Benefits Enrollment Guide

July 1, 2026 – June 30, 2027

MASSACHUSETTS
Strategic Health Group

Dudley-Charlton
Regional School District

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CONTACTS

Dudley-Charlton RSD
68 Dudley Oxford Road
Dudley, MA 01571

CARRIER	PHONE NUMBER	WEBSITE
Dudley-Charlton RSD Benefits Coordination	Stacey Christiano 508-943—6888, Ext, 148	www.dcrsd.org schristiano@dcrsd.org
Harvard Pilgrim Health Care Medical Insurance	888-333-4742	www.harvardpilgrim.org
Express Scripts Pharmacy	800-282-2881	www.express-scripts.com
Altus Dental /Vision	877-223-0588	www.Altusdental.com
NFP Claims Advocacy Benefit Concierge	Claims: 877-835-1361 Option 1	Claims: CSclaims@nfp.com Ben Admin: DBbenadmin@nfp.com
ABACUS Diabetes Care Rewards	800-643-8028	www.GoodHealthGateway.com
Symetra Life & AD&D	877-377-6773	www.symetra.com
SunLife Long Term Disability	800-247-6875	https://login.sunlifeconnect.com/commonlogin/
Progressive Benefit Solutions FSA	888-333-3901	https://pbscard.com
Empower 457 SMART Plan	855-756-4738	https://plan.empower-retirement.com/
PenServ 403(b)	800-849-4001	https://secure.penserv.com/portal/

CLAIMS ADVOCACY

The Dudley-Charlton RSD is pleased to announce our partnership with NFP Advocacy.

We are your dedicated Claims Specialist Team!

If you need assistance with submitting a medical & dental claims or if you have questions about your medical coverage our team is here to help. We can guide you through the claim process, assist in completing the required forms, and help you gather the necessary documentation. We are committed to ensuring that you navigate the process smoothly and effectively.

NFP Claims Advocacy : We can assist with any claims inquiries and solve all your claims-related questions.

- **Medical & Dental**
- **Claim resolution / approvals**
- **Claim denials (appeals)**
- **Questions and concerns regarding health benefits**
- **Reimbursement requests**

Contact Information:

Monday through Friday 9am EST – 6pm EST

Toll Free Number: (877) 835-1361/Option 1

Email: CSclaims@nfp.com

BENEFITS ADMINISTRATION

The Dudley-Charlton RSD is pleased to announce our partnership with NFP Concierge.

We are your dedicated Benefits Specialists Team!

If you need assistance understanding your available plan options, completing the enrollment process, or finding specialized healthcare providers, we are here to help. We can guide you through medical plan issues. Additionally, we provide support during injuries, illnesses and mental health care, or any challenges you may encounter with customer care and support.

NFP Concierge: We can assist with any inquiries and solve all your benefit-related questions

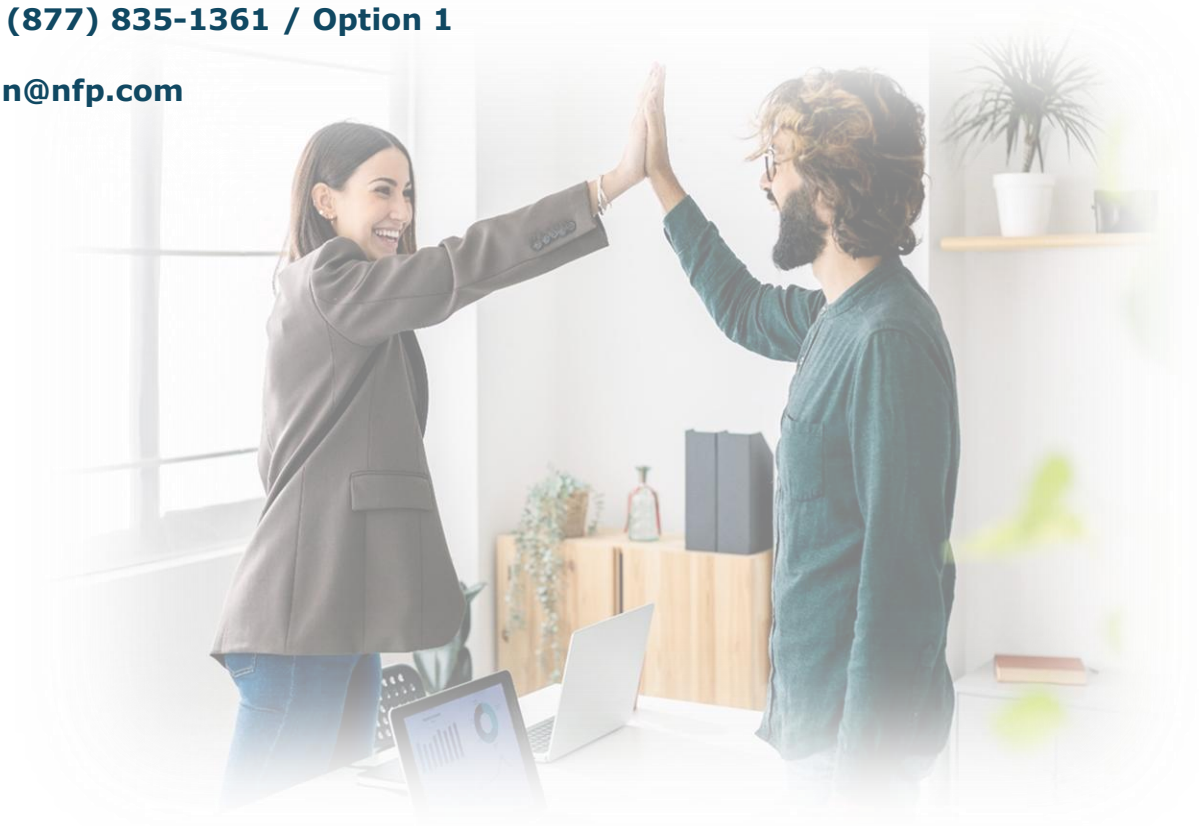
- **Medical**
- **Benefit Questions**
- **ID Card Issue**
- **Prescription Issues**
- **Provider Network Questions**

