



# Insurance Options

## ***Fiscal Year 2026: Effective July 1, 2025 to June 30, 2026***

*Benefit eligibility include regularly scheduled employees who work 20 or more hours per week for 4 or more months and non-Medicare eligible Retirees and COBRA participants.*

**Open Enrollment: April 15, 2025 – May 8, 2025**

**[Benefits Fair May 1, 2025:](#)**

**Birchland Park Middle School**

**12:00pm-4:30pm Located at 50 Hanward Hill**

### **SCANTIC VALLEY REGIONAL HEALTH TRUST**

Serving the Towns of East Longmeadow, Longmeadow, Hampden and Wilbraham

The Lower Pioneer Valley Educational Collaborative and the Hampden-Wilbraham Regional School District

**An electronic version of this booklet can be found  
on our website is available online at:**

**<https://www.eastlongmeadowma.gov/benefits>**

If you have any questions please contact:

**Megan Emrick-Laskow**

**Benefits Administrator**

**Town of East Longmeadow**

**60 Center Square, East Longmeadow, MA 01028 Phone:**

**(413) 525-5400 X 1107 - FAX: (413) 525-5422**

**Employee Self Service**

**<https://selfservice.eastlongmeadowma.gov/ess/>**

**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 East Longmeadow. State or federal law or regulatory action may result in an increase in plan deductibles or co-payments.**

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## Open Enrollment FY2026: April 15, 2025 – May 8, 2025

### *Open Enrollment Reminders:*

- This is your opportunity to make changes to your elections without a qualifying event.
- See FY2026 Benefit Rates.
- Employees must log into ESS **regardless** even if not making changes to their current benefits. If not making changes, you will select no changes in ESS. [Employee Self Service](#) (ESS)  
<https://selfservice.eastlongmeadowma.gov/ess/>
- For issues with logging into or setting up ESS please contact IT department at [helpdesk@eastlongmeadowma.gov](mailto:helpdesk@eastlongmeadowma.gov).
- Employees must review their benefit elections and enrolled dependents for accuracy and make any necessary changes (remove/add) in [ESS](#).
- Scan/email signed enrollment/change forms to [hr@eastlongmeadowma.gov](mailto:hr@eastlongmeadowma.gov)
- You **MUST** agree to participate in Section 125 plan for each eligible election that you choose.
- All our HMO plans require the designation of a primary care provider. (See helpful links Pg. 9)
  - **IMPORTANT:** Physical enrollment/change forms are required in order to enroll or change your insurance selections. Enrollment changes cannot be processed until all the necessary forms and documentation are received.
- No changes to Life Insurance are allowed during Open Enrollment. Please contact the Benefits Administrator for further information.
- **Early Retirees can enroll in Vision Insurance.**

### *ESS: TO DO LIST*

- Submit physical enrollment forms to Benefits Administrator.
- Submit Marriage or Birth Certificates if you or your dependents are **new** to the plan. See Section on [Necessary Documentation \(Pg. 6\)](#) for Enrolling Spouses and Dependents for more information.
- Submit a notarized [Employee Marital Status Affidavit](#) by June 30, 2025 to confirm a spouse's or ex-spouse's eligibility for continued coverage (yearly requirement).
- In Employee Self Service (ESS) you can also:
  - Update your contact information, such as address and telephone number.
  - Request dependent and beneficiary information changes.
  - Request benefit changes due to qualifying life events
  - View and print copies of your pay checks and Form W2s. View and update your W4.

## Coverage Effective 07/01/2025 through 06/30/2026

Premiums are due the first of the month of coverage and withheld from paychecks issued in the preceding month.  
New rates will begin with deductions withheld from paychecks issued June 4, 2025.

<b>Health New England</b>	Monthly Rate					
	Individual	Family				
		817	2039	Employee and Employer Share		
			Individual Share	Town Share	Family Share	Town Share
	Bi-weekly Deduction		\$122.55	\$285.95	\$305.85	\$713.65
	10 Month Bi-Weekly Overage*		\$24.51	\$57.19	\$61.17	\$142.73
	Eligible Retirees - Monthly		\$245.10	\$571.90	\$611.70	\$1,427.30
	COBRA Monthly		\$833.34	\$0.00	\$2,079.78	\$0.00

<b>Network Blue New England</b>	Monthly Rate					
	Individual	Family				
		939	2332	Employee and Employer Share		
			Individual Share	Town Share	Family Share	Town Share
	Bi-weekly Deduction		\$140.85	\$328.65	\$349.80	\$816.20
	10 Month Bi-Weekly Overage*		\$28.17	\$65.73	\$69.96	\$163.24
	Eligible Retirees - Monthly		\$281.70	\$657.30	\$699.60	\$1,632.40
	COBRA Monthly		\$957.78	\$0.00	\$2,378.64	\$0.00

