Gateway to the Blackstone Valley
TOWN COLLECTOR/TREASURER

MUNICIPAL OFFICE BUILDING • P.O. Box 166 • MILLBURY, MA 01527-0632
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Denise Marlborough Treasurer/*Collector, CMMT/CMMC*
E-mail: dmarlborough@townofmillbury.net

To: All Town of Millbury Employees
From: Denise Marlborough, Treasurer/Collector
Subject: Benefit Fairs/Open Enrollment

Date: April 21, 2017

The Town of Millbury will be holding its annual open enrollment from May 1, 2017 through May 31, 2017. Representatives of the benefits companies will be available to meet with employees at the following locations and times:

Location	Location	Date	Time
Municipal Office Building	Large Conference Room	5/8/2017	8:30 am -11:30 am
R.E. Shaw Elementary School	Media Center	5/8/2017	12:30 pm -3:30 pm
Elmwood Street School	Gymnasium	5/10/2017	10:00 am - 2:00 pm
Municipal Office Building	**Large Conference Room**	**5/10/2017**	**4:30 pm - 6:00 pm**
Millbury Jr/Sr High School	Media Center	5/15/2017	10:00 am - 2:00 pm

The Town of Millbury is changing from Fallon to Blue Cross Blue Shield. ***If you are on Fallon Select/Direct or PPO you will be transferred electronically. If you want to sign up for any of the benefits listed below and are not currently enrolled, please stop in at the health fairs to fill out an enrollment form. You can go to the Town of Millbury's website or the Millbury Public school's website to find benefit information and enrollment forms. www.millbury-ma.org (town benefits)***

This is your opportunity to enroll in the benefit options available to you if you are not currently enrolled, or get more information if you are enrolled.

(MIIA)-Blue Cross Blue Shield	Altus Dental	Colonial Life Insurance
Aflac	VSP (vision)	Great West
Liberty Mutual Insurance	TASC (Flex)	

If you are currently enrolled in the Flex Spending plan that the Town of Millbury currently offers, you must re-enroll in the plan during open enrollment. If you do not re-enroll during this time, you will not be able to sign up at a later date.

If you have any questions please contact anyone of the following people:

Denise Marlborough, Treasurer/Collector	508-865-9121
Katherine McKenna, Finance Director	508-865-9132
Richard Bedard, Jr, School Business Administrator	508-865-9501

Town of Millbury

Clerks, Custodians, Library Workers and Police Dispatchers
Department of Public Works, Sewer and Parks
Administrative Staff Millbury Town Hall and Millbury Public Schools Non Union
Millbury Teachers Association

Medical & Dental Rates

July 1, 2017

Employee Contribution	**25%**
Town Contribution	**75%**

MIIA HMO Network Blue	**Monthly Rate**	**Monthly COBRA**	**Annual Employee Contribution**	**Weekly Deduction**	**Bi-Weekly Deduction**	**21 Week Deduction**	**Monthly Deduction**
Employee	$ 741.26	$ 756.09	$ 2,223.78	$ 42.77	$ 85.53	$ 105.90	$ 185.32
Family	$ 1,944.46	$ 1,983.35	$ 5,833.38	$ 112.19	$ 224.37	$ 277.79	$ 486.12

MIIA PPO Blue Care Elect	**Monthly Rate**	**Monthly COBRA**	**Annual Employee Contribution**	**Weekly Deduction**	**Bi-Weekly Deduction**	**21 Week Deduction**	**Monthly Deduction**
Employee	$ 804.27	$ 820.36	$ 2,412.81	$ 46.41	$ 92.81	$ 114.90	$ 201.08
Family	$ 2,109.74	$ 2,151.93	$ 6,329.22	$ 121.72	$ 243.44	$ 301.40	$ 527.44

Altus Dental Option A LOW	**Monthly Rate**	**Monthly COBRA**	**Annual Employee Contribution**	**Weekly Deduction**	**Bi-Weekly Deduction**	**21 Week Deduction**	**Monthly Deduction**
Employee	$ 42.41	$ 43.26	$ 508.92	$ 9.79	$ 19.58	$ 24.24	$ 42.41
Family	$ 114.21	$ 116.49	$ 1,370.52	$ 26.36	$ 52.72	$ 65.27	$ 114.21

Altus Dental Option B HIGH	**Monthly Rate**	**Monthly COBRA**	**Annual Employee Contribution**	**Weekly Deduction**	**Bi-Weekly Deduction**	**21 Week Deduction**	**Monthly Deduction**
Employee	$ 48.42	$ 49.39	$ 581.04	$ 11.18	$ 22.35	$ 27.68	$ 48.42
Family	$ 130.39	$ 133.00	$ 1,564.68	$ 30.09	$ 60.18	$ 74.52	$ 130.39

VSP-Vision	Member only	Member +1	Member + children	Member + family
	11.46	18.34	18.72	$30.19

The Town will continue to pay each and every $1,000 inpatient co-pay for you and your dependents under the terms of the policy

ONCE AGAIN, YOU MAY CONTRIBUTE TO A FLEXIBLE SPENDING ACCOUNT IF YOU ARE HEALTH INSURANCE ELIGIBLE, WHETHER YOU HAVE THE TOWN'S HEALTH INSURANCE OR NOT.
YOU MAY SIGN UP FOR FLEXIBLE SPENDING ACCOUNTS UNTIL May 31,2017.