Contact Information:

Monday through Friday 9am EST – 6pm EST

Toll Free Number: (877) 835-1361 / Option 1

Email: DBbenadmin@nfp.com



RetireeFirst

Retiree First provides you with personalized support from healthcare-benefits experts.

As a Medicare-enrolled retiree or soon-to-be retiree, you will have access to a dedicated phone line connecting you to a team of Retiree Advocates who understand the unique healthcare needs of retirees. Our Retiree Advocates take full responsibility for follow-up calls and provide comprehensive support to resolve your issues.

We offer an end-to-end resolution for your healthcare concerns to ensure your benefits experience is stress-free. Here are some of the services we provide:

- Assistance with personal information changes and card replacements.
- Copay assistance programs.
- Outreach to physicians and pharmacies.
- Inbound and outbound three-way calls to Medicare, vendors, providers, pharmacies, and Social Security.
- Financial assistance, including support for low-income premium subsidy (LIPS) filing.
- Help with pharmacy-related questions such as generic availability, prior authorizations, and mail-order services.
- Support for in-person or virtual appointment scheduling and enrollment in wellness programs.
- Assistance with claims, billing, and payment inquiries

We are committed to making your healthcare experience as smooth as possible.

For assistance, call Retiree First at **508-744-6804 (TTY 711)** to speak with your dedicated MSHG Retiree Advocate.

OVERVIEW: OPEN ENROLLMENT FY 2027

Dudley Charlton Regional School District offers benefits to eligible employees, including various plan options. This guide helps you enroll. You can pay for medical and voluntary plans with pre-tax payroll deductions, saving money on taxes and lowering your salary deductions before federal income taxes.

Open enrollment will begin May 1, 2026, through May 22, 2026.
Any changes made during this time will be effective as of July 1, 2026.

During the Open Enrollment period, you have the opportunity to review and adjust your health plan choices**. If no changes need to be made, no Harvard Pilgrim Health Care (HPHC) form needs to be completed.** If you wish to change your coverage or add or remove dependents, now is the appropriate time to implement those changes.

How to Make Plan Changes During Open Enrollment:

Please open the "All Staff" email sent during this year's May open enrollment period to access the medical, dental/vision, and FSA/PBS enrollment forms, the benefit Election/Waiver form, and the new Insurance Rate Sheet for 2026 - 2027. You may only enroll in the FSA if you have been an active employee for at least one year **since July 2025**. Please complete a form for each benefit you want to enroll in or change.

Plan Year 2026-2027 is a PASSIVE ENROLLMENT plan year. This means that ALL employees who wish to maintain their current medical coverage with DCRSD Do Not need to complete an HPHC enrollment form.
In order to enroll a spouse, please attach a copy of your marriage certificate; to enroll a child, please attach a copy of their birth certificate to your HPHC enrollment form.

DO NOT REPLY TO THE "ALL STAFF" EMAIL when returning your completed enrollment information. Send a new email addressed to Stacey Christiano, HR Director, at schristiano@dcrsd.org. To enroll a spouse, please send your enrollment forms along with your marriage certificate and include a birth certificate for each child you wish to enroll.

How to Make Plan Changes During Open Enrollment (cont.)

All enrollment forms and substantiating documentation for dependent enrollment (spouse and/or child) need to be submitted by email **(schristiano@dcrsd.org)** or mail/interoffice mail to the HR Director in the Superintendent's office no later than May 22, 2026. If you do not submit your enrollment forms **by May 22, 2026**, you and your dependents will not be enrolled. This means you will have to wait until the next Open Enrollment period or qualifying life event to make plan elections.

Benefits information is available on the district website 24 hours a day, 7 days a week. If you prefer, you may log on to the district website at **www.dcrsd.org** (1) click on the "Staff" tab, (2) click on "DCRSD Staff Intranet," (3) click on "Employee Information," (4) click on "Benefits" tab and then scroll down to the pdf versions of benefit enrollment forms and other important information about your benefit offerings.

When Can You Change Your Benefits:

You can review and change your benefits for the upcoming OPEN ENROLLMENT FY 2027. This is the only time you can make changes to your plans, unless you experience a Qualified Life Event. If you have a qualifying event, you have 30 days from the date of the event to update your benefits. Human Resources will require supporting documentation for the event.

If you choose to add or remove dependents on your medical and dental plans, you must provide proof of their eligibility. These documents must accompany your enrollment paperwork; otherwise, your dependents will not be enrolled or removed.