<b>Blue Care Elect PPO</b>	Monthly Rate					
	Individual	Family				
		1586	3444	Employee and Employer Share		
			Individual Share	Town Share	Family Share	Town Share
	Bi-weekly Deduction		\$396.50	\$396.50	\$861.00	\$861.00
	10 Month Bi-Weekly Overage*		\$79.30	\$79.30	\$172.20	\$172.20
	Eligible Retirees - Monthly		\$793.00	\$793.00	\$1,722.00	\$1,722.00
	COBRA Monthly		\$1,617.72	\$0.00	\$3,512.88	\$0.00

<b>HPHC</b>	Monthly Rate					
	Individual	Family				
		890	2220	Employee and Employer Share		
			Individual Share	Town Share	Family Share	Town Share
	Bi-weekly Deduction		\$133.50	\$311.50	\$333.00	\$777.00
	10 Month Bi-Weekly Overage*		\$26.70	\$62.30	\$66.60	\$155.40
	Eligible Retirees - Monthly		\$267.00	\$623.00	\$666.00	\$1,554.00
	COBRA Monthly		\$907.00	\$0.00	\$2,264.40	\$0.00

<b>Altus Dental</b>	Monthly Rate							
	Individual	Family	Plus Spouse	Plus Child(ren)				
		46.73	137.51	92.09	92.19	Employee and Employer Share		
					Individual	Family	Plus Spouse	Plus Child(ren)
	Bi-weekly Deduction				\$23.37	\$68.76	\$46.05	\$46.10
	10 Month Bi-Weekly Overage*				\$4.67	\$13.75	\$9.21	\$9.22
	COBRA Monthly				\$47.66	\$140.26	\$93.93	\$94.03
	Retiree Dental Plan**				\$52.47	\$183.61	\$104.93	N/A

<b>Altus Vision</b>	Monthly Rate							
	Individual	Family	Plus Spouse	Plus Child(ren)				
		6.50	18.85	13.00	13.65	Employee and Employer Share		
					Individual	Family	Plus Spouse	Plus Child(ren)
	Bi-weekly Deduction				\$3.25	\$9.43	\$6.50	\$6.83
	10 Month Bi-Weekly Overage*				\$0.65	\$1.89	\$1.30	\$1.37
	<b>*NEW Retiree Vision Plan</b>				<b>\$6.50</b>	<b>\$18.86</b>	<b>\$13.00</b>	<b>\$13.66</b>

\*The 10-month bi-weekly overage deduction is the additional amount to pay for future summer coverage and is deducted from bi-weekly paychecks for paraprofessionals, cafeteria workers, CNAs and school year secretaries from September through June. We adjust these rates in May and June to reflect actual premiums on receipt of approved rates.

Basic Life Insurance			
Boston Mutual	Active - \$5,000 with \$5,000 ADD	Individual Share	Town Share
	Bi-Weekly Deduction	\$0.60	\$0.60
	10 Month Bi-Weekly Overage*	\$0.12	\$0.12
	Retiree - \$1,000 - Monthly	\$0.22	\$0.22

## Health Insurance Plan Benefit Comparisons

SCANTIC VALLEY REGIONAL HEALTH TRUST (SVRHT) IMPORTANT - PLEASE READ. The attached [benefit comparison chart](#) is an overview of the plans offered by SVRHT. Complete plan documents are available to registered users on the provider websites which describe full and complete plan coverage. Specific coverage questions should be directed to the Member Service number on your ID card or visit the carrier website.

## Enrollment Rules for Covering Spouses and Dependents

### *Eligible Spouses*

A subscriber may enroll an eligible spouse for coverage under their health and/or dental plan. An “eligible spouse” includes the subscriber’s legal spouse and in special circumstances an ex- spouse of an actively employed subscriber to be covered.

### *Eligible Dependents*

A subscriber may enroll eligible dependents for coverage under their health and/or dental insurance plan membership. The subscriber’s “eligible dependents” include: a child until the age of 26 (Note: The child may be married or unmarried and is not required to reside with the subscriber!). 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 the children. These may include:

- A newborn child – the effective date of coverage for a newborn child will be the child’s date of birth provided the subscriber notifies the Benefits Administrator.
- 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.
- A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
- 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 provider.

### *Eligible Surviving Spouse/Dependents*

If an eligible employee dies while an active employee, and the employee meets the requirements for the surviving spouse to receive benefits under the Hampden County Regional Retirement Board or Massachusetts Teachers’ Retirement Board rules, the surviving spouse and eligible dependents may continue their Town’s group health insurance coverage.

