

2022 RETIREE BENEFITS SUMMARY

JANUARY 1, 2022 - DECEMBER 31, 2022



PROVIDED BY:

Maplewood
BENEFITS



Retiree Health Insurance



Non Medicare Eligible

Non Medicare eligible retirees are offered HMO Access Blue NE or PPO Preferred Blue as primary health insurance

Nonstop Wellness is a Medical Expense Reimbursement Plan (MERP) providing secondary insurance

These plans combine a BCBSMA high deductible health plan \$5,000 per person/up to \$10,000 families, with Nonstop Wellness 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
BCBSMA DEDUCTIBLE	\$5,000 PP	\$10,000 Max
NSW VISA FUNDING Pays 1st dollar coverage	Debit VISA \$4,000	Debit VISA \$8,000
YOUR DEDUCTIBLE EXPOSURE AFTER NONSTOP WELLNESS FUNDING	Up to \$1,000	Up to \$2,000



Monthly Non Medicare Retiree Contributions

	HMO Access Blue NE 5000 + Nonstop Wellness	PPO Preferred Blue 5000 + Nonstop Wellness
Retiree Contribution	50%	50%
Individual	\$413.65	\$450.68
Family	\$1,024.83	\$1,124.54

Primary Health Plan Options

For detailed information, please refer to your **2022 BCBS Ekit**

		HMO Access Blue NE 5000			PPO Preferred Blue 5000		
		No one member will have to pay more than the per member deductible. In-Network			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					
Deductible		\$5,000 individual \$10,000 family			\$5,000 individual \$10,000 family		
Out-of-Pocket Maximum		\$6,850 individual \$13,700 family			\$6,850 individual \$13,700 family		
DOCTOR OFFICE VISITS	Primary care visit	\$25			\$25		
	Specialist visit	\$40			\$40		
	Preventive screening/immunization	No charge			No charge		
EMERGENCY AND URGENT CARE	Emergency room care	No charge			No charge		
	Emergency medical transportation	No charge			No charge		
	Urgent care	\$40			\$40		
OUTPATIENT SURGERY	Facility fee	No charge			No charge		
	Physician/surgeon fees	No charge			No charge		
DIAGNOSTIC 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
	Retail pharmacy (30-day supply)	\$10	\$25	\$45	\$10	\$25	\$45
	Mail Order pharmacy (90-day supply)	\$20	\$50	\$135	\$20	\$50	\$135

Blue Cross Blue Shield of MA - Your Health Insurance

MyBlue App & Online Account



bluecrossma.org

Sign in or Create a MyBlue app account

- Track claims and benefits
- Check deductible balances
- Find a Doctor
- Your medications at a glance
- Fitness & Weight Loss reimbursement

BCBS ID Card



• Doctors Office, Labs, Hospitals

Typically you will not pay at the time of service. Tell them you have secondary insurance that pays deductible expenses after the claim is processed through BCBS.

• Pharmacy

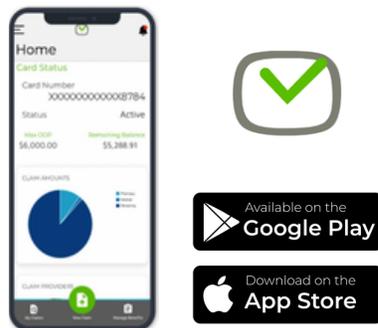
Covered Prescriptions

• Pharmacy Coupons

Are not processed through BCBS

Nonstop Wellness - Your Funding Allocation

Nonstop Wellness Mobile App

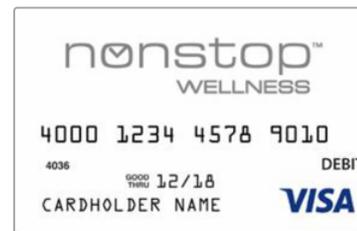


nonstopwellness.com

Sign in or Create a Nonstop Wellness app account

- Make claims so much easier
- Know your finances
- Track your money
- Make it personal
- Check your plan

Nonstop Wellness Visa



• Doctors Office, Labs, Hospitals

After your medical claim has been processed through BCBS, the claim summary will state the amount that "applies to the deductible" and the "amount you owe". What you owe should match what is being billed; then you pay the bill with your Nonstop Wellness Visa.

