



Town of East Longmeadow, 60 Center Square, East Longmeadow, Massachusetts 01028

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# Health, Dental and Life Insurance Options

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## Fiscal Year 2021

(July 1, 2020 to June 30, 2021)

**For Employees who are regularly scheduled to  
work 20 or more hours per week for 4 or more  
months, non-Medicare eligible Retirees and  
COBRA plan participants**

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

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Town of East Longmeadow

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**An electronic version is available online at:**

<http://www.eastlongmeadowma.gov/benefits>

**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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## New Hires/Newly Eligible Employees

Upon receipt of this packet, the employee **MUST** return the signed [Acknowledgement of Health, Dental and Life Insurance Options Packet](#) to the [Benefits Administrator](#) via first class mail, interoffice mail, hand delivered or faxed.

Employees who are newly hired or have their hours increased and are regularly scheduled to work 20 or more hours per week are eligible for our group benefits plans and **MUST** elect to participate or waive coverage within 30 days from the date of hire or the effective date of the increased hours. Coverage is effective the first of the month after 30 days of employment/increased hours. The employee **MUST** go to Employee Self Service, <https://mss.eastlongmeadowma.gov/MSS>, to make their elections. A [Request to Decline Health Insurance Form](#) and/or a Basic Life Enrollment Form with the waiver of coverage portion filled out **MUST** be submitted if the employee elects to decline health and/or life insurance coverage. All necessary enrollment forms and documentation to cover any dependents enrolled **MUST** be submitted within 30 days of employment/increased hours. Enrollment forms can be found at <http://www.eastlongmeadowma.gov/benefits> and coverage changes cannot be processed until the forms are received. All documentation can be submitted via first class mail, interoffice mail, hand delivered or faxed to the [Benefits Administrator](#).

## Eligibility for Group Health, Life and Dental Insurance

### *Employee Eligibility*

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 employees who work 30 hours or more per week are also eligible as well as employees who work an average of 130 hours per 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 the [Benefits Administrator](#).

### *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-Plans> or call the [Benefits Administrator](#).

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 however anyone who is eligible for Medicare Parts A&B **MUST** enroll when eligible. Upon retirement, eligible individuals may participate in the Town’s contributory group health benefit plan, to the extent allowed by the insurance providers, and in accordance with all relevant provisions of MGL Chapter 32B Section 18a provided that they otherwise qualify under MGL Chapter 32B, and further provided that each of the following criteria applies:

- (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 102% of 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 thirty (30) days of any change in marital status.

## **Enrollment Rules for Covering Spouses and Dependents**

### *Eligible Spouses*

The subscriber may enroll an eligible spouse for coverage under their health and/or dental plan membership. 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*

The 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 for the children. These may include:

- a) 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 [Benefits Administrator](#) within 30 days of the date of birth.
- b) 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.

- c) A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
- d) 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.

### *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 the 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 be receiving 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 to the [Benefits Administrator](#) within thirty (30) days of any change in marital status.

## **Necessary Documentation for Enrolling Spouses and Dependents**

To enroll a 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, 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-for-Employee-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](#) within thirty (30) days of any change in marital status.

### *Divorced or Separated Spouse*

Photocopy of the health insurance verbiage from the divorce/ separation agreement, the first page listing the names of both parties and 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-for-Employee-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](#) within thirty (30) days of any change in marital status.

### *Surviving Spouse*

A surviving spouse **MUST** provide a notarized marital status affidavit. 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](#) at least one week prior to the termination date requested. Subscribers **MUST** provide written notification to the [Benefits Administrator](#) within thirty (30) days of any change in marital status.

### *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.

## **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 at the Wilbraham Town Office Building 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 plan 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.