The surviving spouse and/or dependents of a retiree are eligible to continue coverage on the Town’s group health insurance coverage and the Town’s contribution rate will continue. The surviving spouse **MUST** be enrolled for the dependents to be covered by the Town’s group health insurance. It is not necessary for the surviving spouse of a retiree to receive a monthly retirement benefit.

A surviving spouse cannot enroll in the town’s group insurance if not enrolled at the time of death of the employee/retiree. Participation may continue as long as the dependents meet all plan eligibility rules.

Should the surviving spouse remarry, eligibility for participation ends as of the date of the marriage. A surviving spouse **MUST** provide written notification of marital status change to the Benefits Administrator.

## Necessary Documentation for Enrolling Spouses and Dependents

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

### *Spouse*

Photocopy of town or city issued marriage certificate (Church or Justice of the Peace certificates are **NOT** accepted) and for marriage dates more than a year ago a notarized marital status affidavit **MUST** also be provided. Additionally, the subscriber **MUST** provide this affidavit to the Benefits Administrator annually before the coverage renews. Failure to do so could result in the termination of the coverage for the spouse or ex-spouse. This affidavit can be found on our website at <https://www.eastlongmeadowma.gov/DocumentCenter/View/8090/Marital-Status-affidavit-forEmployee-covering-spouse-or-ex-spouse>.

To terminate coverage voluntarily, and avoid paying premiums, the subscriber **MUST** submit a signed termination form to the Benefits Administrator at least one week prior to the termination date requested. Subscribers **MUST** provide written notification to the Benefits Administrator.

### *Divorced or Separated Spouse*

Subscribers **MUST** provide written notification to the Benefits Administrator of any change in marital status.

A photocopy of the entire divorce/ separation agreement, listing the required health insurance coverage verbiage and including the signature page. A notarized Marital Status Affidavit **MUST** also be provided. Additionally, this affidavit **MUST** be provided to the Benefits Administrator annually before the coverage renews. Failure to do so could result in the termination of the coverage for the spouse or ex-spouse. This affidavit can be found on our website at

<https://www.eastlongmeadowma.gov/DocumentCenter/View/8090/Marital-Status-affidavit-forEmployee-covering-spouse-or-ex-spouse>.

To terminate coverage voluntarily, and avoid paying premiums, the subscriber **MUST** submit a signed termination form to the Benefits Administrator.

### *Surviving Spouse*

A surviving spouse **MUST** provide a notarized marital status affidavit annually. Additionally, this affidavit **MUST** be provided to the Benefits Administrator annually before the coverage renews. Failure to do so could result in the termination of the coverage for the surviving spouse. This affidavit can be found at

<https://www.eastlongmeadowma.gov/DocumentCenter/View/4830/Retiree-Marital-Status-Affidavit>. To terminate coverage voluntarily, and avoid paying premiums, the subscriber **MUST** submit a signed termination form to the Benefits Administrator.

### *Child(ren) 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.

## Section 125 Health Insurance *Premium Only Plan*

A Section 125 "Premium Only Plan" is not health insurance. It is a way for active employees to pay for health, dental and basic life insurance on a pre-tax basis through payroll withholdings. You **MUST** agree to participate in this plan for each eligible election that you choose. Please contact the Benefits Administrator if you prefer not to participate or if further information is necessary.

## Health Insurance

The Scantic Valley Regional Health Trust (SVRHT) is the joint purchase group through which the Town of East Longmeadow purchases health coverage. The Trust meets regularly in open session and meeting minutes are posted on the SVRHT website at [www.scantichealth.org/](http://www.scantichealth.org/).

Summaries of Benefits and Coverage, plan highlights and enrollment forms for all our group insurance plans with BCBS, Health New England, Tufts Health Plan, Altus Dental and Boston Mutual Life Insurance are available in hard copy. Please visit our website at <https://www.eastlongmeadowma.gov/432/Benefits-Administration> or contact the Benefits Administrator.

- **Notice of Required Designation of Primary Care Providers**

Blue Cross Blue Shield Network Blue New England with deductible, Health New England Exclusive HMO with deductible, and Tufts Health Plan Advantage EPO, plans all require the designation of a primary care provider in their network and who is available to accept you or your family members. The PCP ID number **MUST** be on the enrollment form to avoid delays in processing. For children, you may designate a pediatrician as the primary care provider. This number can be obtained by your health care professional.

