

# 2023 EMPLOYEE BENEFITS SUMMARY

JULY 1, 2023 - JUNE 30, 2024



**PROVIDED BY:**



**MAPLEWOOD  
BENEFITS**



# Health Insurance



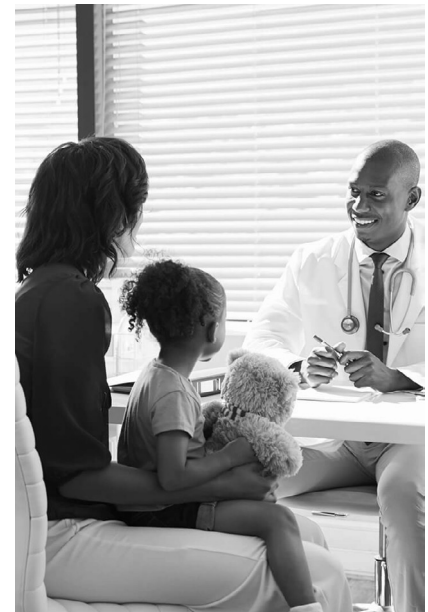
Eligible employees are offered HMO Access Blue NE or PPO Preferred Blue as **primary** health insurance. Nonstop Health is a Medical Expense Reimbursement Plan (MERP) providing **secondary** insurance. These plans combine a BCBSMA high deductible medical plan \$5,000 per person/up to \$10,000 families, with Nonstop Health first dollar funding up to \$4,000 for individuals and \$8,000 for families.

Find additional benefits resources explaining the health insurance offerings at [Town of Ware's Website](#)

|  | INDIVIDUAL  | FAMILY  |
|--|---|---|
| <b>BCBSMA DEDUCTIBLE</b>                                     | <b>\$5,000 PP</b>                                   | <b>\$10,000 Max</b>                                 |
| <b>NSH VISA FUNDING</b><br>Pays 1st dollar coverage          | <b>Debit VISA</b><br><b>\$4,000</b>                 | <b>Debit VISA</b><br><b>\$8,000</b>                 |
| <b>YOUR DEDUCTIBLE EXPOSURE AFTER NONSTOP HEALTH FUNDING</b> | Up to \$1,000                                       | Up to \$2,000                                       |
| <b>COPAYS AFTER DEDUCTIBLE</b>                               | OV \$25 / \$40<br>RX \$10 / \$25 / \$45<br>\$150 ER | OV \$25 / \$40<br>RX \$10 / \$25 / \$45<br>\$150 ER |
| <b>OOP Max</b><br><b>OOP Max after Funding</b>               | \$6,850<br>\$2,850                                  | \$13,700<br>\$5,700                                 |

## Employee Contributions

|   | HMO Access Blue NE 5000 +<br>Nonstop Health | PPO Preferred Blue 5000 +<br>Nonstop Health |
|---|---|---|
| <b>Monthly Premium</b><br>Individual<br>Family            | \$847.97<br>\$2,100.89                      | \$923.89<br>\$2,305.31                      |
| <b>Employee Contribution</b><br>Individual<br>Family      | <b>20%</b><br>\$169.59<br>\$420.18          | <b>25%</b><br>\$230.97<br>\$576.33          |
| <b>26 Week (Bi-weekly)</b><br>Individual<br>Family        | \$78.27<br>\$193.93                         | \$106.60<br>\$266.00                        |
| <b>21 Week</b><br>Individual<br>Family                    | \$96.91<br>\$240.10                         | \$131.98<br>\$329.33                        |
| <b>COBRA w/ 2% Administration</b><br>Individual<br>Family | \$864.93<br>\$2,142.91                      | \$942.37<br>\$2,351.42                      |



## Health Insurance Opt-Out Program pays you up to \$4,000 per year

Eligible subscribers who obtain alternative non-Medicare health coverage may voluntarily cancel Town of Ware coverage and receive ongoing monthly payments.

See the [full policy linked here](#) as posted on the Town of Ware's Website.

