

**FY2026 Open  
Enrollment**

May 9th thru May 23rd



**Active Employee  
Benefits**

July 1, 2025 – June 30, 2026

# Welcome to Open Enrollment

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## **What do I need to do during the Enrollment Period?**

Employees who want to keep the same health, life, dental, vision and life insurance plan(s) in which they are currently enrolled and add no additional coverage need to do nothing; enrollment will be automatically continued unless a change form is completed.

Employees who want to cancel a plan, enroll in a new plan, or add or delete a dependent must complete an enrollment/change form.

**ALL eligible employees must complete the acknowledgement form found on the last page of this document and return to Stephanie Duggan, ATA/HR (sduggan@townofmaynard.net)**

### **Changes permitted during Open Enrollment:**

- Enroll yourself and/or dependents for the first time (if you meet eligibility requirements) in the plan of your choice.
- Add previously non-covered eligible dependents to existing plans.
- Cancel any coverage(s) or delete any dependents for whom coverage is no longer required.
- Switch from your current plan to any of the other offered plans or plan options.

### **Changes that happen during the plan year:**

It is the employee's responsibility to inform the employer and health plan of any changes during the year. If you have a qualifying event that changes health care eligibility, such as (but not limited to) getting married, getting divorced, having or adopting a child, a child that reaches age 26, or losing health coverage through your spouse, please contact Gloria Congram within 30 days of the date of birth, marriage, divorce, loss of other health care coverage, or other qualifying event. After 30 days from the date of the event you may not be able to change coverage or enroll your new spouse or child until the next Annual Enrollment Period!

### **Where to go for help:**

Your primary contact person for all insurance plan enrollment questions is

**Gloria Congram – Benefits Manager of NFP, Inc.**

Gloria is available Tuesdays from 1:00 p.m. to 6:00 p.m. at the Town Office Building. Her phone number is (978) 897-1307 and email: [gcongram@townofmaynard.net](mailto:gcongram@townofmaynard.net)



## Premium Renewal Rates July 1, 2025

### NEW PLAN CHANGES

Health Insurance				
<b>Blue Care Elect Preferred \$500 DED (PP0)</b>				
Plan	Total	Employer Share	Employee Share	Bi-Monthly Deduction
Employee	\$1,728.57	\$1,296.43	\$432.14	\$216.07
Family	\$4,306.80	\$3,230.10	\$1,076.70	\$538.35
<b>Network Blue New England \$500 Ded (HMO)</b>				
Plan	Total	Employer Share	Employee Share	Bi-Monthly Deduction
Employee	\$1,037.07	\$777.81	\$259.26	\$129.63
Family	\$2,722.91	\$2,042.19	\$680.72	\$340.36
<b>Access Blue New England Saver \$2000 Ded</b>				
Plan	Total	Employer Share	Employee Share	Bi-Monthly Deduction
Employee	\$947.52	\$710.64	\$236.88	\$118.44
Family	\$2,487.78	\$1,865.84	\$621.94	\$310.97

Dental Insurance - 100% employee paid		
<b>BCBSMA Dental Blue</b>		
Plan	Total	Bi-Monthly Deduction
Employee	\$43.82	\$21.91
Employee +1	\$87.42	\$43.71
Family	\$134.04	\$67.02

Vision Insurance - 100% employee paid		
<b>BCBSMA Blue 20/20</b>		
Plan	Total	Bi-Monthly Deduction
Employee	\$5.54	\$2.77
Employee & Spouse	\$9.42	\$4.71
Employee w/Child(ren)	\$9.70	\$4.85
Family	\$15.23	\$7.62

Life Insurance			
Boston Mutual Life Insurance		Monthly Deduction	
Plan - Basic & AD&D	Total	Employer Share	Employee Share
\$5,000 Actives	\$6.70	\$3.35	\$3.35
\$10,000 DPW & Dept Heads	\$13.40	\$6.70	\$6.70

**NOTE: Health Insurance Members will be receiving new identification cards.**



## Medical Plan Overview



Eligible employees of the Town of Maynard have access to comprehensive medical coverage to protect yourself and your family from catastrophic medical costs. **Benefit changes are being made effective 7/1/2025 and are highlighted in red.** Below is a summary of the information on the medical plans offered:

