay per visit (up to12 visits per calendar year)	$20 copay per visit (up to 12 visits per year)
Prescription Drugs	Retail: (30 day supply) Tier 1: $10.00 copay Tier 2: $25.00 copay Tier 3: $50.00 copay Mail Order: (90 day supply) Tier 1: $20.00 copay Tier 2: $50.00 copay Tier 3: $110.00 copay CVS Caremark is the PBM	Retail: (30 day supply) Tier 1: $10.00 copay Tier 2: $25.00 copay Tier 3: $50.00 copay Mail Order: (90 day supply) Tier 1: $20.00 copay Tier 2: $50.00 copay Tier 3: $110.00 copay CVS Caremark is the PBM	Out Of Network NOT COVERED	Retail: (30 day supply) Tier 1: $10.00 copay Tier 2: $25.00 copay Tier 3: $50.00 copay Mail Order: (90 day supply) Tier 1: $20.00 copay Tier 2: $50.00 copay Tier 3: $110.00 copay OptumRx is the PBM for retail and mail order	Retail: (30 day supply) Tier 1: $10.00 copay Tier 2: $25.00 copay Tier 3: $50.00 copay Mail Order: (90 day supply) Tier 1: $20.00 copay Tier 2: $50.00 copay Tier 3: $110.00 copay OptumRx is the PBM
Weight Loss	**BCBS HMO** Up to $150 per family toward fees paid hospital based or non-hospital based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified	**Blue Care IN** Up to $150 per family toward fees paid hospital based or non-hospital based weight loss programs that focus on eating and physical activity habits and behavioral	**Blue Care OUT** Up to $150 per family toward fees paid hospital based or non-hospital based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals,	**HNE HMO** (Combined with fitness benefit-see below)	**HARVARD PILGRIM HMO** Discount and savings program available such as *Eat Right Now*, *Inside Tracker*, *Daily Burn*, *ProSource Fit* and more.

	health professionals, WeightWatchers®	lifestyle counseling with certified health professionals WeightWatchers®	WeightWatchers®		
Fitness Benefit	Up to $150 reimbursement per family a health club with cardiovascular and strength training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs; or virtual /online fitness Memberships, subscriptions, programs providing the same. Includes home gym equipment	Up to $150 reimbursement per family a health club with cardiovascular and strength training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular & strength-training programs; or virtual /online fitness Membership subscriptions, programs providing the same. Incl home gym equipmt	Up to $150 reimbursement per family a health club with cardiovascular and strength training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs; or virtual /online fitness memberships, sub-scriptions, programs providing the same. Includes home gym equipment	Up to $200/ind and $400/fam reimbursement per calendar year towards fitness club membership, Aerobic and Wellness classes, Personal Trainer fees and school and town sports registration fees, wellness and fitness apps, nutrition apps, mindfuless apps, bike shares and Weight Watchers® program.	Up to $150 fitness reimbursement per household, per plan year

Summaries of Benefits and Coverage (SBC)

Under the Affordable Care Act all Health Plans must provide a Summary of Benefits and Coverage (SBC) for each health plan offered which follows a described format and contains information designed to assist consumers to evaluate and compare the plans. All Summaries of Benefits and Coverage for each BCBS, Health New England, and Harvard Pilgrim Plan are available in hard copy in the Select Board Office or on the Town's website under Human Resources – Employee Benefits, or on the website of the Scantic Valley Regional Health Plan at www.scantichealth.org.

Flexible Spending Plan (Section 125 or "Cafeteria Plan")

Pre-tax Insurance Options

The Town of Wilbraham offers employees who are eligible to participate in the Town's group health insurance plan a "Section 125 Cafeteria Plan" pre-tax purchasing arrangement. A Section 125 Plan is not health insurance; it is a way to purchase health insurance on a pre-tax basis. It also allows employees to purchase basic group term life and group dental insurance on a pre-tax basis, and offers the opportunity to open two separate "flexible spending accounts" where employees put money into an account via weekly payroll deduction on a pre-tax basis to be used for certain purposes. The Summary Plan Description (SPD) is available on our website and in the Select Board Office.