You may enroll any time of the year.

|                            |         |                          |
|----------------------------|---------|--------------------------|
| <b>Individual Coverage</b> | \$2,000 | Monthly Payment \$166.66 |
| <b>Family Coverage</b>     | \$4,000 | Monthly Payment \$333.33 |

## Primary Health Plan Options

For detailed information, please refer to your **2023 BCBS Ekit**

### HMO ACCESS BLUE NE 5000

No one member will have to pay more than the per member deductible  
In-Network

### PPO PREFERRED BLUE 5000

No one member will have to pay more than the per member deductible  
In-Network Copays / Out-Of-Network 20%

| MEDICAL SERVICES             |                                     | MEMBER COST SHARING AFTER DEDUCTIBLE  |        |        |                                       |        |        |
|------------------------------|-------------------------------------|---------------------------------------|--------|--------|---------------------------------------|--------|--------|
| DOCTOR<br>OFFICE<br>VISITS   | Medical deductible                  | \$5,000 individual<br>\$10,000 family |        |        | \$5,000 individual<br>\$10,000 family |        |        |
|                              | Out-of-Pocket-Maximum               | \$6,850 individual<br>\$13,700 family |        |        | \$6,850 individual<br>\$13,700 family |        |        |
|                              | Primary care visit                  | \$25                                  |        |        | \$25                                  |        |        |
|                              | Specialist visit                    | \$45                                  |        |        | \$45                                  |        |        |
|                              | Preventive Screening/Immunization   | No charge                             |        |        | No charge                             |        |        |
| EMERGENCY AND<br>URGENT CARE | Emergency room care                 | \$150                                 |        |        | \$150                                 |        |        |
|                              | Emergency medical transportation    | No charge                             |        |        | No charge                             |        |        |
|                              | Urgent care                         | \$40                                  |        |        | \$40                                  |        |        |
| OUTPATIENT<br>SURGERY        | Facility fee                        | No charge                             |        |        | No charge                             |        |        |
|                              | Physician/surgeon fees              | No charge                             |        |        | No charge                             |        |        |
| DIAGNOSTIC<br>TESTING        | Diagnostic Labs & X-Rays            | No charge                             |        |        | No charge                             |        |        |
|                              | MRI's, PET & CT Scans               | No charge                             |        |        | No charge                             |        |        |
| RECOVERY                     | Home Health Care                    | No charge                             |        |        | No charge                             |        |        |
|                              | Rehabilitation Services             | \$40                                  |        |        | \$40                                  |        |        |
|                              | Habilitation Services               | \$40                                  |        |        | \$40                                  |        |        |
|                              | Skilled Nursing Care                | No charge                             |        |        | No charge                             |        |        |
|                              | Durable Medical Equipment           | 20% coinsurance                       |        |        | 20% coinsurance                       |        |        |
|                              | Hospice Services                    | No charge                             |        |        | No charge                             |        |        |
| PRESCRIPTION DRUGS           |                                     | TIER 1                                | TIER 2 | TIER 3 | TIER 1                                | TIER 2 | TIER 3 |
| PRESCRIPTION<br>DRUGS        | Retail pharmacy (30-day supply)     | \$10                                  | \$25   | \$45   | \$10                                  | \$25   | \$45   |
|                              | Mail Order pharmacy (90-day supply) | \$20                                  | \$50   | \$135  | \$20                                  | \$50   | \$135  |

## Flexible Savings Accounts (FSA)



Fund or reimburse your household out-of-pocket eligible healthcare expenses **per IRS guidelines**. This includes large expenses such as your deductible, orthodontics, hearing aids, dental crowns, and Lasik surgery; as well as over-the-counter medicines, female hygiene products, sunscreen and so much more.  
You don't have to be on a health plan to have a FSA plan.

Plan carefully, up to a \$610 maximum is eligible to roll into the following plan year.

**AMERICAN FIDELITY**  
a different opinion

### 2023 FSA Contribution Limits

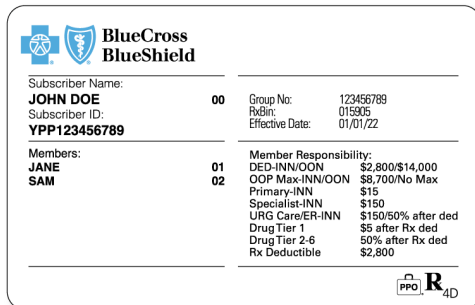
|                  |               |
|------------------|---------------|
| Employee pre tax | Up to \$3,050 |
| Rollover max     | Up to \$610   |





# Insurance Cards

## Blue Cross Blue Shield of MA - Your Primary Health Insurance



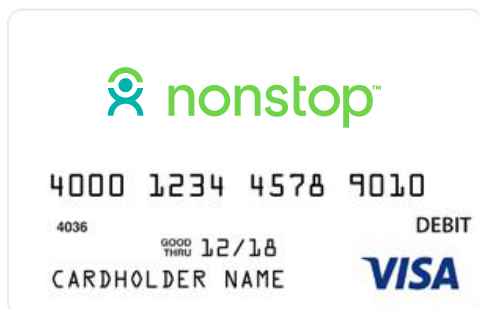
Your **BCBS ID Card** works as a document that provides your personal and medical information in order to let know your doctor or pharmacist about your prescriptions or claims through BCBS.