You do not need prior authorization from Blue Cross Blue Shield, Health New England or Tufts Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

To look up participating specialist providers including those health care professionals who specialize in obstetrics or gynecology and other specialties or to choose a Primary Care Doctor and find their PCP ID please visit the company's Find a Doctor portal and use the following plan network appropriately:

#### *Health New England - Exclusive HMO (deductible)*

<https://my.healthnewengland.org/publicprovidersearch#!/publicprovidersearch/>  
Self-Funded ASO-HMO

#### *Tufts Health Plan - Advantage EPO (deductible)*

[https://web.healthsparq.com/healthsparq/public#/one/insurerCode=TUFTS\\_I&brandCode=T\\_HP&productCode=Standard](https://web.healthsparq.com/healthsparq/public#/one/insurerCode=TUFTS_I&brandCode=T_HP&productCode=Standard)

HMO, POS, PPO and EPO Basic Value and Premium Plans

*Blue Cross Blue Shield - Network Blue New England (deductible)*

<https://member.bluecrossma.com/fad>

HMO Blue New England

*Blue Cross Blue Shield - Blue Care Elect PPO (deductible)*

Primary Care Provider is not necessary

<https://member.bluecrossma.com/fad>

PPO OR EPO

### *MyTelemedicine*

Scantic Valley Regional Health Trust (SVRHT) has partnered with MyTelemedicine to provide members and their dependents with direct access to a doctor 24 hours a day, seven days a week and 365 days a year to treat common ailments such as colds and flu, sinus infections, allergies, pink eye, etc. The consultation can take place by a phone call, email or a web-based video call, and may include discussing symptoms, treatment options and prescriptions. Telemedicine consultations are a supplement for non-emergency treatment and visits to a primary care physician. And best of all, your Telemedicine consultation is free for you to use as there is no co-pay for this service.

- Access to Physicians in your state 24 hours a day, 7 days a week for your entire immediate family, even when you are not in your home state.
- Treat common ailments such as colds and flu, sinus infections, allergies, pink eye, etc.
- Consult with a doctor via telephone or video.
- Request a doctor to call back within 2 hours or schedule a specific time for a visit.
- When appropriate, the doctor may prescribe a medication for you to pick up at your selected local pharmacy.

For more information visit MyTelemedicine's official website, [www.mytelemedicine.com](http://www.mytelemedicine.com), call 1-800-611-5601 or visit SVRHT's website, [https://www.scantichealth.org/documents/health-insurance/MTM\\_Approved%20Marketing%20Material.pdf](https://www.scantichealth.org/documents/health-insurance/MTM_Approved%20Marketing%20Material.pdf).

## **Dental Insurance**

The Town offers dental insurance through Altus Dental. 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.

All our retirees are eligible to participate in the retiree dental program offered by Altus.

Plan highlights can be viewed by clicking the following links:

*Active employee/COBRA Dental*

<https://www.eastlongmeadowma.gov/DocumentCenter/View/7888/Dental-Plan-Highlights-with-Maximum-Carry-Over-provision>.

*Retiree Dental*

<https://www.eastlongmeadowma.gov/DocumentCenter/View/4857/retiree-altus-dental-plan-highlights?bidId=>.

## **Basic Life Insurance**

The Town offers basic life insurance through Boston Mutual. This provides \$5,000 of coverage with an additional \$5,000 of Accidental Death and Dismemberment (AD&D) coverage. AD&D provides up to an additional 100% of coverage in the event of an accidental death or dismemberment. See the plan highlights at <https://www.eastlongmeadowma.gov/DocumentCenter/View/4740/Boston-Mutual-information-and-rates> for additional information.

Upon retirement this coverage drops to \$1,000 with no AD&D coverage.

The town contributes 50% of the basic life insurance premium.

## Voluntary Life Insurance

Employees enrolled in the Basic group term life Insurance can elect additional voluntary coverage for themselves and eligible family members.

Coverage for the employee is available for the employee in increments of \$10,000 up to \$400,000, not to exceed 5 times the employee's annual salary and comes with AD&D coverage.

The spouse of an enrolled employee is eligible for coverage in \$5,000 increments up to 50% of the coverage for the employee and also has AD&D.

Dependents of an enrolled employee can also be covered with no AD&D coverage.

Guaranteed issue is available for the employee up to \$100,000 and spouse up to \$30,000 and children up to \$5,000 during the first 31 days of employment. Proof of good health is required for amounts above the guaranteed issue amounts or beyond the initial eligibility period.