• Pharmacy

Pay with Nonstop Wellness Visa

** If High Cost Medications See Below

• Pharmacy Coupons

Ask about Rx coupons from your doctor or pharmacy. Good Rx.com is another cost savings resource. Coupons can not be combined with Nonstop Wellness, but can be paid for with American Fidelity FSA. This strategy saves the value of your Nonstop Wellness Funds

Health Insurance Opt-Out Program 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.

Individual Coverage	\$2,000	Monthly Payment \$166.66
Family Coverage	\$4,000	Monthly Payment \$333.33



Retiree Health Insurance



Medicare Eligible with Part A and Part B



Monthly Retiree Contributions

	Medex + Blue Medicare Rx
Premium	\$347.10
Retiree Contribution	50% \$173.55



Blue Medicare - Prescription Drug Benefits

You pay the following until your total yearly drug costs reach \$4,1301		
	One-month supply	Three-month supply
Standard Retail Cost-Sharing		
Tier 1 Generic	\$10	\$30
Tier 2 Preferred Brand	\$20	\$60
Tier 3 Non-Preferred Drug	\$35	\$105
Specialty drugs are limited to a one-month supply per fill		
	One-month supply	Three-month supply
Mail Order Cost-Sharing		
Tier 1 Generic	\$10	\$20
Tier 2 Preferred Brand	\$20	\$40
Tier 3 Non-Preferred Drug	\$35	\$70
Specialty drugs are limited to a one-month supply per fill		

Coverage Gap

After your total yearly drug costs reach \$4,130, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance as outlined above.

Your copayments and/or coinsurance will not change until you qualify for Catastrophic Coverage.

Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$6,550, you pay:
Generic (including brand drugs treated as generic)	\$3.70
All other Drugs	\$9.20

Medicare Primary Health Plan Options

	Medicare	Medex
Inpatient Care		
Hospital care Surgical services X-rays and laboratory tests Anesthesia, drugs and medications Intensive care services	<ul style="list-style-type: none"> Coverage for days 1–60 per benefit period after Part A deductible Coverage for days 61–90 after daily Part A Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance 	<ul style="list-style-type: none"> Full coverage of Medicare ded. & coinsurance Full coverage of lifetime reserve coinsurance Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up
Physician or other professional provider services	<ul style="list-style-type: none"> 80% of approved charges after annual Part B deductible 	<ul style="list-style-type: none"> Full coverage of Medicare deductible and coinsurance
Skilled nursing facility participating with Medicare	<ul style="list-style-type: none"> Full coverage for days 1–20 Coverage for days 21–100 after daily Part A coinsurance 	<ul style="list-style-type: none"> Full coverage of Medicare daily coinsurance for days 21–100 \$10 daily for days 101–365
Skilled nursing facility Not participating with Medicare	<ul style="list-style-type: none"> No benefits 	<ul style="list-style-type: none"> \$8 daily for 365 days per benefit period
Outpatient Care		
Office visits, emergency services, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, medical equipment, and cardiac rehab services	<ul style="list-style-type: none"> 80% of approved charges after annual Part B deductible 	<ul style="list-style-type: none"> Full coverage of Medicare deductible and coinsurance
Blood glucose monitors and materials to test for the presence of blood sugar	<ul style="list-style-type: none"> 80% of approved charges after annual Part B deductible for all diabetics 	<ul style="list-style-type: none"> Full coverage of Medicare deductible and coinsurance
Urine test strips (Claims must be submitted on a Medex Subscriber Claim form)	<ul style="list-style-type: none"> No benefits 	<ul style="list-style-type: none"> Full coverage based on the allowed charge
Chiropractor services	<ul style="list-style-type: none"> 80% of approved charges after annual Part B deductible, for manual manipulation of the spine to correct a subluxation 	<ul style="list-style-type: none"> Full coverage of Medicare deductible and coinsurance for Medicare-approved charges only
Short-term rehabilitation Physical therapy, speech-pathology, and occupational therapy services	<ul style="list-style-type: none"> 80% of approved charges after annual Part B deductible 	<ul style="list-style-type: none"> Full coverage of Medicare deductible and coinsurance
Mental Health and Substance Use Treatment		
Biologically based mental conditions		
Inpatient admissions In a general or mental hospital	<ul style="list-style-type: none"> Coverage for days 1–60 per benefit period after Part A deductible Coverage for days 61–90 after daily Part A Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance 	<ul style="list-style-type: none"> Full coverage of Medicare ded. & coinsurance Full coverage of lifetime reserve coinsurance Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up
Outpatient visits	<ul style="list-style-type: none"> 80% of approved charges after annual Part B deductible 	<ul style="list-style-type: none"> When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum When not covered by Medicare, full coverage with no visit maximum
Non-biologically based mental conditions		
Inpatient admissions In a general hospital	<ul style="list-style-type: none"> Coverage for days 1–60 per benefit period after Part A deductible Coverage for days 61–90 after daily Part A coinsurance Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance 	<ul style="list-style-type: none"> Full coverage of Medicare ded. & coinsurance Full coverage of lifetime reserve coinsurance Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up
Inpatient admissions In a mental hospital	<ul style="list-style-type: none"> Same coverage as a general hospital, but coverage is limited to 190 days per lifetime 	<ul style="list-style-type: none"> Full coverage of Medicare ded. & coinsurance Full coverage of lifetime reserve coinsurance When Medicare benefits are used up, full coverage up to 120 days per benefit period
Outpatient visits	<ul style="list-style-type: none"> 80% of approved charges after annual Part B deductible 	<ul style="list-style-type: none"> When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum When not covered by Medicare, full coverage up to 24 visits per calendar year