QUALIFYING EVENTS	
Death	Marriage
Loss of Previous Coverage	Divorce
Gained New Coverage	Birth

INFORMATION FOR NEW HIRES

Before Enrollment

All new hires are eligible for benefits starting on their first day of employment. Eligible employees **have 30 days** from their Start date or within 30 days of your special enrollment period due to a qualifying life event to enroll.

If you elect to cover your dependents on your medical and dental benefits, proof of dependent eligibility is required. These documents must accompany your paperwork, or your dependents will not be enrolled or removed.

Enrollment For New Hires

All eligible new hires (those scheduled to work at least 20 hours per week, and long-term substitutes hired for more than 90 days) are eligible for medical, dental, vision, life, and long-term disability (LTD) insurance through DCRSD. Medical, dental, vision, and LTD coverage begins on your first workday. Life insurance, if elected, starts on the first of the following month from your first day of work.

To access the new hire benefit packet, go to **www.dcrsd.org,** click on "About DCRSD," click on "District Employment," and click on "New Employee Benefits Packet". All the information and forms you need to enroll will be found in the benefits packet.

Once all forms are completed, scan and return them within 30 days of your start date to HR Stacey Christiano, **schristiano@dcrsd.org,** or by interoffice mail to the district office at 68 Dudley Oxford Road, Dudley, MA 01571.

After Enrollment

- **Medical Insurance:** If you elect coverage, you will receive an ID card in the mail that should be used for all medical and prescription services.
- Your ID card contains important information about you, your employer group, and the benefits you are entitled to.
- Always remember to carry your ID card with you, present it when receiving health care services or supplies, and ensure your provider has an updated copy of your ID card.
- **Dental & Vision Insurance: Altus Dental & Vision** will provide one dental & vision insurance card for individual and family plans. Covered dependents must present a copy of the subscriber's card at the time of service for proper verification.

If you do not receive your Medical or Dental ID within two weeks of enrollment, please contact the carrier directly or contact the NFP Benefit Concierge for assistance at DBbenadmin@nfp.com or call (877) 835-1361 and select Option 1.

Eligibility:

Generally, you are eligible for health coverage if you are a regular, **full-time employee working at least 20 hours per week.**

- If you're eligible for health coverage, you may also cover your eligible dependents, which include but are not limited to:
- Your legal spouse or former spouse, unless either party has remarried or is not court-ordered.
- *You are not able to cover an ex-spouse and a current spouse.*
- Children up to age 26 (including birth children, stepchildren, legally adopted children, foster children, and children for whom you have legal guardianship)
- Your unmarried child over the age of 26, if physically or mentally handicapped and claimed as a dependent on your federal income tax return.

Required Documents for Dependents

To enroll a family member, you must submit a completed application and documentation verifying your dependent's eligibility. You must also provide the Social Security number and date of birth for each dependent. To add your dependents to the health and dental plans, the following information is required:

- Spouse: Marriage Certificate
- Ex-Spouse: Divorce decree showing you are required to continue coverage
- Child(ren): Birth Certificate
- Step-Child(ren): Birth Certificate with your spouse listed as a parent.

GENERAL:

- **Dudley Charlton RSDs** fiscal year is **July 1st through June 30th.**
- **Medical Insurance** aligns with the fiscal year, **July 1st through June 30th.**
- **Voluntary Dental & Vision Insurance** aligns with the Calender, **Jan 1st through Dec 31st .**
- **Section 125 Cafeteria Plan** aligns with the fiscal year, **July 1st through June 30th.** Which is regulated by the IRS. Because of this, you can only make future changes to your elections during Open Enrollment or if you experience a qualifying life event.

INSURANCE RATES

MEDICAL INSURANCE

MASSACHUSETTS STRATEGIC HEALTH GROUP (M S H G)
ADMINISTERED BY HARVARD PILGRIM HEALTH CARE (HPHC)
July 1st, 2026 - June 30th, 2027

		FY 2026 Employee monthly			
HPHC – Medical Plans	Coverage Tier	20 pay Monthly Share 30%	24 pay Monthly Share 30%	20 Deductions Biweekly	24 Deductions Biweekly
HPHC AA Value EPO $300/$600	**Individual**	$ 406.19	$ 338.49	$ 203.09	$ 169.25
	Family	$1,033.88	$861.56	$516.94	$430.78
HPHC AA Value EPO $1000/$2000	**Individual**	$363.44	$302.86	$181.72	$151.43
	Family	$926.72	$772.27	$463.36	$386.13
		Emp .40%	**Emp .40%**		
HPHC PPO AA $300/$600 60%/ 40% Cost share	**Individual**	$727.58	$606.32	$363.79	$303.16
	Family	$1,842.25	$1,535.21	$921.12	$767.60

INSURANCE RATES

DENTAL INSURANCE

MASSACHUSETTS STRATEGIC HEALTH GROUP (MSHG)
ADMINISTERED BY ALTUS
July 1st, 2026 - June 30th, 2027

		FY 2027 Employee monthly			
Altus – Dental Plans	Coverage Tier	20 pay Monthly Share 30%	24 pay Monthly Share 30%	20 Deductions Biweekly	24 Deductions Biweekly
Altus Dental Low Plan Group # 2895-0001	**Individual**	$16.07	$13.39	$8.04	$6.70
	Family	$44.19	$36.82	$22.09	$18.41
Altus Dental High Plan Group # 2895-0002	**Individual**	$30.95	$25.79	$15.47	$12.90
	Family	$89.12	$74.27	$44.56	$37.14