Open enrollment does not automatically provide an opportunity to elect life insurance if you do not enroll when you are first eligible. Occasionally, we might be able to get a special enrollment to provide another opportunity for employees to enroll without answering medical questions.

## Saving for Retirement

The Town provides all employees the opportunity to take advantage of payroll deductions to save pre-tax dollars for retirement income. The maximum amount that can be contributed annually is \$19,500 (plus an additional \$6,500 if age 50+).

### *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 MassMutual Retirement Services. 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. The employee can decide how to invest the money. 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 too. The funds grow tax deferred until withdrawal in retirement. The employee can decide which companies to use and how to invest their money. Contact Dominic Maloni at (413) 539-2327 or [dmaloni@charteroakfinancial.com](mailto:dmaloni@charteroakfinancial.com) or MidAmerica at (866) 873-4240.

## Section 125 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 Plan Benefit Comparisons

SCANTIC VALLEY REGIONAL HEALTH TRUST (SVRHT)			
	IMPORTANT - PLEASE READ		
<b>The attached benefit comparison chart is a high level overview of the plans offered by SVRHT. The plan documents available to registered users on the carrier websites are the documents that describe full and complete plan details. The carrier documents are the only documents that coverage is based on. For questions about specific coverage, you will need to contact the Member Service number on your ID card for details or visit the carrier website.</b>			

## SVRHT Plan Benefit Comparison

### Deductible Plans - Effective 7-1-2020

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.

*After Deductible	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	TUFTS HEALTH PLAN
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Advantage EPO
		In-Network	Out-of-Network		
<b>Deductible</b>	\$250 per member up to \$750 per family	\$250 per member up to \$750 per family	\$400 Individual \$800 Family	\$250 per member up to \$750 per family	\$250 per member up to \$750 per family
<b>Out-of-Pocket (OOP) Maximum</b> - <i>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).</i>	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family	<b>Medical:</b> \$3,000 per member	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family
<b>Lifetime Benefit Maximum</b>	None	None	None	None	None
INPATIENT	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies</b>	\$500 copay*	\$500 copay*	20% coinsurance* Processes at in-network rate for emergency/accident admissions	\$500 copay*	\$500 copay*
<b>Physician Services</b>	Nothing	Nothing	20% coinsurance* Processes at in-network rate for emergency/accident admissions	Nothing	Nothing
<b>Skilled Nursing Facility - Deductible Applies</b>	Nothing* to 100 days per calendar year benefit maximum	Nothing* to 100 days per calendar year benefit maximum 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
<b>Rehabilitation Hospital - Deductible Applies</b>	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 inpatient rehabilitation	Nothing* up to 100 days per plan year

## SVRHT Plan Benefit Comparison

### Deductible Plans - Effective 7-1-2020

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.

*After Deductible	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	TUFTS HEALTH PLAN
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Advantage EPO
OUTPATIENT HOSPITAL	YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY	YOU PAY	YOU PAY
<b>Emergency Room Visits for Emergency or Accident Care -Deductible Applies</b>	\$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)
<b>Emergency Room Visits for Medical Care - Deductible Applies</b>	\$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)
<b>Surgery - Deductible Applies</b>	\$150 copay*	\$150 copay*	20% coinsurance*	\$150 copay*	\$150 copay*
<b>Radiation and Chemotherapy - Deductible Applies</b>	\$0 copay*	\$0 copay*	20% coinsurance*	\$0 copay*	\$0 copay*
<b>Diagnostic X-ray and Lab - Deductible Applies</b>	\$0 copay*	\$0 copay*	20% coinsurance*	\$0 copay*	\$0 copay*
<b>Routine Colonoscopy (without symptoms)</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>High Cost Radiology (MRI, CT &amp; PET) - Deductible Applies</b>	\$100 copay* - copay waived if received at non-hospital facilities	\$100 copay* - copay waived if received at non-hospital facility	20% coinsurance*	Outpatient hospital based services \$100 copay*; non-hospital based services \$0	\$100 copay*
<b>Hemodialysis - Deductible Applies</b>	\$0 copay*	\$0 copay*	20% coinsurance*	\$0 copay*	\$0 copay*
<b>Physical Therapy - Deductible Applies</b>	\$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)	Deductible, then covered in full

## SVRHT Plan Benefit Comparison

### Deductible Plans - Effective 7-1-2020

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.