Flexible Spending Accounts

The Town offers two flexible spending account options under the Section 125 Cafeteria or Flexible Benefits Plan. Participation in the Flexible Spending Plan is available for all employees who are eligible to participate in the group health insurance program (minimum work hours is 20 hours per week). It is necessary for payroll to support the amount of the deductions to allow for the pre-tax benefit. The employee determines an annual amount up to an allowable maximum and then makes weekly payroll deductions into these accounts. The employee gets reimbursed from these accounts by filing claim forms and substantiating documents with the Plan Administrator, Lynne Frederick, Assistant Town Treasurer. Employees will sign a HIPAA Authorization Form to allow the plan administrator to receive private health information.

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 IRS approved limit of the amount employees can defer into this account in calendar year **2024** is **$3,300,** up $100 from last year. Expenses which may be reimbursed include, for example, your health insurance co-payments, prescription medications, prescription eye glasses, chiropractor fees, dental expenses, and certain surgical procedures. **Only those expenses which are approved by the Internal Revenue Service (IRS) may be paid from this account.** (Over the counter drugs are NOT covered!) Before you enroll, you must first decide how much you want to contribute to your account. You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the 2025 fiscal year. If you have not spent all the amounts in your Medical or Dependent Care accounts by the end of the plan year, you may continue to incur claims for expenses during the "Grace Period", which extends 2 ½ months after the end of the plan year (June 30, 2025, extends to mid-September).

- *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** per household or $2,500 for married individuals filing separately. (This would be in place of taking the deduction in your federal tax return.)

This Plan is administered in the Town Treasurer's Office. For more information please contact Lynne Frederick, Assistant Treasurer, at 413-596-2800 x 207 or via email at lfrederick@wilbraham-ma.gov. **(There is no automatic renewal, plan participation must be renewed each year, this year's deadline to enroll will be Friday, June 6, 2025!)**

Eligibility for Group Health, Life and Dental Insurance

Employees who regularly work 20 hours per week or more are eligible for Health Insurance under MGL Chapter 32B. Under the Affordable Care Act (ACA) employees who work 30 hours or more per week are eligible. The ACA also requires that employees who work an average of 130 hours in a month for a designated "look-back" period (the Town uses the period from April 1 to March 31), will be offered insurance coverage during open enrollment for a one year "stability period" (the Town designated the plan year, July 1 to June 30 as the stability period). If you have any questions regarding eligibility, please contact Gloria Congram (see page 5). Eligibility for the Flexible Spending Plan is based on eligibility in Health Insurance.

Enrollment Rules for Covering Spouses and Dependents

The Town retains the right to adopt rules and regulations as provided for under MGL Chapter 32B, Section 14. In accordance with Chapter 150E Massachusetts General Laws, health insurance and other benefit costs are subject to appropriation by the Town of Wilbraham. State or federal law or regulatory action may result in an increase in plan deductibles or co-payments.

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 of either sex. In the event of a divorce, the former spouse may remain on the Town's insurance if the divorce agreement stipulates that the employee is responsible for the former spouses coverage. MGL Ch. 32B, Section 9H permits coverage with the employer contribution until either the employee or the former spouse remarries. If the employee remarries and if the divorce agreement requires that the employee cover the former spouse's health insurance, then the former spouse will be enrolled in an individual option with 100% of the premiums paid by the employee (no employer contribution). If the former spouse remarries he/she is no longer eligible to remain on the Town's plan. Please contact the Benefits Manager, Gloria Congram, to confidentially discuss your options for your particular situation.

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 until the age of 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 until they turn 26; (Note: The child is not required to reside with the subscriber!)

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 dependent immediately from the moment of birth and continuing after, until the enrolled dependent is not eligible as a dependent.

   To enroll a spouse or dependent, please submit the following documentation:

Relationship	Documentation
Spouse	Photocopy of town- or city-issued marriage certificate (church or Justice of the Peace certificates are NOT accepted), and Page 1 of your last filed Federal Tax Return (1040 or 1040A). Social Security numbers and income may be redacted. Federal Tax Return requirement does not apply to same-sex marriages (an affidavit will be provided).
Divorced or Separated Spouse:	Photocopy of the health insurance provision language from divorce/separation agreement, and first page listing names of both parties or signature page.
Child until the age of 26:	Photocopy of town- or city-issued birth certificate (long form listing parents' names) (hospital records are not accepted), or Court Order documenting guardianship, or adoption papers.