VISION INSURANCE

MASSACHUSETTS STRATEGIC HEALTH GROUP (MSHG)
ADMINISTERED BY ALTUS
July 1st, 2026 - June 30th, 2027

		FY 2027 Employee monthly			
Altus – Vision Plans	Coverage Tier	20 pay Monthly Share 100%	24 pay Monthly Share 100%	20 Deductions Biweekly	24 Deductions Biweekly
Altus Vision Plan Group # 2895-9001	**Individual**	$6.07	$5.06	$3.04	$2.53
	Family	$20.69	$17.24	$10.34	$8.62

MEDICAL INSURANCE

Harvard Pilgrim Health Care
Point32Health companies

Benefits	HPHC – AA Value EPO $300 Plan In-Network Only
Plan Year Deductible	$300 Individual / $600 Family
Plan Year Out-of-Pocket Max. (Includes Member cost share)	$3,000 Individual / $6,000 Family
Plan Year Rx Deductible	Medical Deductible
Preventive Care	
Routine & Preventive Servicing & Testing	No Charge
Other Services	
Office Visit - Primary Care	$30 copay per visit
Office Visit – Specialist Care	$35 copay per visit
Chiropractic Visits	$35 copay per visit
Diagnostic Lab & X-ray	Ded., then no charge
CT, MRI, & PET Scan	Ded., then $100 copay per procedure
Outpatient Surgery	Ded., then $150 copay per admission up to a max. of $600 per plan year
Inpatient Hospital	Ded., then $150 copay per admission up to a max. of $600 per plan year
Behavior Health Inpatient	$150 copay per admission up to a max. of $600 per plan year
Outpatient Mental / Behavioral Health:	$20 copay per visit
Occupational & Physical Therapy (100 visits combined)	$35 copay per visit
Ambulance	No Charge
Emergency Room (copay waived if admitted)	$150 copay
Convenience care clinic	$30 copay per visit
Urgent Care Center	$35 copay per visit
Pharmacy Benefits- Express Scripts	
Retail Pharmacy (30-day supply) *Generic / Preferred / Non-Preferred*	Ded., then: $10 / $30 / $65
Mail (90-day supply) *Generic / Preferred / Non-Preferred*	Ded., then: $20 / $60 / 130

MEDICAL INSURANCE

Harvard Pilgrim Health Care
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	HPHC – AA Value EPO $1,000 Plan
	In-Network Only
Plan Year Deductible	$1,000 Individual / $2,000 Family
Plan Year Out-of-Pocket Max. (Includes Member cost share)	$5,000 Individual / $10,000 Family
Plan Year Rx Deductible	Medical Deductible
Preventive Care	
Routine & Preventive Servicing & Testing	No Charge
Other Services	
Office Visit - Primary Care	$25 copay per visit
Office Visit – Specialist Care	$35 copay per visit
Durable Medical Equipment	$35 copay per visit
Diagnostic Lab & X-ray	Ded., then no charge
CT, MRI, & PET Scan	Ded., then $100 copay per procedure
Out-Patient Surgery/Hospital	Ded., then $150 copay per admission up to $600 per plan year
Inpatient Hospital	Ded., then $150 copay per admission up to $600 per plan year
Behavior Health Inpatient	Ded., then $150 copay per admission up to $600 per plan year
Chiropractic Visits	$35 copay per visit
Occupational & Physical Therapy (100 visits combined)	$35 copay per visit
Ambulance	No Charge
Emergency Room (copay waived if admitted)	$150 copay
Convenience care clinic	$25 copay per visit
Urgent Care Center	$35 copay per visit
Pharmacy Benefits- Express Scripts	
Retail Pharmacy (30-day supply) *Generic / Preferred / Non-Preferred*	Ded., then: $15 / $30 / $50
Mail (90-day supply) *Generic / Preferred / Non-Preferred*	Ded., then: $30 / $60 / $150