## Health Insurance Forms

[Health New England - Exclusive HMO \(deductible\)](#)

[Harvard Pilgrim Health \(deductible\)](#)

[Blue Cross Blue Shield - Network Blue New England \(deductible\)](#)

[Blue Cross Blue Shield - Blue Care Elect PPO \(deductible\)](#)

## How to Fill out Open Enrollment Form & Information Needed

Name and Address of Employee, Email address, Telephone #, Marital Status

- Type of coverage (Individual, Family etc.)
- Social Security for employee and all dependents
- Date of Birth for employee and all dependents
- Gender for employee and all dependents
- Primary Care Provider Name, Primary Care # for employee and all dependents
- Other coverage
- Medicare information if applicable
- Signature(s)

## Dental Insurance

The Town offers dental insurance through Altus Dental with employees contributing 100%. Upon retirement or loss of eligibility, a subscriber is offered COBRA continuation of coverage with the same benefits for an additional 18 months. All retirees are eligible to participate in the retiree dental program offered by Altus. An additional 2% is charged to the premium for COBRA participants

Plan highlights can be viewed by clicking the following links:

[Active employee/COBRA Dental](#)

[Retiree Dental](#)

## Vision Insurance

- **New this FY to Early Retirees**

The Town offers vision insurance through Altus Vision with employees contributing 100%. Upon retirement or loss of eligibility, a subscriber is offered COBRA continuation of coverage with the same benefits for an additional 18 months. An additional 2% is charged to the premium for COBRA participants

Plan highlights can be viewed by clicking the following links: [Vision-Benefit-Summary-\(eastlongmeadowma.gov\)](#)

## Benefits Summary: Altus Vision™ - 150 Plus

Benefit	Description	Copay
<b>In-Network Coverage with VSP Choice Network: 45,000 Preferred Providers   117,000 Access Points</b>		
<b>WELLVISION® EXAM</b>		
Exams 1 exam every 12 months	<ul style="list-style-type: none"> <li>Comprehensive eye exam to ensure overall visual wellness</li> </ul>	\$10
<b>PRESCRIPTION GLASSES</b>		
Frames 1 pair every 12 months	<ul style="list-style-type: none"> <li>\$150 allowance for wide selection of frames</li> <li>20% savings on amount over allowance. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied</li> <li>Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans</li> <li>Allowance may differ at Costco® Optical, however it is of equivalent value. Costco® Optical allowance of \$80 is equivalent to \$150 frame allowance at VSP doctor locations and participating retail chains</li> </ul>	\$25
Lenses 1 pair every 12 months	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and lenticular lenses</li> </ul>	
Covered Lens Enhancements	<ul style="list-style-type: none"> <li>Impact-resistant lenses for children</li> <li>Standard Progressive Lenses</li> </ul>	\$0
<b>CONTACT LENSES (instead of glasses)</b>		
Contacts Every 12 months	<ul style="list-style-type: none"> <li>\$150 allowance for contacts</li> <li>Contact lens fitting and evaluation</li> </ul>	\$0 Up to \$60
<b>VALUE-ADDED PROGRAMS</b>		
VSP Essential Medical Eye Care Program	<ul style="list-style-type: none"> <li>Exams and services to treat immediate issues like pink eye and sudden changes in vision</li> <li>Treatment options to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more</li> <li>Members with diabetes who do not have diabetic eye disease receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with \$20 copay. Limitations and coordination with medical coverage may apply. Ask your VSP network doctor for details</li> </ul>	

<b>Extra Savings</b>		
Additional Lens Enhancements	<ul style="list-style-type: none"> <li>Average savings of 30% on enhancements including tints, UV protection, scratch-resistant coating, anti-glare coating and more</li> <li>Discount rate for Premium Progressive Lenses: \$95-\$105; Custom Progressive Lenses: \$150-\$175</li> </ul>	
Featured Frames	<ul style="list-style-type: none"> <li>Extra \$20 allowance on featured brands like bebe®, Calvin Klein, Flexon®, Lacoste, Nike, and more. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Not applicable at Costco® Optical. Ask your VSP network doctor for more details</li> </ul>	
Additional Glasses and Sunglasses	<ul style="list-style-type: none"> <li>20% savings on additional prescription or non-prescription glasses and/or sunglasses from any VSP provider within 12 months of last WellVision Exam</li> </ul>	
Laser Vision Correction	<ul style="list-style-type: none"> <li>Average 15%-20% savings. See VSP.com for more information</li> </ul>	
TruHearing® 1	<ul style="list-style-type: none"> <li>Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information</li> </ul>	

<b>Monthly Rates</b>			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$6.50	\$13.00	\$13.65	\$18.85

See reverse side for more information.