### Health Reimbursement Account Eligible

Town of Maynard - <b>Benefit Changes</b>		
<u>Medical Plan Benefits</u>	Network Blue New England \$500/\$1,000 Deductible	Blue Care Elect PPO \$500/\$1,000 Deductible
Physician Office Visit / Well Care	Covered In Full	Covered In Full
Office Visit: PCP / Specialist	\$20 PCP / \$35 Specialist	\$20 PCP / \$35 Specialist
Deductible	<b>\$500/\$1000</b>	<b>\$500 / \$1,000 In and Out of Network</b>
Out-of-Pocket Maximum	\$2,500 / \$5,000 Med & \$1,000/\$2,000 Rx	\$2,500 / \$5,000 Med & \$1,000/\$2,000 Rx
Coinurance	HMO NONE (except DME)	20% All Out-of-Network Services
Emergency Room	<b>\$150 Copay after ded</b>	<b>\$150 Copay after ded</b>
IN-PT Hospital Admission	<b>\$500 Copay after ded</b>	<b>\$500 Copay after ded</b>
OUT-PT Surgical Day Care Ambulatory Surgical Facility	<b>\$250 Copay after ded</b>	<b>\$250 Copay after ded</b>
Lab & X-rays	<b>\$0 - Covered In Full after ded</b>	<b>\$0 - Covered In Full after ded</b>
CAT Scans, MRI, PET Scans	<b>\$100 Copay HMO after ded</b>	<b>\$100 Copay HMO after ded</b>
RX - 30 Day Retail or 90 Day Mail Order Delivery	\$10 / \$25 / \$45 \$20 / \$50 / \$90	\$10 / \$25 / \$45 \$20 / \$50 / \$90

# Health Reimbursement Account

In an effort to reduce a portion of the out-of-pocket expense that members will incur as the result of transitioning to the new Deductible plans, the Town will fund a portion of the deductible for the next three fiscal years.



## TOWN OF MAYNARD MASSACHUSETTS

### INSTRUCTIONS FOR SUBMISSION OF HRA CLAIMS

- The purpose of establishing the HRA reimbursement program is to assist employees with the satisfaction of a portion of the **new** Deductible established effective July 1, 2025. The following instructions detail the information you need to know about both the new Deductible plan with Blue Cross Blue Shield and the submission rules regarding the HRA Plan.
- The Plan Year (July 1, 2025, through June 30, 2026) Deductible is \$500 per Individual and \$1,000 for the Family. No one person will ever have to satisfy more than \$500. The \$1,000 Family Deductible amount can be satisfied by multiple family members. If the family has only two (2) members, each person will have a \$500 deductible to satisfy.
- The HRA reimbursement is limited to plan deductible expenses under the:

**BCBS of MA Network Blue \$500/\$1,000 Deductible  
Blue Care Elect PPO \$500/\$1,000 (In-Net) Deductible**

- a. The Town shall reimburse participants with a family plan up to \$500 of the deductible, beginning when combined payments reach \$250.
  - b. The Town shall reimburse participants with an individual plan up to \$250 of the deductible once combined payments have reached \$250.
  - c. For those participants that do not reach \$250 in deductibles, reimbursement for the payment(s) less than \$250 amount should be submitted at the end of the fiscal year in the month of June.
  - d. The Town will issue these payments upon receipt of a member's BCBS Summary of Health Plan Payment(s) (*see next page*) which is mailed to the member at the end of each month when a cost share is incurred **OR** members can establish a Member Login at BCBSMA.com to download an "Activity Summary".
  - e. If a participant incurs a claim that is not finalized by BCBS prior to June 30<sup>th</sup> of the current fiscal year, upon submitting proof of the claim date, the participant will be allowed until September 30<sup>th</sup> of the next fiscal year to submit for reimbursement.
- Claims will not be considered if they have already been submitted to and/or paid by the Cafeteria Advisors FSA plan (*per IRS Guidelines*).



## Payment Request (Health Reimbursement Account)

**PAY TO:**

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Policy Period:  July 1 2025 thru June 30, 2026

Type of Coverage:  Individual  Family

**Amount Requested:**

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**NOTE:** All Requests must be accompanied by copies of a member's BCBSMA Summary of Health Plan Payments.

**Employee Signature:**

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Date

**To be completed by Benefits Manager**

Health Insurance - HLTH DEDUCT REIMB

Exp Acct

0001-0914.519001-0000

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**Approved by:**

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Date

# A Guide to Your Summary of Health Plan Payments<sup>1</sup>

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

## How the Payment Process Works

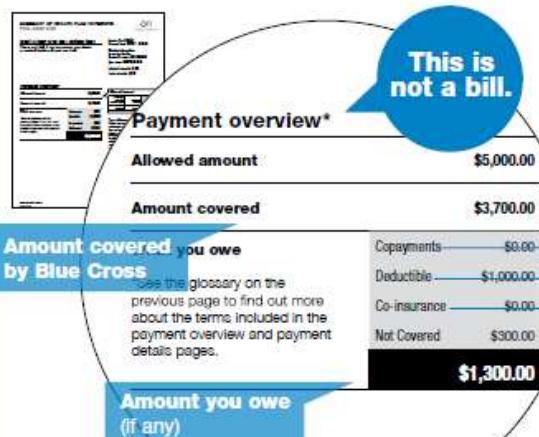
When you visit a health care provider, you pay a copayment.<sup>2</sup>



The provider submits a bill for services to Blue Cross. This is called a claim.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



### Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider<sup>2</sup> or fill a prescription. Look for your copay amount on your member ID card.

### Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

### Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Tip: See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.

The provider sends you a bill.  
(if you owe money)

You pay your provider.



### Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

1. Medex members receive statements called Explanation of Benefits.

2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association.