MEDICAL INSURANCE

Harvard Pilgrim Health Care
Point32Health companies

	HPHC Best Buy American Access PPO PLAN	
	In-Network	**Out–of–Network ***
Plan Year Deductible	$300 per member $600 family	$600 per member $1,200 family
Plan Year Out-of-Pocket Max. (Includes Member cost share)	$3,000 per member $6,000 Family	
Preventive Care		
Routine & Preventive Servicing & Testing	No Charge	Ded., then 20% coinsurance
Other Services		
Office Visit - Primary Care	$35 Copay	Ded., then 20% coinsurance
Office Visit – Specialist Care	Level 1: $35 Copay Level 2: $40 Copay	Ded., then 20% coinsurance
Durable Medical Equipment	20% coinsurance	40% coinsurance
Chiropractic Visits	$35 Copay	Ded., then 20% coinsurance
Diagnostic Lab & X-ray	Ded., then no charge	20% coinsurance
CT, MRI, & PET Scan	Ded., then $100 copay	Ded., then 20% coinsurance
Outpatient Surgery	Ded., then $150 copay per visit $600 per plan year	Ded., then 20% coinsurance
Inpatient Hospital	Ded., then $150 copay per visit $600 per plan year	Ded., then 20% coinsurance
Behavior Health Inpatient	Ded., then $150 copay per visit $600 per plan year	Ded., then 20% coinsurance
Occupational & Physical Therapy (100 visit combined limit per plan year)	$35 Copay	Ded., then 20% coinsurance
Ambulance	Ded., then no charge	
Emergency Room (copay waived if admitted)	Ded., then $150 copay per visit up to a max of $600 per plan year	
Urgent Care	$35 Copay	Ded., then 20% coinsurance
Pharmacy Benefits- Express Scripts		
Retail Pharmacy (30-day supply) *Generic / Preferred / Non-Preferred*	$15 / $30/ $65	
Mail (90-day supply) *Generic / Preferred / Non-Preferred*	$30 / $60 / $130	

Harvard Pilgrim Health Care

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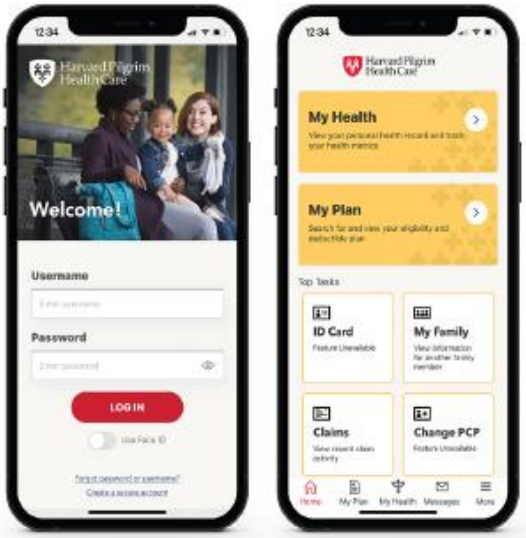
MASSACHUSETTS Strategic Health Group

Member Secure Account and Mobile App

Quickly access your benefits

Log in at **harvardpilgrim.org/login** or activate your secure online account at **harvardpilgrim.org/create** or via the Harvard Pilgrim mobile app[1], to quickly and securely access your health plan benefits information.

- Understand your coverage
- Check your claims, referrals, and authorizations
- View plan limits, including your out-of-pocket costs
- Find a doctor or a hospital
- Explore Behavioral Health resources
- Select or change your Primary Care Provider (PCP)
- Estimate your costs[2]
- Access health and wellness resources
- View your ID card and add it to your Apple Wallet or Google Pay
- Email Member Services through the secure messaging tool



Download on the App Store GET IT ON Google Play

Watch our member secure account video:

English

Spanish

Harvard Pilgrim Health Care

a Point32Health company

MASSACHUSETTS Strategic Health Group

How to Find a Doctor

Our Online Provider Directory Helps Make it Easier

Looking for a Primary Care Provider (PCP), Specialist or Hospital? You can use our "Find a provider" online tool to look up your plan's participating providers. The tool is updated five days per week to reflect the most recent providers in our network.

Get Started in 3 Simple Steps:

1. **Log in to your secure member account** at **harvardpilgrim.org** for personalized search results. If you don't have an account, visit **harvardpilgrim.org/create** to activate your secure online account and access your plan's directory.
2. **Click on "Find a provider"** on the top right of the webpage and refine your search by specialty, location, name or distance.
3. **Narrow your options** by checking details such as in-office and virtual availability, and whether providers are accepting new patients.

You can also search for providers without logging into your secure account. To search for participating providers, visit **harvardpilgrim.org/providerdirectory**. You will need to select your plan name, mentioned on the top right of your member ID card.

How to Select or Change Your PCP

- **Log in to your member account** and click "Change PCP" under the "Your Plan Snapshot" section.
- **Search for your PCP** by location, provider name or provider ID. Click "Select PCP."
- **Save your choice** to help ensure your care is coordinated, especially for plans that require in-network providers. Your PCP can also assist in coordinating any specialty care you might need.

> Need Assistance?

Call Members Services at the number on the back of your member ID card.

To help avoid unanticipated costs, always choose providers within the Harvard Pilgrim network. If your plan requires you to use in-network healthcare providers, check with your PCP, who can assist in coordinating your care. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

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Harvard Pilgrim Health Care

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MASSACHUSETTS Strategic Health Group

Fitness Reimbursement Form Instructions

Please read the instructions below, then fill out the Fitness Reimbursement Form.

Want your reimbursement faster? Submit your request online at **harvardpilgrim.org/fitnessreimbursement**

Getting reimbursed is easy

Please enclose copies of the following:

- Copy of your health/fitness membership agreement
- Completed Fitness Reimbursement Form
- Receipts showing that you paid for at least four months in a calendar year for membership or subscription fees (must show your name and the facility or program name). Fees must equal or exceed amounts being claimed.

Mail to:
Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Frequently Asked Questions

How do I qualify for a fitness reimbursement?

- You must be eligible for fitness reimbursement through your Harvard Pilgrim plan.
- Fitness facility or other qualified fitness membership must be for at least four months in a current calendar year.
- Current Harvard Pilgrim membership must be at least four months in a calendar year and must coincide with four months of fitness membership or subscription.

