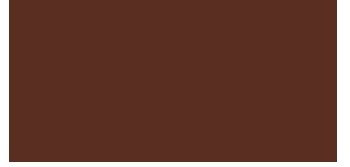




Employee Open Enrollment
05/01 - 05/19/2023



AGENDA

Effective 7/01/2023

MEDICAL PLANS

- HMO Access Blue NE 5000 + Nonstop Health
- PPO Preferred Blue 5000 + Nonstop Health
- Payroll Contribution
- Health Insurance Opt -Out Program

FLEXIBLE SAVINGS ACCOUNT

- American Fidelity - FSA

HEALTH TOOLS

- Funding Cards
- Healthy Rewards

DENTAL PLANS

- Dental Blue Freedom

VISION PLAN

- Voluntary VSP

RESOURCES



HIGH DEDUCTIBLE PLANS

Primary Insurance

+

MEDICAL EX

Secondary Insurance

Blue Cross Blue Shield

HMO OR PPO

+

Nonstop Health Funding

	INDIVIDUAL	FAMILY
BCBSMA DEDUCTIBLE	\$5,000 PP	\$10,000 Max
NS Health VISA FUNDING Pays 1st dollar coverage	\$4,000	\$8,000
MEMBER DEDUCTIBLE, IF INCURRED AFTER FUNDING	\$1,000	\$2,000
COPAYS AFTER DEDUCTIBLE	OV \$25 / \$40 RX \$10 / \$25 / \$45 \$150 ER	OV \$25 / \$40 RX \$10 / \$25 / \$45 \$150 ER
OOP Max	\$6,850	\$13,700
OOP Max after Funding	\$2,850	\$5,700

MEDICAL PLANS COMPARISON

For detailed information, please refer to your 2023 BCBS EKit

HMO Access Blue NE 5000 + Nonstop Health

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

PPO Preferred Blue 5000 + Nonstop Health

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					
	Medical 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		\$45			\$45	
	Preventive Screening/Immunization		No charge			No charge	
EMERGENCY AND URGENT CARE	Emergency room care		\$150			\$150	
	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	20% coinsurance		No charge	20% coinsurance
	Durable Medical Equipment Hospice Services		No charge			No charge	
	PRESCRIPTION DRUGS	TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
PRESCRIPTION DRUGS	Retail pharmacy (30 -day supply)	\$10	\$25	\$45	\$10	\$25	\$45
	Mail Order pharmacy (90 -day supply)	\$20	\$50	\$135	\$20	\$50	\$135

HEALTH PAYROLL CONTRIBUTION

Employee Contribution	Current Rates HMO Access Blue NE 5000 + Nonstop Health	Current Rates PPO Preferred Blue 5000 + Nonstop Health
	20%	25%
Individual	\$165.46	\$225.34
Family	\$409.93	\$562.27

26 Week		
Individual	\$76.37	\$104.00
Family	\$189.20	\$259.51

21 Week		
Individual	\$94.55	\$128.77
Family	\$234.25	\$321.30

COBRA w/ 2% Administration		
Individual	\$843.84	\$919.39
Family	\$2,090.64	\$2,294.06

Employee Contribution	Renewal Rates HMO Access Blue NE 5000 + Nonstop Health	Renewal Rates PPO Preferred Blue 5000 + Nonstop Health
	20%	25%
Individual	\$169.59	\$230.97
Family	\$420.18	\$576.33

26 Week		
Individual	\$78.27	\$106.60
Family	\$193.93	\$266.00

21 Week		
Individual	\$96.91	\$131.98
Family	\$240.10	\$329.33

COBRA w/ 2% Administration		
Individual	\$864.93	\$942.37
Family	\$2,142.91	\$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.

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



FLEXIBLE SPENDING ACCOUNT

An FSA is... a tax-advantaged account that allows you use pre-tax dollars to pay for eligible medical expenses. You will need to use these dollars in the plan year, with a maximum of up to \$610 that can be rolled over into the following plan year.

Don't think of it as money deducted from your paycheck,
think of it as think of it as money added to your wallet

	2023 FSA
Maximum pre-tax contribution	\$3,050
Maximum 2023 rollover	\$610

Your FSA

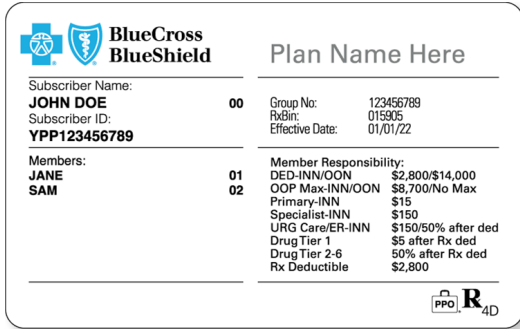


You can use an FSA to save on healthcare costs



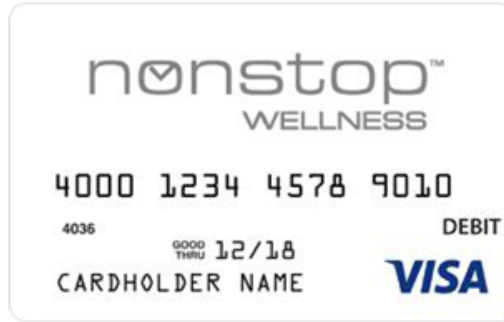
Employees do not need to be on TOW health insurance plans to participate in the FSA

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.



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).



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.

DENTAL BLUE FREEDOM

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



VISION PLANS

Voluntary VSP

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 calendar year
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*/Costco* frame allowance 	Included in Prescription Glasses	Every calendar year
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 calendar year
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 calendar year
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 calendar year

VOLUNTARY BENEFIT CONTRIBUTIONS

Employee Contribution	100%	Current Rates VSP Vision Plan
Individual	\$41.46	\$7.43
Double	\$88.34	\$10.77
Family	\$123.61	\$19.31

52 Week		
Individual	\$9.57	\$1.71
Double	\$20.39	\$2.49
Family	\$28.53	\$4.46

26 Week		
Individual	\$19.14	\$3.43
Double	\$40.77	\$4.97
Family	\$57.05	\$8.91

21 Week		
Individual	\$23.69	\$4.25
Double	\$50.48	\$6.15
Family	\$70.63	\$11.03

Employee Contribution	Renewal Rates Dental Blue Freedom \$1,500 Cal Yr Maximum	Renewal Rates VSP Vision Plan
Individual	\$42.25	\$7.43
Double	\$90.02	\$10.77
Family	\$125.96	\$19.31

52 Week		
Individual	\$9.75	\$1.71
Double	\$20.77	\$2.49
Family	\$29.07	\$4.46

26 Week		
Individual	\$19.50	\$3.43
Double	\$41.55	\$4.97
Family	\$58.14	\$8.91

21 Week		
Individual	\$24.14	\$4.25
Double	\$51.44	\$6.15
Family	\$71.98	\$11.03

RESOURCES



bluecrossma.org

Member Service 800 -262-2583
Register for MyBlue login access
App also available



Town of Ware

townofware.com / Human Resources
[Employee Benefits Website](#)

Justine Caggiano / Town of Ware
jcaggiano@townofware.com

Judith LaValley / Ware Schools
413-967-4271
jlavalley@ware.k12.ma.us



nonstophealth.com

Member Service 877 -626-6057
Exchange Portal & App
members.prod.nonstophealth.com



Maplewood Benefits

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Employee Benefits Consultant
Allison@MaplewoodBenefits.com
Office 978 -921-6616 /
Mobile 978 -317-5530



VSP.com

Member Service 800 -877-7195
Register for Member Portal Login



americanfidelity.com

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