MASSACHUSETTS

SUMMARY OF BENEFITS

Network Blue Select Deductible®

Plan-Year Deductible: $300/$900

Blue Select HMO Network

This health plan includes a limited provider network called **Blue Select HMO Network.** It provides access to a smaller, but comprehensive network of doctors, hospitals, and other health care facilities and providers. **In this plan, members have access to network benefits only from the providers in the Blue Select HMO Network.** For help in finding which providers are included in this network, visit the online provider search tool at **www.bluecrossma.com/findadoctor.**

MIIA Massachusetts Based Member Driven

This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Your Care

Your Primary Care Provider (PCP)

When you enroll in Network Blue, you must choose a primary care provider from the Blue Select HMO Network. Be sure to choose a PCP who can accept you and your family members and who participates in the network of providers in Massachusetts. For children, you may choose 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 **www.bluecrossma.com/findadoctor** and search for HMO Blue Select.

Referrals

Your PCP is the first person you call when you need routine or sick care. If your PCP decides that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist from the Blue Select HMO Network, who is likely affiliated with your PCP's hospital or medical group. You will not need prior authorization or referral to see a network provider who specializes in OB/GYN services. Your providers may also work with Blue Cross Blue Shield of Massachusetts regarding referrals and 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 most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **$300** per member (or **$900** per family).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, coinsurance and copayments for covered services. Your out-of-pocket maximum for medical benefits is **$2,500** per member (or **$5,000** per family). Your out-of-pocket maximum for prescription drug benefits is **$1,000** per member (or **$2,000** per family).

Emergency Care

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 a copayment per visit for emergency room services. This copayment is waived if you're admitted to the hospital or for an observation stay. See the chart on the opposite page for your cost share.

Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at **www.bluecrossma.com/telehealth.**

Service Area

The plan's service area includes the following counties: Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

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 only covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. 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.

Your Medical Benefits

Covered Services	Your Cost
Preventive Care	
Well-child care visits	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 vision exams (one every 24 months)	Nothing, no deductible
Family planning services–office visits	Nothing, no deductible
Hearing Benefits	
Routine hearing exams, including routine tests	Nothing, no deductible
Hearing aids (up to $5,000 per ear every 36 months)	All charges beyond the benefit maximum
Outpatient Care	
Emergency room visits	$100 per visit after deductible (copayment waived if admitted or for observation stay)
Office visits, when performed by: • Your PCP, OB/GYN physician, network nurse practitioner, nurse midwife or network physician assistant • Other network providers	$20 per visit, no deductible $60 per visit, no deductible
Chiropractors' office visits (up to 20 visits per calendar year for members age 16 or older)	$20 per visit, no deductible
Mental health and substance abuse treatment	$20 per visit, no deductible
Short-term rehabilitation therapy–physical and occupational (up to 30 visits per calendar year for each type of therapy*)	$20 per visit, no deductible
Speech, hearing, and language disorder treatment–speech therapy	$20 per visit, no deductible
Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	$100 per category of test per date of service 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 in an office or health center, when performed by: • Your PCP or OB/GYN physician • Other network providers	 $20 per visit***, no deductible $60 per visit***, no deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	$250 per admission after deductible
Inpatient Care (including maternity care) in:	
General hospital care (as many days as medically necessary)	$275 per admission after deductible†
Mental hospital or substance abuse facility care (as many days as medically necessary)	$275 per admission, no deductible
Chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Rehabilitation hospital care (as many days as medically necessary)	Nothing after deductible
Skilled nursing facility care (up to 45 days per calendar year)	20% coinsurance 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.

*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

† This cost share applies to mental health admissions in a general hospital.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	No deductible $10 for Tier 1*** $30 for Tier 2 $65 for Tier 3
Through the designated mail-service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible $25 for Tier 1*** $75 for Tier 2 $165 for Tier 3

* Tier 1 generally refers to generic drugs; Tier 2 generally refers to preferred drugs; Tier 3 refers to non-preferred drugs.

** Cost share waived for certain orally-administered anticancer drugs.

*** Cost share waived for birth control.

Get the Most from Your Plan

Visit us at **www.bluecrossma.com** or call **1-800-782-3675** to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program **Reimbursement for a membership at a health club or for fitness classes** This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)	$150 per calendar year per policy
Reimbursement for participation in a qualified weight loss program This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)	$150 per calendar year per policy
Blue Care Line℠—A 24-hour nurse line to answer your health care questions—call **1-888-247-BLUE (2583)**	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call **1-800-782-3675,** or visit us online at **www.bluecrossma.com/miia.**

Interested in receiving information from us via e-mail? Go to **www.bluecrossma.com/email** to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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Blue Care Line℠

We're here for you 24/7

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m.

Know your options

Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

We'll call you

Depending on your type of illness or injury, the registered nurse will call and follow up to see how you're responding to the self-treatment.

Confidentiality

Your information is kept in accordance with our policy on confidentiality.

Call **1-888-247-BLUE (2583)** for the Blue Care Line.

32-6765 (5/14)

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