When can I submit my Fitness Reimbursement Form?

- Starting on May 1 of the current calendar year and when you have met the above-stated criteria.

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Harvard Pilgrim Health Care

Fitness Reimbursement Form

To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

When to submit this form

- When you are eligible for fitness reimbursement through your employer or individual plan.
- After you have been a member in qualified fitness program and Harvard Pilgrim Health Care for at least four months in a calendar year.
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts or proof of payment. Some small group and individual plans have until December 31 of the following calendar year to submit for reimbursement.
- After all sections have been completely filled out and signed by the subscriber.

Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Fitness Program Information (List all health and facility memberships that you and/or your dependent(s) are submitting for reimbursement spanning the qualifying four months.).

ATTACH DOCUMENTATION	**Calendar Year** **from:** mm/dd/yyyy **to:** mm/dd/yyyy	**Facility or Program Name**	**City, State**	**Phone Number** (area code) xxx-xxxx	**$ Amount being claimed**
	from: ___/___/___ **to:** ___/___/_____				
	from: ___/___/___ **to:** ___/___/_____				

Section D – Fitness Tracking Device Information ((List the brand – i.e., Apple Watch, Fitbit, Garmin, Nike, Samsung Gear, etc.) (NOT ALL MEMBERS ARE ELIGIBLE FOR THIS REIMBURSEMENT; see instructions on page 2)

ATTACH RECEIPT	**Purchase Date**	**Tracking Device Brand**	**$ Amount being claimed**

Total number of documents: _____ **Total dollar amount being claimed** : **$**_____

Section E – Subscriber Certification

I certify the information on the form and all supporting documents are complete, accurate and unaltered. I will attempt, in good faith, to regularly use my fitness services for which I am being reimbursed.

Subscriber's Signature Date (mm/dd/yyyy)

Harvard Pilgrim Health Care

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Weight Management Program

Get reimbursed for fees you pay toward qualified weight management programs[1]

Frequently Asked Questions

How do I qualify for a weight management reimbursement?

- Your employer must offer Harvard Pilgrim's weight management reimbursement benefit[2].
- You must be active with coverage that includes the weight management program benefit.

When can I submit my Reimbursement Form?

- Starting with January 1 of the current calendar year and when you have met the above stated criteria.
- Submission must be received by March 31 of the following year.
- Subscribers may submit for weight management reimbursement for themselves and/or dependents only once per calendar year.

What qualifies for reimbursement?

- Eligible programs include Weight Watchers® digital, traditional or At-Work programs, as well as hospital-based weight loss programs.
- Not eligible for reimbursement: Fees for individual counseling sessions; food, books, videos, scales or other items not included as part of the fee for the course or class.

How to submit your reimbursement request

Log in to your secure member account at **harvardpilgrim.org/reimbursement**, or submit the form on page 2 by mail. Include paid receipts verifying enrollment in a qualifying weight management program (receipts must show name of the member, name of the program, amount paid per session(s), and date(s) paid).

Mail to:
Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

How much can I claim for reimbursement?

- You'll be reimbursed up to the maximum amount offered through your employer. Reimbursement varies, so please check with your employer for your specific reimbursement amount.

What happens after I submit the Reimbursement Form?

- Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

> Questions? Call Member Services at **888-333-4742**

1 Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor.

2 Ask your employer or review your plan documents in your member account to see if your coverage includes this benefit.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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Harvard Pilgrim Health Care | MASSACHUSETTS Strategic Health Group

Harvard Pilgrim Weight Management Reimbursement Form

To be filled out by Harvard Pilgrim Health Care **SUBSCRIBER** only. Please use blue or black ink and print all information clearly.

When to submit this form

- After you enroll in a Harvard Pilgrim plan that includes the Weight Management Program Reimbursement benefit
- After you are a member of an approved weight management program
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts
- Once all sections on the form have been completed and signed by the subscriber

Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Weight Management Program Information *(List all programs that you are submitting for on behalf of you and/or your dependents, including the qualifying months.)*

ATTACH DOCUMENTATION

Calendar Year **from:** mm/dd/yyyy **to:** mm/dd/yyyy	**Type of Program**	**City, State**	**Phone Number** (area code) xxx-xxxx	**$ Amount being claimed**
from: ___/___/___ **to:** ___/___/_____				
from: ___/___/___ **to:** ___/___/_____				
from: ___/___/___ **to:** ___/___/_____				

Total number of documents: _____ **Total dollar amount being claimed**: $_____

Section D – Member Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I will attempt, in good faith, to regularly attend my weight management program and utilize membership for which I am being reimbursed.