VSP Vision for Retirees



Eligible retirees are offered the Ware VSP Vision plan at 100% retiree contribution.

vsp
vision care

Monthly Retiree Contributions

	VSP Vision Plan
Monthly Premium	Retiree Contribution
Individual	\$7.43
Double	\$10.77
Family	\$19.31



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Walmart*/Sam's Club/Costco* frame allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contacts lens exam (fitting and evaluation) 	Up to \$60	Every 12 months

Contact BCBS MA for Dental Options for Retirees



Retirees under age 65 and age 65+ are referred to Dental Blue 65

Retirees interested in purchasing [Dental Blue 65](#) should enroll directly with BCBS of MA at **1-888-678-2265**



	Dental Blue 65 Plans
Dental Blue 65 Preventive \$22.93 per month	<ul style="list-style-type: none"> Pays 100% of preventive covered services No calendar year maximum or deductible Enhanced Dental Benefits for at-risk members with qualifying medical conditions
Dental Blue 65 Basic \$38.18 per month	<ul style="list-style-type: none"> Pays 100% of preventive services and 50% of basic services \$100 annual deductible and \$1,250 calendar-year maximum Enhanced Dental Benefits for at-risk members with qualifying medical conditions
Dental Blue 65 Premier \$69.39 per month	<ul style="list-style-type: none"> Pays 100% of preventive services, 80% of basic services, and 50% of premier services \$50 annual deductible and \$1,500 calendar-year maximum Enhanced Dental Benefits for at-risk members with qualifying medical conditions

Life and AD&D



The Town offers to retirees a \$2,000 Term Life and Accidental Death and Dismemberment insurance policy with a monthly premium of \$1.44, of which the Town pays 50% (\$0.72), and the retiree pays 50% (\$0.72).



Resources



BlueCross BlueShield MA

bluecrossma.org

Member Service 800-262-2583

Register for MyBlue login access/App also available



NonStop Wellness

nonstopwellness.com

Member Service 877-626-6057

Exchange Portal & App/member.nonstopwellness.com



Blue MedicareRx

groups.rxmedicareplans.com

Member Service 1-888-543-4917



VSP Vision

VSP.com

800-877-7195

Register for Member Portal Login

Ware, MA

Somewhere Worth Seeing

Town of Ware / Ware Town Hall

Amy Przypek

413-967-9617

aprzypek@townofware.com

[Employee Benefits Website](#)



Dental Blue 65

medicare.bluecrossma.com/shop-plans/dental-plans

Member Service 1-888-678-2265



Boston Mutual

bostonmutual.com

800-669-2668

Register for Member Portal Login

Maplewood Benefits

Maplewood
BENEFITS



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Employee Benefits Consultant



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