



Gateway to the Blackstone Valley
TOWN COLLECTOR/TREASURER

MUNICIPAL OFFICE BUILDING • P.O. Box 166 • MILLBURY, MA 01527-0632
Tel. 508 / 865-9121 • Fax: 508 / 865-0853

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 20, 2018

The Town of Millbury will be holding its annual open enrollment from April 23, 2018 through May 23, 2018. 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	4/25/2018	8:30 am - 11:30 am
R.E. Shaw Elementary School	Media Center	4/25/2018	12:30 pm - 3:30 pm
Elmwood Street School	Gymnasium	4/26/2018	10:00 am - 2:00 pm
Municipal Office Building	Large Conference Room	4/26/2018	4:30 pm - 6:00 pm
Millbury Jr/Sr High School	Media Center	4/23/2018	10:00 am - 2:00 pm

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)

The Town of Millbury is changing the dental plan to Blue Cross Blue Shield Dental Blue Freedom.

This is your opportunity to enroll in the benefit options available to you if you are not currently enrolled.

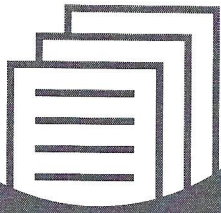
(MIIA)-Blue Cross Blue Shield	BCBS Dental	Colonial Life Insurance
Aflac	VSP (vision)	Great West
Liberty Mutual Insurance	TASC (Flex)	

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
James Kelley, Human Resource Director	508-865-4710
Richard Bedard, Jr, School Business Administrator	508-865-9501

SUMMARY OF BENEFITS



Dental Blue[®] Freedom

Dental Blue[®]
The right choice

Dental High Plan

\$116.05 Family \$43.09 Individual



High

Dental Blue Freedom

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar-Year Deductible	
Full Coverage*	80% Coverage*	50% Coverage*
\$1,500 Calendar-Year Benefit Maximum (in-network and out-of-network combined)		
Diagnostic <ul style="list-style-type: none"> One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 36 months Bitewing X-rays twice per calendar year Single tooth X-rays as needed Study models and casts used in planning treatment once each 60 months Periodic or routine oral exams twice per calendar year Emergency exams Preventive <ul style="list-style-type: none"> Routine cleaning, scaling, and polishing of the teeth twice per calendar year Fluoride treatment (members under age 19) twice per calendar year Sealants on permanent pre-molar and molar surfaces (members under age 18). Benefits are provided for one application per bicuspid or molar surface each 48 months. Space maintainers needed due to premature tooth loss (members under age 19) 	Restorative <ul style="list-style-type: none"> Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period) Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period) Pin retention for fillings Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16) Oral Surgery <ul style="list-style-type: none"> Tooth extraction Root removal Biopsies Periodontics (gum and bone) <ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant each 24 months Periodontal surgery once per quadrant each 36 months Periodontal maintenance following active periodontal therapy once each three months Endodontics (roots and pulp) <ul style="list-style-type: none"> Root canal therapy on permanent teeth, once in a lifetime for each tooth Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth Therapeutic pulpotomy on primary or permanent teeth (members under age 16) Other endodontic surgery intended to treat or remove the dental root Prosthetic Maintenance <ul style="list-style-type: none"> Repair of partial or complete dentures, crowns, and bridges once each 12 months Adding teeth to an existing complete or partial denture Rebase or reline of dentures once each 36 months Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months Other Services <ul style="list-style-type: none"> Occlusal adjustments once each 24 months Services to treat root sensitivity General anesthesia when administered in conjunction with covered surgical services Emergency dental care to treat acute pain or to prevent permanent harm to a member** 	Prosthodontics (teeth replacement) <ul style="list-style-type: none"> Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable Adding teeth to an existing bridge Temporary partial dentures to replace any of the six upper or six lower front teeth (only covered if they are installed immediately following the loss of teeth and during the period of healing) Major Restorative (members age 16 or older) <ul style="list-style-type: none"> Crowns, once each 60 months for each tooth Metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance. Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth Replacement of crowns, once each 60 months for each tooth Replacement of metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance. Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth Post and core or crown buildup, once each 60 months for each tooth Implants (members age 16 or older) <ul style="list-style-type: none"> Single tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once each 60 month period, when the implant replaces permanent teeth through the second molars.

* Benefits are reduced by 20 percent when services are rendered by an out-of-network dentist.