# Your Summary of Health Plan Payments

## Payment Overview Page

**SUMMARY OF HEALTH PLAN PAYMENTS  
FOR JOHN DOE**

**What is this? Why am I getting this?**  
This is not a bill. If you owe money, your doctor or medical facility will send you a bill.

**A** **Payment overview\***

Allowed amount	\$5,000.00
Amount covered	\$3,700.00
What you owe	\$1,300.00

\*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

**B** **Member information**

Summary Date: 01/25/18
Statement Period: 12/29/17 – 01/25/18
Service for: John Doe
Member ID number: MTN123456789
Group name: GROUPNAME12345
Individual deductible: \$1,000
Family deductible: \$2,000

**C** **Allowed amount**

Amount your health care provider charged	Blue Cross	Allowed amount
\$6,400.00	\$1,400.00	\$0,000.00

**D** **Your delivery options**  
Unless you've notified us, we typically deliver statements to the subscriber's address that we have on file. If you have concerns about protecting the privacy of your medical information in these statements, you may be able to have them delivered to a different address. Under certain circumstances, you can also request to not receive these statements for a particular service.

For help updating your delivery preferences, please call Member Services at the number on the front of your ID card, Monday through Friday, from 8:00 a.m. to 6:00 p.m. ET.

Keep for your records  
Page 3 of 5

If for a detailed breakdown of your payments, please see page 5.

**A** The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).

**B** Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.

**C** This section shows how the allowed amount was calculated.

**D** Your delivery options describes how these statements are delivered and how you can update your preferences.



MASSACHUSETTS

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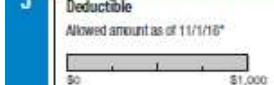
# Your Summary of Health Plan Payments

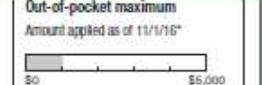
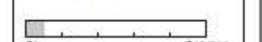
## Payment Details Page

HEALTH PLAN PAYMENT DETAILS						
Service date	Service type	Amount charged		Other insurance	Amount covered	What you owe
		Amount you and provider charged	Blue Cross discount			
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Date: 11/11/11 (In-Network)						
11/11/11	Office Services	\$100.00	-\$100.00	\$0.00	\$0.00	\$0.00
11/11/11	Exam	\$100.00	-\$100.00	\$0.00	\$0.00	\$0.00
11/11/11	Lab	\$100.00	-\$100.00	\$0.00	\$0.00	\$0.00
11/11/11	Room & Board	\$1,000.00	-\$1,000.00	\$0.00	\$0.00	\$0.00
	<b>Subtotal</b>	<b>\$1,200.00</b>	<b>-\$1,200.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Dr. Jake Clement, ABC Hospital Patient Name: John Doe Date: 12/12/12 (In-Network)						
12/12/12	Lab	\$100.00	-\$100.00	\$0.00	\$0.00	\$0.00
	<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand total</b>	<b>\$1,200.00</b>	<b>-\$1,200.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Breakdown of what you owe						
	Copayments	Deductible	Co-insurance	Not covered (not medical)	What you owe	See notes
					<b>\$1,000.00</b>	

This provider will bill you this amount.

**J** Deductible  
Allowed amount as of 11/1/12\*  
  
Individual: Met (\$1,000 of \$1,000)  
  
Family: \$1,000 of \$2,000

**J** Out-of-pocket maximum  
Amount applied as of 11/1/12\*  
  
Individual: \$1,000 of \$5,000  
  
Family: \$1,000 of \$10,000

**H** HAVE QUESTIONS?  
Call the number on your ID card.  
Or log in to your account at [bluecrossma.com/myblue](http://www.bluecrossma.com/myblue).  
For TTY, call 711

\* Includes charges from this coverage period only.  
Log in to your account at [www.bluecrossma.com/myblue](http://www.bluecrossma.com/myblue) for your plan effective date.

**E** Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.

**F** The amount you owe for each service.

**G** How we determined what you owe, including copayments, deductible, and co-insurance.

**H** Additional information on how we processed your claims.

**I** The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.

**J** A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

### Questions?

Call us at the number on your ID card or log in to your account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue), click Contact Us, then enter your question using the secure inquiry form in the Member Service section.



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## NEW HIGH-DEDUCTIBLE OPTION



# ACCESS BLUE NEW ENGLAND SAVER

Plan-Year Deductible: \$2,000/\$4,000

## YOUR CARE

### Access

This plan gives you the option to go directly to a specialist or any doctor in the HMO Blue New England network without a referral. Just show your Blue Cross Blue Shield of Massachusetts ID card and receive care. However, some services do require authorization. See your benefit description for details.

### Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to select a doctor who is accepting you and your family members as new patients and participates in our network of providers in New England. For children, you may designate a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.org](http://bluecrossma.org); consult Find a Doctor at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor); or call the Member Service number on your ID card.

If you have trouble choosing a doctor, Member Service can help. They can give you the doctor's gender, the medical school the doctor attended, and whether there are languages other than English spoken in the office.