Dental Insurance

This is the eighth consecutive year that dental insurance premiums have seen no increase. The following is an overview of coverage provided. For more information, visit the BCBS website at www.bluecrossma.com, or contact Gloria Congram at 596-2800 extension 102. The Plan document is also available on the Town's website, or in hard copy in the Select Board Office.

This plan offers an Accumulated Maximum Rollover Benefit, which allows members to roll over a certain portion of their unused annual dental benefits so that they can use them in a future year. There are limits and restrictions. Enhanced Dental Benefits for certain dental care services are available if you are a member who has been diagnosed with diabetes, coronary artery disease, or oral cancer, or is pregnant. Contact member services at 1-800-782-3675 for more information and other questions.

BENEFITS	COVERAGE	BENEFITS	COVERAGE
Preventive and Diagnostic		**Major Restorative**	
Oral Exams & Cleanings 2/year	100%	Prosthodontics	50%
Periodic Oral Exams 2/year	100%	Crowns, Inlays, &On-lays	50%
Fluoride Treatments 2/year	100%	Implants	50%
X-rays	100%		
Emergency Exams	100%	**Annual Maximum Benefit**	**$1,500.00 pp**

Sealants	100%	Per calendar year	(Jan 1 – Dec 31)
Space Maintainers	100%		
Minor Restorative		**Deductibles (Restorative)**	
Restorative Services	80%	Individual Plan	$ 50.00/year
Oral Surgery	80%	Family Plan	$150.00/year
Periodontics/ Endodontics	80%		
Prosthetic Maintenance	80%		
General Anesthesia	80%		
Emergency treatment	80%		
Rates **(EMPLOYEE PAYS 100%)**		**Individual bi-weekly** (24 deductions)	**$26.26**
		Family bi-weekly (24 deductions)	**$76.66**

Vision Plan including Hearing Aid Benefit

BLUE 20/20
SAVINGS WORTH HEARING ABOUT

Adding Blue 20/20 to your coverage can be a sound investment. That's because we've partnered with Amplifon Hearing, an independent company, to offer Blue 20/20 members exclusive savings on hearing aid services and supplies. These savings include:

- 40% off hearing exams at over 5,000 convenient locations
- Discounts on hearing aids
- No-cost battery replacements for two years with purchase of a hearing aid
- A no-cost, 60-day hearing aid trial
- A 3-year hearing aid warranty for loss, repairs, or damage
- One year of follow-up care for cleaning, adjustment, and other hearing aid services at no additional cost

Call **1-866-921-5367** to get started. Amplifon's Patient Care Advocate are standing by to:

Walk you through the Amplifon care process

Find a hearing care provider near you, and help schedule your appointment

Send information to your hearing care provider to confirm your discount

BLUE 20/20 EXAM-PLUS VISION PLAN: INSIGHT NETWORK

$130 – 24/12/24 Frequency

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 $40	n/a
• Premium	10% off retail price	n/a
Retinal imaging	up to $39	n/a
Enhanced Diabetes Eye Care Benefit[3] For members diagnosed with type 1 or type 2 diabetes	Paid in full: up to two diabetic eye exams and diagnostic testing every 12 months	n/a
Frames	$130 allowance, then additional 20% off the 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		
Tier 1–Tier 2	$57 – $68	n/a
• Photochromic/Transitions® plastic	$75	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
Contact lenses[4]		
• Conventional	$130 allowance, then additional 15% off the 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	

The Scantic Valley Regional Health Trust

The Scantic Valley Regional Health Trust (SVRHT) is the joint purchase group through which the Town of Wilbraham purchases health coverage. The Trust meets regularly in open session virtually and the agenda, log in information, and meeting minutes are posted on the SVRHT website at www.scantichealth.org/.

High Technology Imaging Services The SVRHT voted to waive the co-pays for high technology imaging services when employees select from a list of non-hospital based imaging centers for scheduled services. The lists of BCBS and HNE non-hospital based imaging centers are posted on the SVRHT website at www.scantichealth.org. You can get a hard copy in the Select Board Office, or by calling your health plan member services department by calling the number of your insurance membership card. Please note: Tufts Health Plan has not issued a list, you need to call them directly to find out if the imaging center you have been referred to will require a co-payment or where else you may be able to go and not pay a co-payment.