*After Deductible	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	TUFTS HEALTH PLAN
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Advantage EPO
PHYSICIAN'S OFFICE	YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY	YOU PAY	YOU PAY
<b>Surgery - NO Deductible</b>	\$20 PCP Office \$35 Specialists Office	\$20 PCP Office \$35 Specialists Office	20% coinsurance*	\$20 PCP Office \$35 Specialists Office	\$20 PCP Office \$35 Specialists Office
<b>Adult Preventative Exam</b> <i>(includes preventative lab)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>PCP Medical Care/ Mental Health Care/ Substance Abuse Care</b>	\$20 copay	\$20 copay	20% coinsurance*	\$20 copay	\$20 copay
<b>Well Child Care</b> <i>(includes preventative lab tests)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine GYN Exam</b> <i>(one per calendar year, includes preventative lab tests)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine Mammogram</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine Vision Exam</b>	\$0 copay (once every 12 months)	\$0 copay (once per calendar year)	All charges	\$0 copay (once per calendar year)	\$20 copay (once per plan year)
<b>Specialist Office Visit</b>	\$35 copay	\$35 copay	20% coinsurance*	\$35 copay	\$35 copay
OTHER OUTPATIENT	YOU PAY				
<b>Visiting Nurse</b>					
<b>Home Health Care - Deductible Applies</b>	Nothing* (Includes Hospice Care)	Nothing*	20% coinsurance*	Nothing*	Nothing*
<b>Durable Medical Equipment - Deductible Applies</b>	Member pays 20%, plan pays 80% with no limit	Member pays 20%, plan pays 80% with no limit	Member pays 20%, plan pays 80% with no limit	Member pays 20%, plan pays 80% with no limit	Covered in full after deductible *breast, hand, arm and feet prosthetics Member pays 20%, plan pays 80%

## SVRHT Plan Benefit Comparison

### Deductible Plans - Effective 7-1-2020

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.

*After Deductible	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	TUFTS HEALTH PLAN
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Advantage EPO
		In-Network	Out-of-Network		
<b>Ambulance - Deductible Applies</b>	Covered in full after deductible (for emergency or medically necessary transport)	Covered in full after deductible (for emergency or medically necessary transport)	Deductible then 20% coinsurance* other medically necessary ambulance transport	\$25 co-pay per member per day (included Chair Van services)	Covered in full after deductible
<b>Routine Pediatric Dental (through age 11)</b>	Nothing (covered services each six months)	Not Covered	Not Covered	Not Covered	Not Covered
<b>Chiropractor Visits</b>	All charges	\$20 copay per visit (up to 12 visits per calendar year)	20% coinsurance* (up to 12 visits per calendar year)	All charges (% discount through Optum Health) LPVEC Only- \$20 copay per visit (up to 12 visits per calendar year)	\$20 copay per visit (up to 12 visits per plan year)
<b>Prescription Drugs</b>	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  Express Scripts, Inc. (ESI) 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  Express Scripts, Inc. (ESI) 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  Express Scripts, Inc. (ESI) 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  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  CVS Caremark is the PBM
<b>Fitness Benefit</b>	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.	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.	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan details. \$150 reimbursement per calendar year, WeightWatchers®	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, mindful apps, bike shares and Weight Watchers® program.	Up to \$150 fitness reimbursement per household, per plan year \$150 reimbursement per plan year, when enrolled in a weight loss program