Your provider may also work with Blue Cross Blue Shield of Massachusetts regarding Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your benefit description.

### Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for certain benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$2,000** per individual membership (or **\$4,000** per family membership). **The entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.**

### Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible and prescription drug copayments for covered services. Your out-of-pocket maximum is **\$6,450** per member (or **\$12,900** per family).

### Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). After meeting your deductible, you pay nothing for emergency room services.

### Telehealth Services

Telehealth services are covered when the same in-person service would be covered by the health plan and the use of telehealth is appropriate. Your health care provider will work with you to determine if a telehealth visit is medically appropriate for your health care needs or if an in-person visit is required. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.org](http://bluecrossma.org), consult Find a Doctor, or call the Member Service number on your ID card.

### Your Virtual Care Team

Your health plan includes the option for a tech-enabled delivery model where virtual care team covered providers furnish certain covered services, including primary care with integrated mental health and/or substance use care within the patient care team, via traditional and/or digital platforms (such as: mobile app; web portal; telephone; and/or text message). This care delivery model offers a comprehensive and coordinated primary care experience with virtual engagement and seamless navigation to in-person care with network providers when applicable. **After meeting your deductible, for outpatient covered services furnished by a designated virtual care team primary care or mental health care provider type, you will pay nothing (any deductible, copayment, and/or coinsurance does not apply). For outpatient covered services furnished by a virtual care team covered provider that is not a virtual care team primary care or mental health care provider type, you will pay your applicable cost share (deductible, copayment, and/or coinsurance).** To find a virtual care team covered provider or to learn more about this care delivery model, visit MyBlue online or see "When You Need Help to Find a Health Care Provider" in your benefit description, or call the Member Service number on your ID card.

### Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

### When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. See your benefit description for more information.

### Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Covered Services	Your Cost
<b>Preventive Care</b>	
Well-child care exams	Nothing, no deductible
Routine adult physical exams, including related tests	Nothing, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible
Routine hearing exams, including routine tests	Nothing, no deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum after deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
<b>Outpatient Care</b>	
Emergency room visits	Nothing after deductible
Office or health center visits	Nothing after deductible
Mental health or substance use treatment	Nothing after deductible
Outpatient telehealth services	
• With a covered provider	Same as in-person visit
• With the designated telehealth vendor	Nothing after deductible
Chiropractors' office visits (up to 20 visits per calendar year)	Nothing after deductible
Acupuncture visits (up to 12 visits per calendar year)	Nothing after deductible
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	Nothing after deductible
Speech, hearing, and language disorder treatment—speech therapy	Nothing after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible
Home health care and hospice services	Nothing after deductible
Oxygen and equipment for its administration	Nothing after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing after deductible**
Prosthetic devices	Nothing after deductible
Surgery and related anesthesia	Nothing after deductible
<b>Inpatient Care (including maternity care)</b>	
General or chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	Nothing after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing after deductible

\* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.  
 \*\* Cost share waived for one breast pump per birth, including supplies.

Covered Services	Your Cost
<b>Prescription Drug Benefits*</b>	
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)**	\$10 after deductible for Tier 1 \$25 after deductible for Tier 2 \$50 after deductible for Tier 3
Through the designated mail service or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)**	\$20 after deductible for Tier 1 \$50 after deductible for Tier 2 \$110 after deductible for Tier 3
* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred brand-name drugs. ** Cost share may be waived for certain covered drugs and supplies.	
<b>Get the Most from Your Plan: Visit us at <a href="http://bluecrossma.org">bluecrossma.org</a> or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.</b>	
<b>Wellness Participation Program</b> Fitness Reimbursement: a program that rewards participation in qualified fitness programs or equipment. (See your benefit description for details.)	\$300 per calendar year per policy
<b>Weight Loss Reimbursement:</b> a program that rewards participation in a qualified weight loss program. (See your benefit description for details.)	\$300 per calendar year per policy
<b>Mind and Body Wellness Program</b> Reimbursement for participation in the Mind and Body Wellness Program. (See your benefit description for details.)	\$300 per calendar year per policy

Benefit summaries for all plans offered are also available on the Town's website

## **General Regulations for Covering Spouses and Dependents**

**Eligible Spouses** - The subscriber may enroll an eligible spouse for coverage under his or her health plan membership. An 'eligible spouse' includes the subscriber's legal spouse.

In the event of a divorce or legal separation, the person who was the spouse of the subscriber prior to the divorce or legal separation will remain eligible for coverage under the subscriber's health plan membership, whether or not the judgment was entered prior to the effective date of this health plan. The former spouse will remain eligible for this coverage only until the subscriber is no longer required by the judgment to provide health insurance for the former spouse or the subscriber or former spouse remarries, whichever comes first.

If the subscriber remarries, the former spouse may continue coverage under a separate health plan membership with the subscriber's group, provided the divorce judgment requires that the subscriber provide health insurance for the former spouse. This is true even if the subscriber's new spouse is not enrolled under the subscriber's health plan membership. However, the former spouse must move from family coverage to individual coverage and additional premiums will be required; the former spouse only remains eligible under the group if the divorce decree provided for such coverage. If the former spouse remarries, the former spouse's eligibility ends.