Altus Dental Insurance Co., Inc. • P. O. Box 1557 • Providence, RI 02901-1557 1.877.223.0588 • altusdental.com



### Your Coverage with Out-of-Network Providers:

Exam	Up to \$55	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$70	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses & Fitting/Evaluation Fees	Up to \$120
Single Vision Lenses	Up to \$30	Lenticular Lenses	Up to \$100	Necessary Contact Lenses	Up to \$210

## **Additional Benefits from Scantic Valley Regional Health Trust**

SVRHT provides many additional money saving benefits to subscribers and their dependents on the plans offered. All the benefits are not available to all members. For more information please visit SVRHT's website at [www.scantichealth.org/](http://www.scantichealth.org/).

### **Wellness Program**

SVRHT's Wellness Coordinator, Marcy Morrison, manages an incentive driven Wellness Program. The SVRHT Wellness Program offers employees, retirees and their families many health promotion programs, disease screenings, and general behavior risk reduction programs, some with cash rewards. 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 contact Marcy Morrison at [Marcy@scantichealth.org](mailto:Marcy@scantichealth.org) or (617) 431-6651 or visit [SVRHT's website](http://www.scantichealth.org/).

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

All three insurance providers (BC/BS, HNE and Tufts) offer cash reimbursement benefits to members in fitness programs (club membership, fitness classes, or equipment) with their health plans. Please see individual plans for details.

### **Good Health Gateway**

Diabetes Care Rewards Program offers free 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 then you are encouraged to find out about participating in the Diabetes Care Rewards Program and receive its benefits. Please visit SVRHT's website at <http://scantichealth.org/diabetes.html>, The Good Health Gateway's official site, [www.GoodHealthGateway.com](http://www.GoodHealthGateway.com), or call the helpline at (800)-643-8028 to learn more or register. To watch the short informational please video go to <https://youtu.be/9qrhJl1wQy0>.

## **Additional Employee Benefits**

### **MEGA Employee Assistance Program**

**FREE** and completely **confidential** personal and professional assistance on many issues is available to all employees and their household members 24 hours a day, 7 days a week. More information can be obtained by calling (800) 456-6327, Visit [persprctivesitd.com/login](http://persprctivesitd.com/login) or viewing the flyer at <https://www.eastlongmeadowma.gov/DocumentCenter/View/5441>.

## Voluntary Programs

The following programs are additional voluntary benefits to which our employees have access and the premiums can be paid via payroll deductions. However, the Town makes no contribution to these policies and does not endorse any one of these programs. Employees are encouraged to compare insurance plans offered by other companies to ensure they get the best coverage for their individual needs at the most competitive price. For more information please contact the vendors directly as these programs are administered by them.

### **Saving for Retirement 457/403b**

The Town provides all employees the opportunity to take advantage of payroll deductions to save pretax dollars for retirement income.

#### ***457 Deferred Compensation Retirement Plan***

All employees of the town, including school employees, are eligible to contribute pre-tax dollars into a supplement retirement account with Empower Financial Services Company. The account is funded through payroll deductions which can be started, changed or stopped at any time throughout the year. Unlike 403(b)s or 401(k)s there is no age restriction on withdrawing the funds. Funds accumulate in a tax deferred account until withdrawal at retirement. Contact Dominic Maloni at [dmaloni@charteroakfinancial.com](mailto:dmaloni@charteroakfinancial.com) or (413) 539-2327.

#### ***403(b) Plan***

All teachers and other school employees have an additional option of participating in the 403(b) Plan also. The funds grow tax deferred until withdrawal in retirement.

Contact Omni/TSACG at 1(888) 796-3786 or <https://www.tsacg.com>

### **Accident, Disability, and Additional Life Insurance**

#### ***Colonial Insurance***

Whole life, accident, critical illness and disability insurance Christine Hanley at (800)-833-3429 or [scott.curtis@coloniallifesales.com](mailto:scott.curtis@coloniallifesales.com)

#### ***Aflac***

Accident, critical illness and disability insurance

Bill Farrell at (860) 559-6444 or [william\\_farrell@us.aflac.com](mailto:william_farrell@us.aflac.com)

#### ***Boston Mutual Life Insurance***

Whole life insurance

Aaron Baden - (413) 717-8406 or [abadenmembershipbenefits@gmail.com](mailto:abadenmembershipbenefits@gmail.com)

#### ***MetLife***

Vision/glasses and/or contact lenses

James McLaughlin at (413) 322-1182, (413) 207-1362 or [jmclaughlin@baystatefinancial.com](mailto:jmclaughlin@baystatefinancial.com)

#### ***Trustmark Insurance***

Life, accident, critical illness and disability insurance

Employee Family Protection - (no new enrollments) - (800) 229-5129

## Helpful Links

- [How to Set Up Two-Factor Authentication](#)
- [SVRHT](#)
- [SVRHT Good Health Gateway Diabetes Program](#)

## Retiree Eligibility

If you are covered by one of the Town's group health plans and you and/or any of your covered dependents are eligible for premium free Medicare Part A then everyone who is eligible should enroll in Medicare Part A and waive the Medicare Part B coverage. You will be able to enroll in Medicare Part B when your employment ends or you plan to retire.