** Emergency care services are not subject to the calendar-year deductible. When you require emergency care by an out-of-network dentist, benefits are provided at the same level of benefits that are available for services by a network dentist.

Welcome to Dental Blue Freedom, a dental plan designed to manage the cost of dental services. Dental Blue Freedom offers a large network of dentists, including dentists who participate with Blue Cross Blue Shield of Rhode Island and the Dental Blue National Network. When searching for a participating dentist, please choose from the Dental Blue, Dental Blue PPO or Dental Blue National Network. Using network dentists will minimize your out-of-pocket expenses.

Your Dentist

If you already have a dentist and want to know if she or he participates, you can call the dentist, look at the current dental provider directory, or call Member Service at the toll-free phone number shown on your Dental Blue ID card.

If you would like help choosing a dentist, you can call the Physician Selection Service at **1-800-821-1388**. You can also access the online dental provider directory at www.bluecrossma.com.

Your Benefits

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

The dental benefits your plan covers are subject to the deductible and coinsurance (if applicable), and benefit maximum amounts shown in the chart. The chart also shows the percentage of costs your plan will pay for covered dental services. Many of the covered services have specific time or age limits.

Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the "treatment plan" to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge for each service. Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available.

Remember, the payment estimate is based on your eligibility status and the amount of your calendar-year benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available calendar-year benefit maximum or eligibility status has changed.)

Multi-Stage Procedures

Your dental plan provides benefits for multi-stage procedures (procedures that require more than one visit, such as crowns, dentures and root canals) as long as you are enrolled in the plan on the date that the multi-stage procedure is completed. A participating dentist will send a claim for a multi-stage procedure to Blue Cross Blue Shield only after the completion date of the procedure. You will be responsible for all charges for multi-stage procedures if your plan has been cancelled before the completion date of the procedure.

How Network Dentists Are Paid

Preferred Dentists

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

Payments are calculated based on the provisions of the Blue Cross and Blue Shield preferred dentist's payment agreement and the dentist's allowed charge that is in effect at the time the covered dental service is furnished. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and all charges beyond your calendar-year benefit maximum.

Participating Dentists

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated based on the provisions of the participating dentist's payment agreement and the dentist's allowed charge. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and all charges beyond your calendar-year benefit maximum.

How Out-of-Network Dentists Are Paid

Non-Preferred or Non-Participating Dentists

Benefits for covered services by a non-preferred or non-participating dentist are provided based on the allowed charge or the dentist's actual charge, whichever is less. The allowed charge is based on a schedule of charges. You may be responsible for any difference between the dentist's actual charge or the allowed charge, whichever is less. You are also responsible for your deductible and coinsurance (if applicable), and charges beyond your calendar-year benefit maximum.

When Coverage Begins

You are covered, without a waiting period, from the date you enroll in the plan.

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 plan description (and riders, if any) for exact coverage details.

Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with diabetes, coronary artery disease, oral cancer, or who are pregnant. Contact Member Service for more information.

If You Have to File a Claim

Network dentists will send claims directly to Blue Cross Blue Shield. All you have to do is show them your Dental Blue ID card. The payment will be sent directly to your dentist as long as the claims are received within one year of the completed service.

If you receive care from an out-of-network dentist, you will typically need to submit the claim yourself. Before submitting your claim, get an Attending Dentist's Statement form from Member Service.

After your dentist fills out the form, send it and your original itemized bills to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298. All member-submitted claims must be submitted within two years of the date of service.

If you have a grievance, see your plan description for instructions on how to file a grievance.

Other Information

Coordination of benefits applies to plan members who are covered by another plan for health care expenses. Coordination of benefits ensures that payments from other insurance or health care plans do not exceed the total charges billed for covered services.

Your plan description has a subrogation clause, which means that Blue Cross Blue Shield can recover payments if a member has already been paid for the same claim by a third party.

Questions?

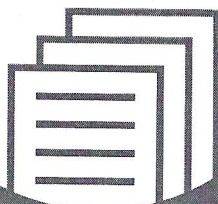
For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at www.bluecrossma.com.

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 dental plan. Your plan description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc., is the administrator of the benefits described in this summary. Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payments only and does not assume financial risk for claims.



SUMMARY OF BENEFITS



Dental Blue[®] Freedom

Dental Blue[®]
The right choice

Dental Low Plan

\$101.65 Family Individual \$37.74



How

Dental Blue Freedom

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
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