**Eligible Dependents** - The subscriber may enroll eligible dependents for coverage under his or her health plan membership. The subscriber's 'eligible dependents' include: a dependent child who is under age 26. These include the subscriber's or legal spouse's dependent children who qualify as dependents as subject of a court order which requires the subscriber to provide health insurance for the children. These may include:

1. A newborn child – the effective date of coverage for a newborn child will be the child's date of birth provided that the subscriber formally notified the plan sponsor within 30 days of the date of birth.
2. An adopted child – the effective date of coverage for an adopted child will be the date of placement with the subscriber for the purpose of adoption. The effective date of coverage for an adoptive child who has been living with the subscriber and for whom the subscriber has been getting foster care payments will be the date the petition to adopt is filed. If the subscriber is enrolled under a family plan as of the date he or she assumes custody of a child for the purpose of adoption, the child's health care services for injury or sickness will be covered from the date of custody.
3. A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
4. A dependent child who is under age 26.
5. An unmarried disabled dependent child may maintain coverage under the subscriber's health plan membership. The child must be either mentally or physically handicapped so as not to be able to earn his or her own living, as determined by the health plan carrier. The subscriber must make arrangements for the disabled child to continue coverage under the family contract no more than 30 days after the date the child would normally lose eligibility.
6. A newborn infant of an enrolled unmarried dependent who is under age 26 immediately from the moment of birth and continuing until the enrolled dependent turns 26 or upon termination of the dependents coverage whichever occurs first.

## **Health Insurance Summary of Benefits and Coverage (SBC)**

The Patient Protection and Affordable Care Act (ACA) requires that health plans provide a "Summary of Benefits and Coverage (SBC) following a prescribed format for ease of comparison.

**Summary of Benefits and Coverage (SBC) for both our Blue Care Elect PPO \$500 Deductible, HMO Blue New England \$500 Deductible and Access Blue New England Saver \$2000 Deductible** plans are available either in electronic or hard copy format by contacting Gloria Congram at (978) 897-1307.

## **Health Insurance Portability and Accountability Act (HIPAA)**

Employees have the right to decline health insurance coverage if they have other coverage and may in the future be able to enroll themselves and their dependents on a town sponsored plan if they request coverage within 30 days after their other coverage ends. In addition, if you have a new dependent as a result of marriage, birth or adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption and provide proof (e.g., marriage certificate, birth certificate, adoption record) of this "qualifying event". It also provides for the right to receive a certificate of health coverage from your employer. For more information please contact the benefits administrator or visit the website of the U.S. Department of Labor at [http://www.dol.gov/ebsa/faqs/faq\\_consumer\\_hipaa.html](http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html)

## **HIPAA Notice of Privacy Practices**

Please be advised that the Town of Maynard is a member of MIIA, a joint purchasing group. MIIA administers the health insurance programs for their member communities. Even though these plans are self-insured plans, the Town of Maynard does not directly pay for services and does not receive Private Health Information (PHI).

## **Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

## **Consolidated Omnibus Budget Reconciliation Act (COBRA)**

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and qualified beneficiaries the right to continue health insurance coverage under the town's group health plan when a "qualifying event" would normally result in loss of eligibility. Included are such events as resignation, termination of employment, a reduction in an employee's work hours, an unpaid leave of absence, divorce or legal separation, a dependent child no longer meeting eligibility requirements or the death of an employee. Under COBRA the employee or beneficiary pays the full cost of the premium at the Town of Maynard's group rate with an additional 2% administrative fee and coverage is subject to timely premium payments to the Town of Maynard. For more information please contact the benefits administrator or visit the website of the U.S. Department of Labor at: <http://www.dol.gov/dol/topic/health-plans/cobra.htm>

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

The Women's Health and Cancer Rights Act (WHCRA) helps protect many women with breast cancer who choose to have their breasts rebuilt (reconstructed) after a mastectomy. Mastectomy is surgery to remove all or part of the breast. This federal law requires most group insurance plans that cover mastectomies to also cover breast reconstruction. It was signed into law on October 21, 1998. The United States Departments of Labor and Health and Human Services oversee this law. The law applies to group health plans for plan years starting on or after October 1, 1998, and to group health plans, health insurance companies, and HMOs, as long as the plan covers medical and surgical costs for mastectomy.