Subscriber's Signature Date (mm/dd/yyyy)

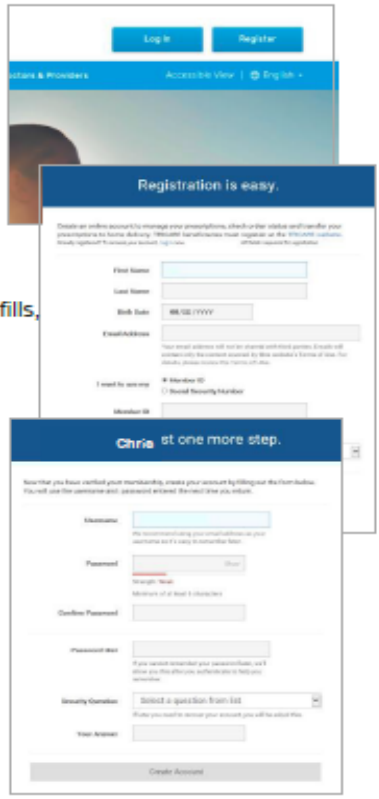
P1640544063-0425

EXPRESS SCRIPTS® + RxBenefits®

Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts® mobile app



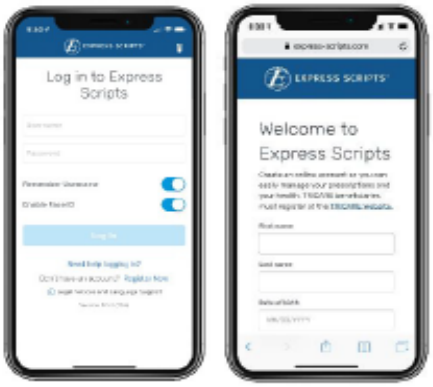
Register now so you can experience:

- **More savings.**
  Compare prices of medicines at multiple pharmacies. Get free standard shipping[1] from the Express Scripts Pharmacy℠.
- **More convenience.**
  Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**
  Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.**
  Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to express-scripts.com and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.
- To set preferences,[2] select **Communication Preferences** from the menu under **Account**, then scroll to **Communication and Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.



Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

[1] Standard shipping costs are included as part of your prescription plan benefit.

[2] Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.

RxBenefits

Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

800.334.8134 or
CustomerCare@rxbenefits.com
7:00 AM to 8:00 PM CT
Monday – Friday

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.

The test strips you currently use may no longer be covered on your drug list.*

Please see the enclosed letter for more information. Talk to your doctor about OneTouch® products to avoid paying full cost for your diabetes supplies.

Latest Innovation

OneTouch Verio Flex®

OneTouch Verio®

OneTouch Verio Flex® meter

Takes the guesswork out of your numbers

- ColorSure® technology shows if results are in or out of range
- Optional Bluetooth® capability for connectivity to the OneTouch Reveal® mobile app

OneTouch Verio® meter

Provides helpful information, without any extra work

- ColorSure® technology shows if results are in or out of range
- Automatic messages with every result

To order a OneTouch Verio® system at no charge visit www.OneTouch.orderpoints.com and input order code 573EXP333 or call 1-800-668-7148 and provide order code 573EXP333.

ONETOUCH® every touch is a step forward® + RxBenefits®

* Your prescription benefit is managed by Express Scripts. Some health plans may have more than one test strip covered at the lowest co-pay.

Good Health GATEWAY
Diabetes Care Rewards Program

DIABETES CARE REWARDS PROGRAM

The Good Health Gateway® Diabetes Care Rewards Program is offered to MSHG active health plan members living with diabetes including type 1, type 2, juvenile, pre-diabetes, or gestational diabetes. As an active health plan participant, you can enroll at any time.

When you join the program, you receive confidential, expert support and guidance to help you manage your diabetes while earning $0 copays on covered diabetes medications and supplies for meeting the program requirements.

How to earn your zero copay Good Health Gateway RX Rewards Card:

1. Register at GoodHealthGateway.com or by calling the **Member Services Line at 800-643-8028**.

2. Complete a telehealth call with our Diabetes Educator to develop your personal Diabetes Health Action Plan® Care Guide.

3. Submit confirmation of your completion of the program requirements:

- ✓ Annual foot exam
- ✓ Annual eye exam
- ✓ Annual laboratory work-up of your fasting blood lipid levels
- ✓ Annual laboratory work-up of your urine/protein levels
- ✓ Laboratory work-up of your Hemoglobin A1c levels every 6 months

4. Receive your Good Health Gateway Rx Rewards Card for $0 copays on covered diabetes medications and supplies at your local, in-network pharmacy or through OPTUMRx® Home Delivery.

The Good Health Gateway Diabetes Care Rewards Program is a HIPAA compliant Business Associate of Massachusetts Strategic Health Group. The Program is administered by Abacus Health Solutions, LLC.

800.643.8028
GOODHEALTHGATEWAY.COM

altus dental

Benefits Summary

MSHG - DUDLEY CHARLTON RSD - HIGH

Group Number: 2895-0002

Altus Dental Preferred Point of Service Option - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays do not count against your annual maximum.

Annual Maximum
$1,750

Elective Orthodontic Lifetime Maximum
$1,000

Maximum Lifetime Cap
Unlimited

In-Network Deductible
Individual $0
Family $0

Out-of-Network Deductible
Individual $50
Family $150

Dependent Coverage
Dependent children are covered under these benefits up until the end of the month that they turn 26.