### *Retiree Eligibility*

Retired employees of the Town who are 65 or over and Medicare eligible (Parts A&B) are prohibited from participating in the Town's regular group health insurance plans, as Medicare is to be the primary payer of health insurance costs for retirees with Medicare eligibility. For information about the available Medicare Supplemental, Wrap, or Advantage Plans please visit our website at

<https://www.eastlongmeadowma.gov/508/Medicare>

Retired employees of the Town and/or their spouses age 65 or over who are not eligible for Medicare Parts A&B may remain on the Town's regular group health insurance plans. Retired employees of the Town and/or their spouses under age 65 who will be eligible for Medicare Parts A&B at age 65 may remain on the Town's regular group health insurance plans until attaining the age of 65. Retired employees responsible for providing family coverage for dependents may remain on the Town's regular group health insurance plans. Individuals eligible for premium free Medicare Part A, MUST enroll in Medicare Parts A&B or they will NOT be eligible for coverage. Upon retirement, eligible individuals may participate in the Town's contributory group health, dental and life plan, to the extent allowed by the insurance providers, and in accordance with all relevant provisions of MGL Chapter 32B Section 18a provided they otherwise qualify under MGL Chapter 32B, and further providing each of the following criteria apply: (a) An individual MUST be eligible for and receiving a monthly pension as a retiree with the Town of East Longmeadow or East Longmeadow Public Schools. Employees who choose a "lump-sum" payment at the time of separation are not eligible to participate in the Town's group insurance plans and are offered COBRA and pay 102% of the premium. Employees who terminate employment but "defer" their retirement may remain on the plan by paying 100% of 2 the premium. The above shall apply to retirees after November 29, 2011, and eligibility will continue in cases where the date of retirement was prior to November 29, 2011 and the retiree has maintained coverage. (b) If not enrolled in the Town's group health insurance at the time of retirement an individual may request a one-time opportunity to enroll in the Town's group health coverage effective on plan renewal or on the date of a qualifying event (death of a spouse, attain Medicare eligibility, change in spouse's employment, or divorce) provided they submit a completed enrollment form and necessary documentation during open enrollment or within 30 days of the qualifying event. (c) If a retiree and/or spouse/dependent terminates enrollment or becomes ineligible for continued enrollment, the retiree and their spouse/dependents will lose eligibility to participate in the future and cannot re-enroll at a future date regardless of a qualifying event or life changes. (d) A retiree MUST be enrolled in the Town's group health insurance for their spouse and/or dependents to be covered. (e) In accordance with MGL Chapter 32B, Section 18a, retirees, spouses, and dependents MUST enroll in Medicare Parts A&B when they are eligible for premium-free Medicare Part A. (f) In accordance with MGL Chapter 32B, Section 18a, retirees, spouses, and dependents MUST provide proof of Medicare coverage upon enrollment. If the individual is ineligible for Medicare, proof of ineligibility status MUST be provided during the three months before the date they turn age 65 and annually for open enrollment thereafter. Failure to do so will result in termination from the Town's group insurance plan. (g) If a retiree is divorced, the ex-spouse is not eligible to be covered under the Town's group health plan. A retiree, of the Town of East Longmeadow, MUST provide written notification to the Benefits Administrator within 30 days of any change in marital status.

# Medicare Eligibility and Retirement Insurance

MUNICIPAL MEDICARE ELIGIBILITY GUIDELINES	
<u>Actively working employees:</u>	
Employee is age 65/ over or	Remain on active plan
Employee is under age 65 with a spouse age 65 / over or	Remain on active plan
Employee is age 65/older with disabled dependent under age 65 or	Remain on active plan
Employee is age 65/older with a spouse age 65/over or	Remain on active plan
Employee is age 65/older with a spouse under age 65	Remain on active plan
Active employees/dependents remain on an active plan. They are not eligible for a Medicare plan through the governmental unit	
<u>Retired employees:</u>	
<i>All Medicare eligible retirees/their family members (as long as they are eligible for FREE PART A) must enroll in Medicare Part A and Part B.</i>	
Retiree is Medicare eligible with Medicare A and B:	Medicare plan
Retiree is Medicare eligible with a spouse not eligible for Medicare	Medicare plan with spouse on an individual plan
Retiree is Medicare eligible with a Medicare eligible disabled spouse:	Both on Medicare plans
Retiree is Medicare eligible with spouse that is Medicare eligible:	Both on Medicare plans
Retiree is not Medicare eligible with a Medicare eligible spouse:	Retiree on individual active plan and spouse enrolls in a Medicare Plan
<i>{a non-Medicare eligible retiree MAY be eligible through a spouse or ex-spouse}</i>	
Retiree is Medicare eligible with a spouse and dependent child(ren).	Can remain on family plan - Medicare eligible must enroll in A and B
Retiree is under age 65 with a Medicare eligible spouse and child(ren)	Can remain on family plan - Medicare eligible must enroll in A and B
<i>Medicare eligible disabled dependent children are also eligible for a Medicare plan if your employee is retired.</i>	
<i>If retiree is on a family plan with more than 2 members and not all of them are eligible for Medicare, they can stay on a family plan. However, the Medicare eligible members must enroll in Parts A and B of Medicare.</i>	
<i>If an employee is actively working - no matter what the circumstance, no one is eligible for Medicare plans with the governmental unit.</i>	