Under the WHCRA, mastectomy benefits must cover:

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



## Health Savings Account (HSA)

**Enrolling in a High-Deductible Health Plan makes you eligible for open a Health Savings Account (HSA). An HSA is a tax-advantaged savings account for medical expenses like doctor visits, prescription drugs, and dental care. High deductibles mean higher out-of-pocket costs, but your HSA contributions and withdrawals for eligible expenses are tax-free and can save you money in the long term, especially if you have significant medical needs.**

- HSAs allow you to pay for qualified medical expenses using pre-tax income, which could save you money on out-of-pocket health care costs.
- Unlike comparable savings plans, such as flexible spending accounts and health reimbursement arrangements, you can continue using your HSA to pay for medical expenses after you leave your job.
- You can only get an HSA if you have a high-deductible health insurance plan.
- Your HSA can pay for copays, coinsurance, and other health care costs not covered by your health plan. Besides standard doctor visits, your HSA can also cover vision and dental care, prescription drugs, over-the-counter health products, family planning expenses such as contraception and fertility treatments, and even menstrual care products.
- You can find the full range of qualified medical expenses and annual contribution limits on [the Internal Revenue Service \(IRS\) website](#).
- In addition to these medical expenses, the HSA may also cover limited types of insurance premiums. For example, if you lose your job and buy COBRA coverage, those premiums are HSA-eligible expenses. So are the premiums you pay for health insurance coverage while you receive unemployment compensation.
- HSAs Have Tax Advantages. When you contribute to your HSA, the money comes from your paycheck before taxes are taken out. This lowers your taxable income and can save you money during tax time.
- Your HSA is yours to keep, even when you leave your job. You can usually continue contributing to it if you maintain HSA-eligible health insurance. This portability sets the HSA apart from the similarly structured flexible spending account (FSA) BUT YOU CANNOT HAVE BOTH.
- You can also make after-tax contributions to your HSA and claim these as deductions when you file your federal income tax return.
- Distributions from your HSA are also not taxed as long as they're what the IRS considers "qualified" distributions. A qualified distribution (or withdrawal) means the money was used for eligible medical expenses. A non-qualified withdrawal could result in a 20% tax penalty.
- Your HSA will last even in retirement. You can reimburse yourself for eligible medical expenses incurred at any time if you maintain proof of the expense, such as a receipt.
- If you're over 65, you can withdraw money from your HSA for any reason without paying a tax penalty, although you'll still owe income tax on the withdrawal if the money is used for non-medical expenses.
- The money in the HSA never expires!

**Talk to your bank, credit union or other financial institution about enrolling in an HSA to start saving through payroll deduction!**



OFFICE OF THE  
**TREASURER-COLLECTOR**  
**TOWN OF MAYNARD**  
MUNICIPAL BUILDING  
195 MAIN STREET  
MAYNARD, MASSACHUSETTS 01754  
Tel: 978-897-1305 Fax: 978-897-1013

## Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or \_\_\_\_\_ % or  Entire Paycheck

Type of Account: Checking      Savings      (Circle One)

(If more than one account, please fill in below)

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or \_\_\_\_\_ % or  Entire Paycheck

Type of Account: Checking      Savings      (Circle One)

*Please attach a voided check or Direct Deposit form from your bank for each bank account to which funds should be deposited.*

The Town of Maynard is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

# \$150



#### Qualified for Reimbursement:

- A full-service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- Online fitness memberships, subscriptions, programs, or classes
- Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines
- Athletic shoes - Shoes designed to be worn for sports, exercising, or recreational activity. Categories: running/training/walking, court sports, field sports, outdoor sports, track and field, and specialty shoes (i.e., gymnastics, weightlifting, etc.)
- Sports/Activity Fees - Ski passes, adult/child league sports fees (including town sports, tennis, etc.), race participation fees (5K, marathons, etc.)
- Bicycles/Bicycle Helmets- recreational bicycles and bicycle helmets



#### Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Personal trainer sessions
- Casual and Dress Footwear

Ready for your 65<sup>th</sup> Birthday card?

**PLAN AHEAD**

## **WHAT DO I NEED TO DO?**

### **ACTIVE EMPLOYEE:**

1. Contact Social Security Administration THREE (3) months PRIOR to reaching age 65.
2. Apply for Medicare Part A only (deferring Part B at this time as employee is still actively working).
3. Provide a copy of Medicare card to employer.

### **RETIRED EMPLOYEE:**

1. Contact Social Security Administration THREE (3) months PRIOR to reaching age 65.
2. Apply for Medicare Parts A & B (as employee is retired).
1. Provide a copy of Medicare card to employer along with appropriate forms to change to Senior Plan.

**NOTE:** A spouse's work status does not matter as they are covered under the employee's group health insurance plan. The spouse should follow the above according to the **employee's** work status.



**Action is required if you or your spouse is turning 65. Please contact Gloria Congram at Town Hall to discuss and learn more about you and your spouse's eligibility and requirements for continuing health insurance coverage to avoid a disruption in benefits.**



# Dental Plan Overview



## Town of Maynard - Effective 7/1/2025

<u>Plan Benefits</u>	BCBSMA Dental Blue Program
Calendar Year Deductible	\$25 Individual    \$75 Family Waived for Preventive Services
Calendar Year Maximum (Per Covered Family Member)	\$1,000
Out-of-Network Reimbursement	90th Percentile of UCR*
Diagnostic Services - Preventive	100% In/Out of Network
Minor Restorative Services Oral Surgery, Periodontics, Endodontics & Prosthetic Maintenance	80% In/Out of Network
Major Restorative Services Crowns, Prosthodontics	50% In/Out of Network
Orthodontics	50% to \$1,000 lifetime maximum Dependents under the age of 19
Maximum Rollover	Included



DENTAL BLUE®

# LITTLE SMILES ARE ABOUT TO GET BIGGER!

Kids under 13 are 100% covered  
for dental services



Taking care of oral health at a young age can lead to fewer health issues later in life. That's why Dental Blue will provide complete coverage for kids under the age of 13, with no cost and no deductible for covered dental services. We're committed to making dental care for your employees and their kids more accessible and affordable, so their oral health starts off on the right track.