Wellness Program. SVRHT has hired a Wellness Coordinator, Marcy Morrison, to manage an incentive driven Wellness Program. The SVRHT Wellness Program offers employees and retirees and their family's health promotion programs, disease screenings, and general behavior risk reduction programs, some with cash rewards. This is a long-term cost reduction strategy, rather than a cost shifting strategy. Participation in the Wellness programs is a Win-Win for employees and employers - improving quality of life while putting the SVRHT on track for reducing health costs for preventable conditions. Please consider participating in the SVRHT Wellness programs. For more information, please visit the SVRHT website at www.scantichealth.org or contact Marcy Morrison at Marcy@scantichealth.org or 617-431-6651.

Fitness Benefits (i.e. Gym membership or Weight Loss program)

All three insurance providers (BC/BS, HNE and Harvard Pilgrim/Tufts) offer **cash reimbursement** benefits on fitness programs (club membership or fitness classes) with their active employee health plans. Please contact your insurance provider directly, or our Benefits Manager Gloria Congram, at 596-2800 Ext. 102 for information on these benefits or to obtain a reimbursement form.

Free Prescription Medications:

Since January 1, 2018, the SVRHT has been offering a **free** international prescription drug program through a company called **CanaRx.** Enrollment information and drug lists are available on the SVRHT website at www.scantichealth.org. Members pay nothing (no co-pays) for certain brand name prescription drugs.

Free Diabetes Medications and Supplies:

The Good Health Gateway Diabetes Care Rewards Program offers free of charge diabetes medications and supplies for subscribers of self-insured health plans who complete program requirements. If you have ever been told you have diabetes, pre-diabetes, elevated or high blood sugar, hyperglycemia, or low insulin levels, you are encouraged to find out about participating in the Diabetes Care Rewards Program and receive its benefits. The purpose of this program is to encourage important screenings and exams for better outcomes. Please call their helpline at (800)-643-8028 to learn more, or register online at www.GoodHealthGateway.com.

Massachusetts Health Care Reform

All Massachusetts residents have been required to maintain health insurance since passing of the Massachusetts Health Care Reform Act in 2006. Those who cannot show that they have health insurance may have to pay a penalty on their Massachusetts income tax return.

All group health plans the Town of Wilbraham offers meet Minimum Creditable Coverage Standards which satisfies the individual mandate requirement of the

Massachusetts Health Care Reform Act (Chapter 58 of the Acts of 2006)

Massachusetts ACCESS Law

On November 20, 2017, Governor Charles Baker signed the Massachusetts ACCESS Bill into Law. The Law protects access to birth control and requires nearly all form of contraception to be covered with no co-pay including emergency contraception (the "morning after pill"). It also allows women to obtain a 12 month supply of birth control without co-pays.

Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States, including Massachusetts, have premium assistance programs that can help pay for coverage. If you or your dependents are already enrolled in Medicaid (Medicaid in Massachusetts is called MassHealth) or CHIP and you live in Massachusetts (or any of the other states that offer premium assistance), contact your State Medicaid or CHIP office to find out if premium assistance is available at http://www.mass.gov/MassHealth or by calling 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or http://www.insurekidsnow.gov/state/mass/ to find out how to apply. If it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan within 60 days of being determined eligible for premium assistance (not only during Open Enrollment!).

For more information and to find out which states offer this program (if you do not live in Massachusetts), go to the Department of Labor U.S. Department of Health & Human Services Employee Benefits Security Administration Centers for Medicare and Medicaid Services website at www.dol.gov/ebsa www.cms.hhs.gov or call 1-866-444-EBSA (3272) 1-877-267-2323 ext 61565.

Women's Health and Cancer Rights Act- WHCRA-Notice

The Women's Health and Cancer Rights Act (WHCRA) helps protect many women with breast cancer who choose to have their breasts rebuilt (reconstructed) after a mastectomy. Mastectomy is surgery to remove all or part of the breast. This federal law requires most group insurance plans that cover

mastectomies to also cover breast reconstruction. It was signed into law on October 21, 1998. The United States Departments of Labor and Health and Human Services oversee this law. The law applies to group health plans for plan years starting on or after October 1, 1998, and to group health plans, health insurance companies, and HMOs, as long as the plan covers medical and surgical costs for mastectomy.