**Fiscal Year 2021 Rates**  
**coverage effective 07/01/2020 through June 30, 2021**

<i>Health New England</i>	<b>Individual</b>	<b>Town Share</b>	<b>Family</b>	<b>Town Share</b>
<b>weekly</b>	51.53	120.23	128.33	299.43
<b>bi-weekly</b>	103.05	240.45	256.65	598.85
<b>10 month bi-weekly overage</b>	20.61	48.09	51.33	119.77
<b>Eligible Retirees - monthly</b>	206.10	480.90	513.30	1,197.70
<b>COBRA</b>	700.74	0.00	1,745.22	0.00
<b>Network Blue New England</b>				
<i>Network Blue New England</i>	<b>Individual</b>	<b>Town Share</b>	<b>Family</b>	<b>Town Share</b>
<b>weekly</b>	59.10	137.90	146.70	342.30
<b>bi-weekly</b>	118.20	275.80	293.40	684.60
<b>10 month bi-weekly overage</b>	23.64	55.16	58.68	136.92
<b>Eligible Retirees - monthly</b>	236.40	551.60	586.80	1,369.20
<b>COBRA - monthly</b>	803.76	0.00	1,995.12	0.00
<b>Blue Care Elect PPO</b>				
<i>Blue Care Elect PPO</i>	<b>Individual</b>	<b>Town Share</b>	<b>Family</b>	<b>Town Share</b>
<b>weekly</b>	174.63	174.63	379.38	379.38
<b>bi-weekly</b>	349.25	349.25	758.75	758.75
<b>10 month bi-weekly overage</b>	69.85	69.85	151.75	151.75
<b>Eligible Retirees - monthly</b>	698.50	698.50	1,517.50	1,517.50
<b>COBRA - monthly</b>	1,424.94	0.00	3,095.70	0.00
<b>TUFTS Health Plan</b>				
<i>TUFTS Health Plan</i>	<b>Individual</b>	<b>Town Share</b>	<b>Family</b>	<b>Town Share</b>
<b>weekly</b>	56.03	130.73	139.73	326.03
<b>bi-weekly</b>	112.05	261.45	279.45	652.05
<b>10 month bi-weekly overage</b>	22.41	52.29	55.89	130.41
<b>Eligible Retirees - monthly</b>	224.10	522.90	558.90	1,304.10
<b>COBRA - monthly</b>	761.94	0.00	1,900.26	0.00
<b>Altus Dental</b>				
<i>Altus Dental</i>	<b>Individual</b>	<b>Family</b>	<b>Plus Spouse</b>	<b>Plus Child(ren)</b>
<b>weekly</b>	11.71	34.46	23.08	23.10
<b>Bi-weekly</b>	23.42	68.92	46.15	46.21
<b>10-month bi-weekly overage</b>	4.68	13.78	9.23	9.24
<b>COBRA** - monthly</b>	47.77	140.59	94.15	94.26
<b>Retiree Dental Plan*** - monthly</b>	50.94	178.26	101.87	n/a
* the 10-month bi-weekly overage deduction is the additional amount to pay for summer months deducted from bi-weekly paychecks for paraprofessionals, cafeteria workers, CNAs and school year secretaries.				
** upon retirement, subscribers can elect to continue their existing dental coverage for 18 months through COBRA				
*** the Retiree Dental Plan is different from the Active Employee plan - see plan highlights				

<i>Basic Life Insurance</i>		
<b>Active - \$5,000 with \$5,000 ADD</b>	<b>Individual</b>	<b>Town Share</b>
<b>weekly</b>	0.30	0.30
<b>bi-weekly</b>	0.60	0.60
<b>10 month bi-weekly overage</b>	0.12	0.12
<b>Retiree - \$1,000 - monthly</b>	0.22	0.22

## Insurance, Medicare Eligibility and Retirement

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.

Most employees who are eligible for benefits through employment with the town are also members of either the Massachusetts Teachers Retirement (MTR) System or the Hampden County Regional Retirement (HCR) System. To be considered a retiree of the Town of East Longmeadow you **MUST** apply for and receive a monthly pension from one of these retirement systems. Contact either the MTR board, <https://mtrs.state.ma.us/> or HCR board, <http://hcrb.org/> at least 3 months before you plan to retire. Karen Martin, [kmartin@hcrb.org](mailto:kmartin@hcrb.org) or (413) 737-1384, is our representative at HCR. Members will meet with her to complete the application and she will contact us for any information that is needed. Tammy Brown, [tammy.brown@eastlongmeadowma.gov](mailto:tammy.brown@eastlongmeadowma.gov), at Central Office completes the employer information section for all MTR retirement applications.