Services	Coverage
<b>PREVENTIVE AND DIAGNOSTIC</b> Includes services such as routine cleanings, exams, and diagnostic services (X-rays)	<b>100%</b>
<b>BASIC RESTORATIVE</b> Includes services such as extractions and fillings	<b>100%</b>
<b>MAJOR RESTORATIVE</b> Includes services such as treatment for fractured teeth	<b>100%</b>



# Vision Plan Overview



Vision care service	In-network member cost	Out-of-network reimbursement <sup>1</sup>
<b>Comprehensive eye exam</b>	\$20 copay	up to \$50
<b>Contact lens fit and follow-up<sup>2</sup></b> • Standard • Premium	up to \$55 10% off retail price	n/a n/a
<b>Retinal imaging</b>	up to \$39	n/a
<b>Frames</b>	\$130 allowance, then additional 20% off balance	up to \$74
<b>Standard plastic lenses</b> • Single vision • Bifocal • Trifocal • Lenticular • Standard progressive lens • Premium progressive lens tier 1- tier 3 tier 4	\$25 copay \$25 copay \$25 copay \$25 copay \$90 copay  \$110-\$135 copay \$90 copay, then 80% of charge less \$120 allowance	up to \$42 up to \$78 up to \$130 up to \$130 up to \$140  up to \$196 up to \$196
<b>Lens options<sup>2</sup></b> • UV treatment • Tint (solid and gradient) • Standard plastic scratch coating • Standard polycarbonate • Standard polycarbonate for covered dependents under age 19 • Standard anti-reflective coating • Premium anti-reflective coating • Photochromic/Transitions® plastic • Polarized • Other add-ons	\$15 \$15 \$15 \$40 Paid in full  \$45 \$57-\$68 20% off retail price 20% off retail price 20% off retail price	n/a n/a n/a n/a up to \$26  n/a n/a n/a n/a n/a
<b>Contact lenses<sup>3</sup></b> • Conventional  • Disposable • Medically necessary	\$130 allowance, then additional 15% off balance \$130 allowance Paid in full	up to \$104  up to \$104 up to \$210
<b>Frequency</b> • Exam • Lenses for frames or one order of contact lenses • Frames		once every 24 months once every 12 months once every 24 months



# BLUE 20/20

# LITTLE EYES, BIG BENEFITS

## Vision coverage for kids under 19

Eye care is so important for kids — detecting and correcting changes in vision early on can have a lasting impact and even improve learning outcomes. That's why Blue 20/20 will provide vision coverage for kids under 19 at no additional cost to you and your employees.\* We're committed to keeping an eye out for the overall health of our members' kids with the enhanced vision coverage they need to thrive.



Services	Coverage
Two fully covered eye exams at \$0 copay per benefit period	✓
One pair of replacement lenses subject to prescription change per benefit period	✓
Fully covered blue-light lenses treatment**	✓
Fully covered standard polycarbonate lenses	✓

\*We partner with EyeMed® Vision Care, an independent vision benefits company, to offer our comprehensive vision plans.

\*\*This applies to prescription lenses only.

## SAVINGS AND DISCOUNTS

**40% off**  
replacement glasses from  
in-network locations

**25% off**  
non-prescription  
blue-light glasses

**20% off**  
sports-related eyewear and  
non-prescription sunglasses



# GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

The MyBlue App is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



## UNLOCK THE POWER OF YOUR PLAN

The MyBlue App gives you an instant snapshot of your plan, including:



COVERAGE  
AND BENEFITS



CLAIMS AND  
BALANCES



FITNESS AND WEIGHT-  
LOSS REIMBURSEMENT



MEDICATION  
LOOKUP



VIDEO  
DOCTOR VISITS USING  
WELL CONNECTION

## Get the App

Download the app from the App Store® or Google Play™

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association.



## Life Plan Overview

- The Town currently offers a Group Term Life Insurance Policy as well as a Voluntary Optional Life Insurance Policy through Boston Mutual. If you did not enroll in the life insurance plan when you originally became eligible you may enroll by completing an "Evidence of Insurability" form.