Under the WHCRA, mastectomy benefits must cover:

- Reconstruction of the breast that was removed by mastectomy surgery and reconstruction of the other breast to make the breasts look symmetrical or balanced after mastectomy
- Any external breast prostheses (breast forms that fit into your bra) that are needed before or during the reconstruction
- Any physical complications at all stages of mastectomy, including lymphedema (fluid build-up in the arm and chest on the side of the surgery)
- Mastectomy benefits may have a yearly deductible and may require that you pay *co-insurance*. Co-insurance is when less than the full amount of the bill is paid by the insurance company and the patient must pay the difference.

Consolidated Omnibus Budget Reconciliation Act (COBRA)-Notice

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and qualified beneficiaries the right to continue health insurance coverage for up to 18 months (up to 36 months in certain circumstances) under the Town's group health plan when a "qualifying event" would normally result in loss of eligibility. Included are such events as separation from employment, a reduction in an employee's work hours, an unpaid leave of absence, divorce or legal separation, or a dependent child no longer meeting eligibility requirements. Under COBRA the employee or beneficiary pays the full cost of the premium at the Town of Wilbraham's group rate. Coverage is subject to timely premium payments to the Town of Wilbraham. For more information please contact the Benefits Manager or visit the website of the U.S. Department of Labor at: http://www.dol.gov/dol/topic/health-plans/cobra.htm

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

Special Enrollment Rights

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”. HIPAA limits the circumstances under which coverage may be excluded for pre-existing medical conditions. It also provides for the right to receive a certificate of health coverage from your employer. For more information please contact the Benefits Manager or visit the website of the US Department of Labor at http://www.dol.gov.

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please be advised that the Town of Wilbraham is a member of the Scantic Valley Regional Health Trust (SVRHT), a joint purchasing group. SVRHT contracts with Gallagher Benefit Insurance Services of Auburn, MA, to administer the health insurance programs for the member communities. Even for self-insured plans, the Town of Wilbraham does not directly pay for services and does not receive Private Health Information (PHI). Please contact the Human Resources Coordinator, at (413) 596-2800, Ext. 100 with any questions or concerns about privacy.

Medicare
MGL Chapter 32B Section 18A

In accordance with M.G.L. Chapter 32B, Section 18A, retirees, their spouses and dependents SHALL enroll in Medicare health benefits as soon as they are eligible. Failure to enroll in Medicare may jeopardize future participation the Town's contributory group health insurance plan. Upon enrollment in Medicare, eligible retirees and their spouses and dependents will be eligible to enroll in supplemental coverage to Medicare. Retirees and spouses need to apply for Medicare to discover whether they are eligible or not. Retirees may be eligible through a current or former spouse. The only certain way to determine your eligibility is to apply for Medicare Benefits. The minimum monthly premium for Medicare B in 2024 is $174.70 per person and can be higher according to the retiree's income.

Medicare Modernization Act of 2003 – Medicare D

The Medicare Modernization Act of 2003 requires all employers that offer prescription drug coverage to notify covered employees and retirees who are Medicare eligible, or who may be Medicare eligible, as to the value of the current prescription drug benefit compared to that of the optional Medicare Part D drug benefit that went into effect on January 1, 2006. A notice is mailed out annually no later than October 15.

NOTICE: ***All health plans offered by the Town of Wilbraham have prescription drug benefits that are at least as good as the standard Medicare Part D prescription drug benefit, and these plans are considered to be "creditable coverage".*** This statement is based on reviews performed by qualified actuaries of the prescription drug benefits and spending by the employer on each health plan compared to what Medicare would pay. Therefore, if you plan to continue to be covered under the Town of Wilbraham's health benefits plans, you do not need to purchase Medicare Part D. If in the future you should want to purchase Part D for whatever reason, because you have been covered by a plan that has benefits as good as or better than Part D benefits, you would not be charged the Part D late enrollment penalty.

Voluntary Term Life and AD&D Insurance

Employees who enroll in the $5,000 group term life insurance policy (the Town contributes 50% of the premiums for this plan), are eligible to add additional term life insurance at 100% their own cost. New employees are eligible for a guaranteed issue amount during the first 30 days of their employment with the Town. For more details please visit: (enter link)

Critical Illness Coverage

This coverage is available for the employee, spouse and children, provides certain cash benefits for certain critical illness events (i.e. cancer, heart attack, or stroke), but also pay a $50 benefit for a number of health screenings annually, such as colonoscopy, fasting blood glucose testing, pap smear, PSA testing, or mammography. For more details please contact our Benefit Manager Gloria Congram at gcongram@wilbraham-ma.gov who will put in touch with a representative from Boston Mutual.