If you are planning to retire and you and/or your dependents are already or soon will be eligible for premium free Medicare Part A, each eligible individual **MUST** contact social security and enroll in Medicare Parts A and B to be effective the first of the month after your retirement date. Please contact the [Benefits Administrator](#) before you choose a retirement date if Medicare enrollment needs to be coordinated with your retirement date. Otherwise, once you have chosen a retirement date, contact the [Benefits Administrator](#) to discuss your benefit options and to elect your retiree benefits.

If you are already retired and you and/or your dependents are or soon will be eligible for premium free Medicare Part A, each eligible individual **MUST** contact social security and enroll in Medicare Parts A and B to be effective as of the date of your eligibility. Please contact the [Benefits Administrator](#) to discuss your benefit options.

## Medicare Wrap, Supplement and Replacement Plans

This information is provided for individuals thinking about retiring or who are already retired and will soon be enrolled in Medicare Parts A&B. These plans renew annually on January 1 so subscribers on these plans have an open enrollment period in November. Rates are per person enrolled. More information including comparison charts, and plan highlights can be found on our website at <https://www.eastlongmeadowma.gov/508/Medicare-Plans>.

### Medicare Plan Rates

Effective 01/01/2020 through 12/31/2020

<i>Medicare Supplement Plans</i>	<b>Premium</b>	<b>Retiree</b>	<b>Town</b>
<i>Medex II Enhanced</i>	378.00	189.00	189.00
<i>TUFTS Medicare Preferred Supplement</i>	358.00	179.00	179.00
<i>Medicare Wrap Plans</i>			
<i>Managed Blue For Seniors</i>	374.00	187.00	187.00
<i>Health New England MedPlus</i>	480.00	240.00	240.00
<i>Medicare Replacement/Advantage Plans</i>			
<i>HNE POS Secure Freedom</i>	328.00	164.00	164.00
<i>TUFTS Med Preferred HMO</i>	327.00	163.50	163.50
<i>Medicare HMO Blue</i>	383.16	191.58	191.58

## **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 has hired a Wellness Coordinator, Lyn Fiavoranti, to manage 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. 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 contact Lynn Fiavoranti at [lyn.fioravanti@eastlongmeadowma.gov](mailto:lyn.fioravanti@eastlongmeadowma.gov) or (413) 896-9080 or visit her facebook page, <https://www.facebook.com/scanticvalleywellness>, or SVRHT's website at <http://scantichealth.org/about.html>.

### 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 <http://scantichealth.org/health-plans.html>. You can get a hard copy from the [Benefits Administrator](#), or by calling your health plan member services department by calling the number on 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.

### 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 or fitness classes) with their health plans. Health New England extends their reimbursements to memberships in farm shares and the purchase of exercise equipment. Also available is a separate reimbursement for participation in a weight loss program. Please contact your insurance provider directly, or the [Benefits Administrator](#) for information on these benefits or to obtain a reimbursement form.

### Free Prescription Medications

SVRHT offers a free international prescription drug program direct from CanaRx. Members receive a three month supply of maintenance medications delivered directly to their home. It is less expensive for the group to purchase these medications this way. Therefore the co-payment is waived on these prescriptions and there is no charge for delivery to your home, which means these prescriptions are free for the member. More information regarding this program as well as enrollment forms and medication lists are available on the SVRHT website <http://scantichealth.org/prescription-plans.html>.

### Free Diabetes Medications and Supplies - The 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. The purpose of this program is to encourage important screenings and exams for better diabetes management. 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.

## Additional Employee Benefits

### MIA Employee Assistance Program

**FREE** and completely **confidential** personal and professional assistance on many issues, large and small, 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) 451-1834 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.