With your card you can register to **Blue365**, a portal that helps you out redeeming products and services that enhance your health and wellness. You can use your member portal or the MyBlue mobile app to check your claims and benefits.

Some benefits that you can claim with the BCBS ID card:

- **Apparel & Footwear:** Up to 30% Off in brands like Skechers, Reebok, Crocs.
- **Fitness:** Discounts on gym memberships, devices like Fitbit, equipment for home gym
- **Hearing & Vision:** Discounts on Hearing Aids, Vision Products, Exams, Surgery such as Lasik.
- **Nutrition:** Discounts on groceries and Nutrition Coaching Plan

## Nonstop Health - Your Secondary Medical Expense Reimbursement Funding



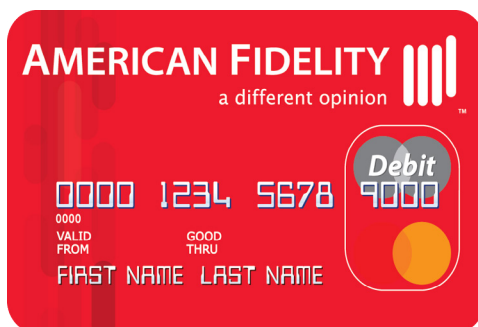
This **visa debit card** can be used to pay for in-network, BCBS approved medical services and prescriptions, up to the allowed amount for your plan year. These expenses will appear on your BCBS MyBlue portal with a matching Explanation of Benefit (EOB).

You need to first present your **BCBS ID card** so service costs will apply to your deductible. Then you pay for your **In-Network Providers and Covered Services** with your Nonstop Visa Card. If you receive a remaining balance bill, pay for those expenses with your card.

Some In-Network Providers and Covered Services that you can pay with the NonStop Visa Card:

- **Office Visits:** Primary care, specialist visit, preventive care
- **Testing:** Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRIs)
- **Prescription drug coverage:** Generic & preferred brand drugs
- **Immediate medical attention:** Emergency room & Urgent care
- **Hospital stay:** Facility fee (e.g., hospital room), Physician surgeon fees

## American Fidelity - Flexible Pre-tax Health Care Savings



This **FSA debit card** allows you to pay for **eligible medical expenses**, such as over the counter qualifying medications, orthodontia, deductible expenses, non-covered dental expenses, non-covered vision expenses and much more. Use pre-tax funds in your FSA instead of paying out of pocket.

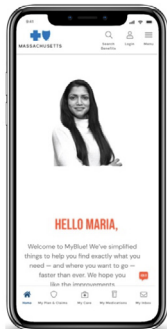
You may use this card at pharmacies, hospitals, dental, or vision offices. Additionally, many merchants accept the card. To view a list of participating stores, visit **SIGIS Store Locator**.

Some eligible medical expenses that you can claim with the American Fidelity Debit Card:

- **Acne Treatments**
- **Allergy Treatments** mattress covers, HEPA filters and more
- **Sunscreen protection**
- **COVID-19 Personal Protective Equipment (PPE):** Face masks, hand sanitizer, and hand sanitizer wipes
- **Diabetic Supplies:** Blood-sugar test kits, Glucose monitoring equipment; and Insulin.

# Mobile Apps

## MyBlue App & Online Account



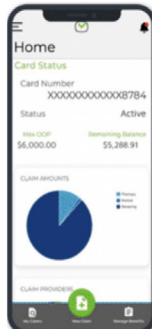
[bluecrossma.org](https://bluecrossma.org)

Sign in or Create a MyBlue app account to stay on top of your coverage

You will be able to:

- **Track claims and benefits:** Keep up to date on benefits and coverage.
- **Check deductible balances:** End the guess work and know for sure every time.
- **Find a Doctor:** Or a specialist, dentist, or facility. On your phone and on the fly.
- **Your medications at a glance:** Their names, costs, and prescriptions at your fingertips.
- **Fitness & Weight Loss reimbursement:** The online forms are here, along with other savings and offers.

## Nonstop Health Mobile App



[nonstophealth.com](https://nonstophealth.com)

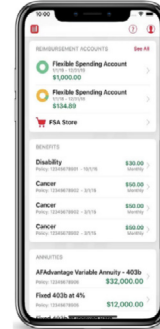
Sign in or Create a Nonstop Health account to use your healthcare benefits

You will be able to:

- **File and check** the status of a claim.
- **View your annual out-of-pocket** maximum and remaining account balance.
- **View all charges on your Visa card,** all claims reimbursements, and all payments made to providers
- **Access current plan documents,** including benefits summaries and important notices.