Long Term Disability Coverage

This coverage is available only for the employee, and amounts from $300 to $6,000 of monthly benefit coverage can be purchased in $100 increments. This policy covers non-occupational disability and has certain restrictions. For more details please contact our Benefit Manager Gloria Congram at gcongram@wilbraham-ma.gov who will put in touch with a representative from Boston Mutual.

Group Accident Insurance

This plan is available with Employee, Employee and Spouse, Employee and Children, and Employee, Spouse and Children options. It pays daily cash benefits for such as hospital admission following a covered accident, and certain amounts for certain injuries (i.e. a fractured leg $1,600, if an open fracture $3,200). For more details please contact our Benefit Manager Gloria Congram at gcongram@wilbraham-ma.gov who will put in touch with a representative from Boston Mutual.

Deferred Compensation

In addition to your Hampden County Retirement fund, the Town of Wilbraham offers a voluntary retirement savings program. The Commonwealth of Massachusetts Deferred Compensation “SMART” Section 457 Plan is offered to all state and municipal employees. The plan offers pre-tax and post-tax (ROTH), payroll deducted, investment options. Once enrolled you can manage your account on-line, whether you need to change deduction amounts, investment options or update personal information. This benefit is not subject to Open Enrollment. Employees working over 20 hours a week may enroll at any time.

Informational Brochure: https://docs.empower.com/EE/Massachusetts/DOCS/Plan-Highlights.pdf

To enroll please contact our representative, Dan Moroney, by calling 413-335-0542 or via email at dan.moroney@empower.com.

The Patient Protection and Affordable Care Act (PPACA)

Exchange Notification

Effective October 1, 2013, employers must notify their employees: a) about the Health Insurance Marketplace; b) that, depending on their income and what coverage may be offered by the employer, they may be able to get lower cost private insurance in the Marketplace; and c) that if they buy insurance through the Marketplace, they may lose the employer contribution (if any) to their health benefits. The notice in its entirety is included at the end of this handbook.

Dependent Coverage for Adult Children to Age 26

The Affordable Care Act requires plans and issuers that offer dependent coverage to make the coverage available until a child reaches the age of 26. Both married and unmarried children who live at home or on their own qualify for this coverage. This rule applies to all plans in the individual market and to existing and new employer plans. Since 2014, children up to age 26 can stay on their parent's employer plan, even if they have an offer of coverage through their own employer.

Annual Limits on Essential Health Benefits

Annual or lifetime dollar limits have been removed from all “essential health benefits” as defined by the ACA.

Coverage of Clinical Trial Participants

Group Health Plans must cover certain clinical trial costs. They may not limit, deny, or require additional conditions on coverage of routing patient costs for services and items furnished in connection with the trial, and may not discriminate against individuals who participate in qualified clinical trials.

Out of Pocket Maximums/Cost Sharing Limits

Beginning with plan years renewing on or after January 1, 2014, all group health plans need to include out-of-pocket maximums. For 2025 the out of pocket maximum is $9,200 for individuals and $18,400 for families. All medical cost sharing must be applied to the out of pocket maximum. Since 2015, all medical and pharmacy benefits must be applied to the out of pocket maximum.

Pre-Existing Condition Exclusions

Under the ACA, health plans cannot impose any pre-existing condition exclusions, regardless of age.

90 Day Waiting Period

Under the ACA, employers are prohibited from establishing waiting periods of more than 90 days for new enrollees. New Town employees have 30 days to enroll for an effective date of the first of the month following 30 days of service.

MASSACHUSETTS HEALTH CONNECTOR

Overview of

Health Insurance Marketplaces

THIS NOTICE IS REQUIRED BY THE NATIONAL HEALTH REFORM LAW ALSO KNOWN AS THE AFFORDABLE CARE ACT OR ACA

This notice is meant to help you understand health insurance Marketplaces, which were set up to make it easier for consumers to compare health insurance plans and enroll in coverage. In Massachusetts, the state Marketplace is known as the Massachusetts Health Connector. Your employer is required by law (§ 1512 of the ACA, which creates 29 U.S.C. 218b) to provide you the information contained in this notice. You may or may not qualify for subsidized health insurance through the Health Connector. If you are offered coverage by your employer that is considered "affordable" and meets a "minimum value" standard according to federal definitions (see below), you most likely will not qualify for the subsidized coverage offered through the Health Connector described in this notice. However, it may still be helpful for you to read and understand the information included here. Please ask your employer for more information if you have questions.