#### *Massachusetts Teachers Association*

<https://www.mtabenefits.com/benefits> - (877) 401-4083 or [mta@vistafg.com](mailto:mta@vistafg.com)

#### *Colonial Insurance – whole life, accident, critical illness and disability insurance*

Scott Curtis at (978)-456-7717x86 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*

Jesse White - (781) 910-1438 or [jwhitemembershipbenefits@gmail.com](mailto:jwhitemembershipbenefits@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

## 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 (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 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 [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or [www.cms.hhs.gov](http://www.cms.hhs.gov) 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, 2020, all group health plans need to include out-of-pocket maximums of no more than \$8,150 for individuals and \$16,300 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.



# 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.

### **Overview:**

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 helps 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 federal 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 §36B of the Internal Revenue 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, 2019, and run through January 23, 2020. 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).

*Continued on next page >>>*

### **Questions?**

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.

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Employees that live outside of Massachusetts can visit [healthcare.gov](http://healthcare.gov) to find out about Marketplaces in their region.

## Can I qualify for federal and state assistance that reduces my health insurance premiums and out-of-pocket expenses through the Health Connector?

Depending on your income, you may qualify for federal and/or state tax credits and other subsidies that reduce your premiums and lower your out-of-pocket expenses if you shop through the Health Connector. You can find out more about the income criteria for qualifying for these subsidies by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling **1-877 MA ENROLL** (1-877-623-6765).

## Does access to employer-sponsored coverage affect my eligibility for help paying for coverage through the Health Connector?

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

- Your employer does not offer coverage to you, **or**
- Your employer does offer you coverage, **but:**
  - ▶ Your employer's offer of coverage for just you (not including other family members) would require you to spend more than the following percentage(s) of your household income:

### Is your employer's individual health insurance coverage affordable?

Coverage for <b>2019</b>	<b>9.86%</b> of household income
Coverage for <b>2020</b>	<b>9.78%</b> of household income

**or**

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

If you have coverage through your employer but are interested in shopping through the Health Connector, be sure to check with your employer on the rules around how and when you can disenroll from your employer's group coverage. 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, the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes.

**Please note:** You can find the most up to date percentages used to calculate affordability here: [www.mahealthconnector.org/esi-affordability-calculator](http://www.mahealthconnector.org/esi-affordability-calculator).

Continued on next page >>>

## Questions?

Visit [MAhealthconnector.org](http://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.

2 of 3

Employees that live outside of Massachusetts can visit [healthcare.gov](http://healthcare.gov) to find out about Marketplaces in their region.

## EMPLOYER-SPONSORED HEALTH COVERAGE

This section will help you collect 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.

**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:** \_\_\_\_\_

*(may be an HR contact, a resource, or an appendix to this document)*

**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 **MAhealthconnector.org** for more information, including an online application for health insurance coverage.

### Questions?

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.

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Employees that live outside of Massachusetts can visit [healthcare.gov](https://www.healthcare.gov) to find out about Marketplaces in their region.

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### ▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
|---|---|

### ▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:  
**1-866-487-9243**  
TTY: 1-877-889-5627  
[dol.gov/agencies/whd](https://dol.gov/agencies/whd)



## Request to Decline Health Insurance Coverage

### **NOTICE: HIPAA SPECIAL ENROLLMENT RULES**

If you are declining enrollment in the town's health insurance program for yourself and your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for 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.

"I have been informed of my eligibility to enroll in the Town of East Longmeadow's health insurance program. I am declining health insurance coverage for myself and my dependents (if applicable). I have read the Special Enrollment Rules described above and I have been provided with a copy of the Special Enrollment Rules."

### **HEALTH INSURANCE**

The dollar amount of the employee's portion of the monthly premium cost of the least expensive individual health plan offered by the Town of East Longmeadow for FY 2021 is **\$206.10**

- ( ) *"I do not wish to enroll in the Town's group health insurance program at this time because I have other coverage."*
- ( ) *"Please discontinue my group health insurance coverage provided by the Town effective \_\_\_\_\_."*

### **EMPLOYEE AFFIDAVIT**

***I hereby affirm, under the penalties of perjury, that all the information provided herein is true to the best of my knowledge. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment and that I may incur tax penalties on the State and Federal levels.***

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

**Acknowledgement**

**I hereby acknowledge receipt of the Town of East Longmeadow Fiscal Year 2021 “Health, Dental and Life Insurance Options” book.**

Print Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_