## 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 in 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 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. To apply, contact the Social Security Administration <http://www.ssa.gov> 3 months before you and or your dependents become eligible for Medicare.

## Important Notices

### 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 East Longmeadow 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 Charlie Baker signed the Massachusetts ACCESS Bill into Law. The Law protects access to birth control and requires nearly all forms 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 (Mass Health) 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 go to <https://www.insurekidsnow.gov/coverage/ma/index.html> or contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW 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 or call 1-866-444-EBSA (3272) or 1-877-267- 2323 X 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 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 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 102% of the full cost of the premium at the Town of East Longmeadow's group rate. Coverage is subject to timely premium payments to the Town of East Longmeadow. 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](#). 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 Administrator or visit <https://www.dol.gov/general/topic/health-plans/portability>, the website of the US Department of Labor.

### **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 East Longmeadow is a member of the Scantic Valley Regional Health Trust (SVRHT), a joint purchasing group. SVRHT contracts with **Gallagher Benefit Insurance Services** to administer the health insurance program for the member communities. Even for self-insured plans, the Town of East Longmeadow does not directly pay for services and does not receive Private Health Information (PHI).

### 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 in 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 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.

To apply, contact the Social Security Administration, <http://www.ssa.gov>, 3 months before you and or your dependents become eligible for Medicare.

## **Medicare Modernization Act of 2003 – Medicare Part 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 East Longmeadow 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 East Longmeadow’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.**

## **The Patient Protection and Affordable Care Act (PPACA)**

### *Summary of Benefits and Coverage*

Under the Affordable Care Act all Health Plans must provide a Summary of Benefits and Coverage for each health plan offered which follows a described format and contains information designed to assist consumers to evaluate and compare the plans. An SBC must be provided at these times:

- 1) When individuals enroll in coverage for the first time;
- 2) At the beginning of each new plan year;
- 3) Within seven business days, if an individual requests a copy.

**All Summaries of Benefits and Coverage for each BCBS, Health New England, and Tufts Health Plan are available online at <http://www.eastlongmeadowma.gov/benefits>.**

### 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 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, 2021, all group health plans need to include out-of-pocket maximums of no more than \$8,550 for individuals and \$16,100 for families. All medical cost sharing must be applied to the out of pocket maximum. Beginning in 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.

## Exchange Notification and Coverage Options

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;
- c) and that if they buy insurance through the Marketplace, they may lose the employer contribution (if any) to their health benefits.



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Megan Emerick-Laskow (413) 525-5400 x1107 or [Megan.Emerick-Laskow@eastlongmeadowma.gov](mailto:Megan.Emerick-Laskow@eastlongmeadowma.gov)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Town of East Longmeadow		4. Employer Identification Number (EIN) 046-001139	
5. Employer address 60 Center Square		6. Employer phone number 413-525-5400	
7. City East Longmeadow	8. State MA	9. ZIP code 01028	
10. Who can we contact about employee health coverage at this job? Megan Emrick-Laskow, Benefits Administrator			
11. Phone number (if different from above) X 1107		12. Email address Megan.Emrick-Laskow@eastlongmeadowma.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Employees who are regularly scheduled to work 20 hours or more per week are eligible for health insurance under MGL Chapter 32B. The Affordable Care Act (ACA) requires that the Town offer health insurance coverage to employees who work 30 hours or more per week or an average of 130 hours per month for a Town designated "look-back" period from April 1 to March 31. During Open Enrollment, we will notify eligible employees that they qualify for a one year Town designated "stability period" from July 1 to June 30.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

An "eligible spouse" includes the subscriber's legal spouse and, in certain instances an ex-spouse of an actively employed subscriber, may be covered. "Eligible dependents" include: a child until the age of 26. Note: The child may be married or unmarried and is not required to reside with the subscriber. 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.