*\*The application is currently under repair, please be aware of its relaunch on the website of NonStop Health*

## American Fidelity Mobile App



[americanfidelity.com](https://americanfidelity.com)

Sign in or Create a American Fidelity app account to stay on top of your benefits

You will be able to:

- **Manage your benefits:** File and track claims, view policy.
- **Connect to your reimbursement account funds:** File claims and check account balance, see recent Benefits Debit Card transactions and details.
- **Stay close to your account:** Elect text and email notifications.
- **Prepare for your enrollment:** Calculate pre-tax savings, determine how much to contribute to your FSA, and learn about the importance of benefits and which options are available to you.

# Healthy Rewards

[ahealthmerewards.com](https://ahealthmerewards.com)

With a healthyme Rewards® you can earn up to \$400 annually, up to \$100 per quarter.

### Earn Big with ahealthyme Rewards

- Sign up for ahealthyme Rewards and get rewarded for making healthier choices every day.
- You can also get a Max Buzz™ activity tracker at no additional cost.

### Sign Up

Sign in or register for an account at [ahealthmerewards.com](https://ahealthmerewards.com)

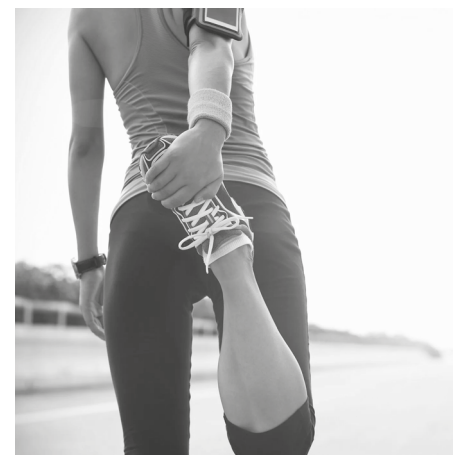
Be sure to connect your activity tracker. The more steps you log, the more rewards you can earn!

### Step It Up to a Better You

- You can improve your mental and physical health by making small changes to your daily routine.
- Sign up for "Great Wall of China" Challenge, and let's take the first step together.

### Great Wall of China Challenge

Registration Starts: October 23, 2023  
Challenge Starts: November 6, 2023  
Challenge Ends: December 4, 2023



# Dental



Eligible employees are offered Dental Blue Freedom \$1,500 Cal Yr Maximum plan.

Benefit-eligible employees may elect voluntary employee paid group dental coverage.

100% employee pre-tax payroll contribution.

## Employee Contributions

|  | Dental Blue Freedom \$1,500<br>Cal Yr Maximum |
|--|---|
| <b>Monthly Premium</b><br>Individual<br>Double<br>Family | <br>\$42.25<br>\$90.02<br>\$125.96            |
| <b>26 Week</b><br>Individual<br>Double<br>Family         | <br>\$19.50<br>\$41.55<br>\$58.14             |
| <b>21 Week</b><br>Individual<br>Double<br>Family         | <br>\$24.14<br>\$51.44<br>\$71.98             |



## Dental Plan Summary

| DENTAL BLUE FREEDOM \$1,500 CAL YR MAXIMUM  |   |   |
|---|---|---|
| PREVENTIVE BENEFIT GROUP  | BASIC BENEFIT GROUP   | MAJOR BENEFIT GROUP   |
| <b>NO DEDUCTIBLE</b>  | \$25 Per Member/\$75 Per Family Calendar-Year Deductible<br>(in-network and out-of-network combined)  |   |
| <b>FULL COVERAGE*</b>   | <b>80% COVERAGE*</b>  | <b>50% COVERAGE*</b>  |
| \$1,500 Per Member Calendar Year Benefit Maximum (in-network and out-of-network combined)   |   |   |
| <b>Oral Exams</b><br>Oral exam, initial dental history, full mouth X-rays, study models, periodic, emergency or routine oral exams twice per calendar<br><br><b>Preventive</b><br>Routine cleaning, fluoride treatment, sealants on permanent premolar and molar surfaces | <b>Restorative</b><br>Amalgam (silver) fillings, composite resin (tooth color) fillings, pin retention for fillings and stainless steel crowns<br><br><b>Oral Surgery</b><br>Tooth extraction, root removal, biopsies<br><br><b>Periodontics (gum and bone)</b><br>Periodontal scaling, surgery, maintenance, therapy and root planing<br><br><b>Endodontics (roots and pulp)</b><br>Root canal therapy, retreatment root canal therapy, therapeutic pulpotomy, other endodontic surgery<br><br><b>Prosthetic Maintenance</b><br>Repair of partial or complete dentures, crowns, and bridges, adding teeth to an existing complete or partial denture | <b>Prosthodontics (teeth replacement)</b><br>Complete or partial dentures, fixed bridges, replacement of dentures and bridges<br><br><b>Replacement of dentures and bridges</b><br>Crowns, metallic, porcelain, and composite resin inlays, post and core or crown buildup<br><br><b>Implants (members age 16 or older)</b><br>Single tooth dental endosteal implants |