As a result of the Affordable Care Act (ACA), there is an easy way for many individuals and small businesses in Massachusetts to buy health insurance: the Massachusetts Health Connector. This notice provides some basic information about the Health Connector, and how coverage available through the Health Connector relates to any coverage that may be offered by your employer. You can find out more by visiting: MAhealthconnector.org.

What is the Massachusetts Health Connector?

The Health Connector is our state's health insurance Marketplace. It is designed to help individuals, families, and small businesses find health insurance that meets their needs and fits their budget. The Health Connector offers "one-stop shopping" to easily find and compare private health insurance options from the state's leading health and dental insurance companies. Some individuals and families may also qualify for a tax credit that lowers their monthly premium right away, as well as cost sharing reductions that can lower out-of-pocket expenses. This tax credit is Enabled by §26B of the Internal Revenue Service (IRS) Code.

The next open enrollment for individuals and families to buy health insurance coverage through the Health Connector is scheduled to begin on November 1, 2018. Individuals and families who experience a qualifying event can shop outside of open enrollment periods. You can find out more by visiting MAhealthconnector.org or calling 1-877 MA ENROLL (1-877-623-6765).

Does access to employer-sponsored coverage affect my eligibility for subsidized insurance through the Health Connector?

An offer of health coverage from your employer could affect your eligibility for these credits and subsidies through the Health Connector. If your income meets the eligibility criteria, you will qualify for credits and subsidies through the Health Connector if:

- Your employer does not offer coverage to you, or
- Your employer does offer you coverage, but:

a) In 2025, your employer's offer of coverage for just you (not including other family members) would require you to spend more than 9.02 % of your household income for the year; or

b) The coverage your employer provides does not meet the "minimum value" standard set by the new national health reform law (which says that the plan offered has to cover at least 60 percent of total allowed costs).

If you purchase a health plan through the Health Connector instead of accepting health coverage offered by your employer, please note that you will lose the employer contribution (if any) for your health insurance. Also, please note that the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes.

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1. Employer-Sponsored Health Coverage:

Does this employer offer employer-sponsored health insurance coverage that is affordable and meets a minimum value standard (according to federal standards) to at least some of its employees? Note: Whether a plan meets "Minimum Value" can be found on the plan's Summary of Benefits and Coverage (SBC).

Check one: ☑ **Yes** ☐ No

If yes, and if the employee receiving this notice qualifies for such benefits, they can find out more by contacting: Gloria Congram, Benefits Manager, NFP Corporate Services (NY), LLC 413-596-2800 ext 102 or gcongram@wilbraham-ma.gov. If no, or **if employee receiving notice does not qualify for such benefits, the Health Connector can help Employees evaluate coverage options, cost and eligibility.** Please visit Healthconnector.org for more information, including an online application for health insurance coverage.

2. "Cafeteria Plan" Eligibility:

Many Massachusetts employers (those with 11 or more full-time equivalent employees) are required to offer a Section 125 plan, or "Cafeteria Plan." These plans allow employees to pay for their health Insurance on a pre-tax basis. This Massachusetts law (956 CMR 4.00, authorized by M.G.L. c. 176Q, §16) requires employers to provide an option for their employees to buy health insurance with pre-tax income, even if those employees don't qualify for a health insurance plan offered by the employer. This is done by setting up a payroll deduction that lets workers make a health insurance premium payment with pre-tax dollars.

Does this employer offer a Section 125 plan in accordance with the state requirement, if it has 11 or more full-time equivalent workers? Or does it offer such a plan, even if it is not subject to the requirement?

Check one: ☑ **Yes** ☐ No

If yes, employees can find out more by contacting: Lynne Frederick, Assistant Treasurer, 413-596-2800 ext 129 or lfrederick@wilbraham-ma.gov.

If no, employees should contact their employer or visit **MAhealthconnector.org** or call 1-877 MA ENROLL (**1-877-623-6765**) or TTY: 1-877-623-7773, Monday to Friday, 8:00 a.m. to 6:00 p.m. for more information about health insurance options for which they might be eligible.