<b>Division 1</b>	All Eligible DPW Employees and Department Heads	\$10,000 Life	\$10,000 AD&D
<b>Division 2</b>	All Eligible Active Employees (excluding DPW employees and Department Heads)	\$5,000 Life	\$5,000 AD&D
<b>Division 3</b>	All Eligible Retirees	\$5,000 Life	\$ - 0 - AD&D



## Massachusetts Deferred Compensation

- (Deferred Compensation is **not** subject to Open Enrollment restrictions; you can open an account at any time!)
- 457 Deferred Compensation Plans are offered to the employees of state and local governments, subdivisions of state governments or certain eligible key employees of tax-exempt organizations.
- Deferred compensation plans allow participants to save for retirement now and pay taxes later by contributing a portion of their salaries to the plan. Your 457 plan may offer investment options through a group fixed and variable deferred annuity, or a selection of mutual funds, or a selection of bank products, or a combination of investment alternatives.
- You can start contributing to a deferred contribution account in your name **at any time** and you can change the amount of your contributions – within the allowable limits- at any time. You can also change your investment selections at any time.
- **If you have any questions or would like to open a Deferred Compensation Account, please contact Andrew Wilson, CFR at (339) 221-2770 or [andrew.wilson@empower.com](mailto:andrew.wilson@empower.com) .**



## Flexible Spending

Flexible spending accounts let you set aside a portion of your paycheck **tax free** to pay for certain health and dependent care expenses. Contributions are deducted from your paycheck prior to federal, state and social security taxes. No tax on your contribution saves you money. **New election forms must be completed annually during Open Enrollment in September for FSA Plans, even if you are a current participant. If you have any questions or would like to see when the next time you can enroll in the Flexible Spending Account, please contact Karen Smith at Cafeteria Plan Advisors, Inc. (781) 848-9848 or [info@cpa125.com](mailto:info@cpa125.com) .**



**Greetings from the desk of Norm Robinson-your AFLAC servicing agent.**

**Thanks to your employer, all Town of Maynard employees are entitled to enroll in the following AFLAC plans, at Group prices. Employees who participate will own their policies. You may also have the deductions done conveniently through your payroll, which will reduce your plan cost by at least 25%, if the plan taken is pre taxable. You may select an individual, employee/spouse, employee/kids or full family plan. Please contact Norm for any interest in adding or changing these Aflac plans.**

**1: ACCIDENT**-Pays you cash if you are hurt on/off the job, 24/7. Enroll by age 64, keep for life. Built in guaranteed issue life insurance up to \$150k. **Cost <\$5/wk** individual plan.

**2: LIFE INSURANCE**-10/20/30 **year term or whole life** up to \$500k. (**NO** medical exams or any tests). May insure spouse  $\frac{1}{2}$  yours, up to \$50k, children up to \$12.5k.

**3: CANCER**-Pays huge cash payments for cancer related expenses, over & above health insurance. Enroll by 64, keep for life. \$75 annual wellness benefit for all covered.

• **Net cost >\$4/week for individual + kids. Dependents covered for FREE to age 26.**

**4: HOSPITAL ADVANTAGE**-Pays cash for hospital stays from \$500-\$2000 for 23 hour stay, \$100 for less, plus \$100 ER and rehab unit. **Optional riders available for extra coverage. May use for injury illness, or surgery.** Cost <\$3/week for \$500 plan individual.

**5: DENTAL**- 4 plans available, \$1,200-\$1,800 annual benefit. Enroll by 70, keep for life. Three primary plans plus one plan which complements any existing coverage. You pick your dentist.

• **NO network or deductible.** Optional orthodontic rider. **Net cost \$3-\$6/week** for individ.

**6: SHORT TERM DISABILITY**-Pays \$500-\$6,000/month for up to 24 months if out of work. Guaranteed Issue to \$4,000/mo, with **NO health questions**. **Includes Maternity Leave.** Covers approx 2/3 of paycheck. Any checks received are **NOT** taxable income.

**7: CRITICAL CARE**-Pays **\$8,500** for major health events **\$10,000** kids (stroke, heart attack, coma, 3rd degree burns, kidney failure, paralysis) plus hospital, ambulance & continuing care. **\$4,000 paid** for subsequent events. **Cost <\$2-6/week** depending on age

**Norm Robinson, AFLAC agent Tel: 508-395-7429 email:**  
**normanaflacagent@gmail.com**



## FY2025 Acknowledgement Form

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

- ⇒ Health Insurance
- ⇒ Vision Insurance
- ⇒ Dental Insurance
- ⇒ Life Insurance

### **Employee Affidavit**

I acknowledge receipt of the Town of Maynard Fiscal Year 2025 Open Enrollment information. I understand that if I do not have health insurance, I may be responsible for the full cost of medical treatment and that I may incur tax penalties on the State and Federal levels.

I understand that if I do not participate in the open enrollment process, I will be unable to enroll in a new plan or make changes to my existing plan until the next Open Enrollment Period, unless I experience a qualifying event during the plan year.

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Printed Name

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Department

---

Signature

---

Date

**Please return completed form to:**

**Stephanie Duggan, ATA/HR  
Town of Maynard  
195 Main Street  
Maynard, MA 01754      [sduggan@townofmaynard.net](mailto:sduggan@townofmaynard.net)**