## Vision

Eligible employees are offered the Ware VSP Vision plan at 100% employee contribution.

**vsp**  
vision care



### Employee Contributions

|                        | VSP Vision Plan |
|------------------------|-----------------|
| <b>Monthly Premium</b> |                 |
| Individual             | \$7.43          |
| Double                 | \$10.77         |
| Family                 | \$19.31         |
| <b>26 Week</b>         |                 |
| Individual             | \$3.43          |
| Double                 | \$4.97          |
| Family                 | \$8.91          |
| <b>21 Week</b>         |                 |
| Individual             | \$4.25          |
| Double                 | \$6.15          |
| Family                 | \$11.03         |

### Vision Plan Summary

| Your coverage with a VSP Provider    |  |   |                     |
|--------------------------------------|--|---|---------------------|
| <b>WellVision Exam</b>               | Focuses on your eyes and overall wellness  | <b>\$10</b>   | Every Calendar Year |
| <b>Prescription Glasses</b>          |  |   |                     |
| <b>Frame</b>                         | <ul style="list-style-type: none"> <li>\$180 allowance for a wide selection of frames</li> <li>\$200 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$100 Walmart*/Costco* frame allowance</li> </ul> | <b>Included in Prescription Glasses</b>                   | Every Calendar Year |
| <b>Lenses</b>                        | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>   | <b>Included in Prescription Glasses</b>                   | Every Calendar Year |
| <b>Lens Enhancements</b>             | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>   | <b>\$0</b><br><b>\$95 - \$105</b><br><b>\$150 - \$175</b> | Every Calendar Year |
| <b>Contacts (instead of glasses)</b> | <ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contacts lens exam (fitting and evaluation)</li> </ul>  | <b>Up to \$60</b>   | Every Calendar Year |

### Dependent Coverage to Age 26

Your eligible dependents can be covered for health and dental until the first of the month following their 26th birthday. VSP vision covers dependents until the year end (12/31) following their 26th birthday.

## Life and AD&D

Eligible employees are offered a \$5,000 Term Life and Accidental Death and Dismemberment insurance policy with a monthly premium of \$3.60, of which the Town pays 90% (\$3.24), and the employee pays 10% (\$0.36).



## Resources



**BlueCross  
BlueShield**

Blue Cross Blue Shield MA

[bluecrossma.org](http://bluecrossma.org)

Member Service 800-262-2583

Register for MyBlue login access / App also available



**nonstop  
HEALTH**

NonStop Health

[nonstophealth.com](http://nonstophealth.com)

Member Service 877-626-6057

Portal & App [members.prod.nonstophealth.com](http://members.prod.nonstophealth.com)

**Ware, MA**  
*Somewhere Worth Seeing*

Town of Ware / Ware Town Hall

Justine Caggiano

[jcaggiano@townofware.com](mailto:jcaggiano@townofware.com)

Employee Benefits Website

**Ware, MA**  
*Somewhere Worth Seeing*

Town of Ware / Ware Schools

Judith LaValley

413-967-4271

[jlaValley@ware.k12.ma.u](mailto:jlaValley@ware.k12.ma.u)

Employee Benefits Website

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**AMERICAN FIDELITY**   
a different opinion

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Work: 405.416.8561 / Cell: 614-361-5060

**vsp**  
vision care

VSP Vision

[vsp.com](http://vsp.com)

Member Service 800-877-7195

Register for Member Portal Login



**Boston Mutual**

[bostonmutual.com](http://bostonmutual.com)

Member Service 800-669-2668

Register for Member Portal Login

## Maplewood Benefits



**MAPLEWOOD BENEFITS**

Strategic Solutions. Superior Service.



**Allison Genetelli**

Employee Benefits Consultant



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