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

Yes (Go to question 15)  No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 117.90

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? none

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



## SVRHT-Insured employees

**Blue Cross Blue Shield** - BCBS members are entitled to reimbursement for up to \$150 per calendar year for qualified fitness centers and \$150 per calendar year for WW® & other weight loss programs.

**Health New England** - Reimburses \$200/ind, \$400/family, per year for: qualifying fitness club membership; personal trainer fees; aerobic/wellness classes; school and town sports registration fees; CSA farm shares and up to \$150 per calendar year for Weight Watchers®. For the Medicare Advantage plan, HNE offers an allowance of \$150 per calendar year for joining a Fitness Club or WW® or for certain Safety Items.

**Tufts** - Up to \$150 per calendar year for fitness center membership; \$150 per calendar year for a weight loss program.

**Wellness Works! Points Program BCBS, HNE, Tufts** Subscribers and spouses (including retirees) through Scantic Valley Regional Health Trust can earn up to a \$200 (BCBS). \$150 (HNE and Tufts) gift card for participating in various activities.

**CanaRx** Money-saving program for brand name prescription medications. For more information, call 1-866-893-6337 or go to [www.SVRHTCanaRx.com](http://www.SVRHTCanaRx.com). For additional information, [click here](#)

**Good Health Gateway Diabetes Care Rewards Program** Voluntary program to receive diabetes medications and supplies for \$0 co-pays. Call 1-800-643-8028 or visit [www.GoodHealthGateway.com](http://www.GoodHealthGateway.com) for more information.

**MyTelemedicine** A convenient and free solution for medical care. As a member, you now receive access to a national network of U.S. board-certified doctors who are available 24/7/365 to treat many of your medical issues by video, phone or email <https://www.mytelemedicine.com/>

Programs in **red** are available to all employees and family members who get their insurance through the Scantic Valley Regional Health Trust.

**EVENTS: "Maintain Campaign"** Our yearly commitment to support everyone's effort to keep our weight in check during the holiday season. It involves a weigh-in before Thanksgiving and a weigh-out after the New Year. Weekly emails containing tips to stay on track are sent to all participants. Everyone who stays within 2 pounds of their weigh-in weight will be entered into a drawing for various incentive gifts. SVRHT Wellness Program Incentives

**Numerous additional webinars, challenges, and healthy activities** will be available to all employees throughout the year. Watch for information in the monthly newsletters and staff emails. Many programs will have gift card raffles and other raffle prizes for participation.

**Smoking Cessation\* "Quit Smoking Your Way and We'll Pay"** Benefitted/benefit-eligible employees and their spouses can have smoking cessation-related expenses waived and earn up to \$200 in gift cards for staying quit. You must register for this program and schedule verification appointments in order to receive incentives.

**Wellness Works! Points Program** Employees who do not get health insurance through work can earn up to 10 chances in a raffle for incentives for participating in various activities.

**Colonoscopy \*** Benefitted/benefit-eligible employees and spouses can earn \$100 for completing a preventive screening colonoscopy (once every 5 years maximum).

**Community Discounts** Longmeadow Parks & Recreation, East Longmeadow Recreation Department and Hampden Parks & Recreation Benefitted/benefit- eligible employees receive a 40% discount on most adult fitness programs/classes. Receive discount upon registration.

**Local Fitness Center Discounts\*\***

**ATTAIN Therapy and Fitness** (East Longmeadow) – 15% discount for first responders; 10% discount for school and town employees for adult strength and conditioning classes.

**Blue Diamond CrossFit** (80 Denslow Road) in East Longmeadow offers a 20% discount for Military, Police, Fire, Teachers and Students (with valid ID)

Century Fitness (East Longmeadow) –Twelve-month membership with no start-up fee for \$19.99 per month.

**Glenmeadow Retirement Community** (Longmeadow) - \$10 off monthly Lifestyle Pass for ages 62 and over.

**Healthtrax** (East Longmeadow) - \$10 off per month with yearly membership. PureBarre (East Longmeadow/Northampton) – 10% off monthly packages and clothing.

**Scantic Valley YMCA** (Wilbraham) - 50% off of the joiner's fee and 20% discount off of the regular monthly membership rates. \*\*Please tell staff that you are a town employee when purchasing membership

**For more information,** please see our website, [www.scantichealth.org](http://www.scantichealth.org) or contact Marcy Morrison - [Marcy@Scantichealth.org](mailto:Marcy@Scantichealth.org) 617-431-6651

Like us on Facebook! <https://www.facebook.com/scanticvalleywellness/>

Offers in **purple** are also available for all benefit-eligible employees, even if you don't have town/school insurance