P Pre-treatment Estimate Recommended

A Prior Authorization Required

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning three per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars
- Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: Plan pays 80%; Member Coinsurance 20% - (Deductible Applies)

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime

P • Root planing and scaling once per quadrant every 24 months

P • Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)

P • Gingivectomies once per site every 24 months

P • Soft tissue grafts once per site every 60 months

P • Crown lengthening once per site every 60 months

- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months
- Periodontal maintenance following active therapy two per year

In Network: Plan pays 60%; Member Coinsurance 40%

Out of Network: Plan pays 50%; Member Coinsurance 50% - (Deductible Applies)

P • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months

P • Bridges and crowns over implants replacement limited to once every 60 months

P • Partial and complete dentures replacement limited to once every 60 months

P • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months

In Network: Plan pays 50%; Member Coinsurance 50%

Out of Network: Plan pays 50%; Member Coinsurance 50%

P • Elective braces and related services for dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required.

Welcome to Altus Dental

altus dental

Benefits Summary

MSHG - DUDLEY CHARLTON RSD - LOW

Group Number: 2895-0001

Altus Dental Plus - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays do not count against your annual maximum.

Annual Maximum
$1,500

Maximum Lifetime Cap
Unlimited

Deductible
Individual $0
Family $0

Dependent Coverage
Dependent children are covered under these benefits up until the end of the month that they turn 26.

P **Pre-treatment Estimate Recommended**

A **Prior Authorization Required**

Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning three per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars
- Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth
- Periodontal maintenance following active therapy two per year

Plan pays 80%; Member Coinsurance 20%

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime
- Root planing and scaling once per quadrant every 24 months
- Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- Gingivectomies once per site every 24 months
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per site every 60 months
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months

Plan pays 50%; Member Coinsurance 50%

- P • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months
- P • Bridges and crowns over implants replacement limited to once every 60 months
- P • Partial and complete dentures replacement limited to once every 60 months
- P • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months

altus dental™

Preventive Rewards Program

Nothing is more important to us than your oral health. That's why we've introduced the Preventive Rewards Program. When you choose this benefit enhancement, none of your preventive dental services count toward your annual maximum, allowing you to stretch your benefit dollars.

Here's how the Preventive Rewards Program works:

- Let's say your annual maximum is **$1,500**.
- Each year, you receive:
  - **Two cleanings**
  - **Two exams**
  - **X-rays**
  - **Fluoride Treatment**
  - **Sealants**
- At the end of the year, your annual maximum **remains $1,500**

Example only. Refer to your specific coverage.

The savings add up

Wondering how preventive benefits affect your annual maximum? Here's an example:

	Without Option	With Option
ANNUAL MAXIMUM	$1,500	$1,500
FIRST EXAM	$30	$30
SECOND EXAM	$30	$30
FIRST CLEANING	$78	$78
SECOND CLEANING	$78	$78
X-RAYS (FULL MOUTH)	$105	$105
FLUORIDE TREATMENT	$25	$25
SEALANTS (4)	$184	$184
REMAINING MAXIMUM	$970	**$1,500**

**This example is based on preventive benefits covered at 100%. Please refer to your benefit summary for details on your specific coverage.*

That's it – no criteria to meet and this benefit enhancement is yours every year.

Altus Dental Insurance Company ■ 1.877.223.0577 ■ altusdental.com

Why preventive services matter

Your mouth is a window to your body. Diseases such as cancer, heart disease, kidney disease and diabetes can sometimes be identified by your dentist during preventive services like routine dental exams, cleanings and x-rays.

Prevention plays a key role in good oral health, and that can lead to good overall health. Ask about our Preventive Rewards Program today.

Welcome to Altus Dental

Altus Vision™

by Altus Dental Insurance Co., Inc. in partnership with VSP®

VSP Vision Care

Product Details: Altus Vision 150

In-Network Coverage: VSP Choice Network	
Altus Vision 150	
Frequency of Services	
Exam / Lens / Frame	Once every 12 / 12 / 24 months
Contacts (instead of glasses)	
Copayments	
WellVision Exam®	$10
Materials	$25
Contact Lens Fitting & Evaluation	Not to exceed $60
In-Network Allowances	
Frame / Elective Contact Lens	$150 / $150 then 20% off balance
Covered Lens Options	Impact-resistant lenses for children
	Standard Progressive Lenses

Value-added Programs and Extra Discounts	
Lens Enhancements	20%–30% average savings. Including tints, UV protection, scratch-resistant coating, anti-glare coating and more
Featured Frames	Extra $20 allowance on featured frame brands like bebe, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more
Additional Glasses and Sunglasses	20% savings on additional prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of last WellVision exam
Laser Vision Correction	Average 15%–20% savings. See VSP.com for more information
VSP Diabetic Eyecare Plus Program℠	Members with diabetes receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with $20 copay. Limitations and coordination with medical coverage may apply
TruHearing®	Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information

Out-of-Network Coverage					
Exam	Up to $55	Lined Bifocal Lenses	Up to $50	Progressive Lenses	Up to $50
Frame	Up to $70	Lined Trifocal Lenses	Up to $65	Elective Contact Lenses	Up to $120
Single Vision Lenses	Up to $30	Lenticular Lenses	Up to $100	Necessary Contact Lenses	Up to $210

Monthly Rates	
Employee Only	**Family**
$5.06	**$17.24**

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RETIREMENT | BENEFITS | LIFE

Supplemental Employee Life Weekly Cost

		Age										
Benefit Amount	Rate	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5,000	$0.45	$0.45	$0.45	$0.45	$0.45	$0.45	$0.45	$0.45	$0.45	$0.45	$0.45	$0.45
$10,000	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90
$15,000	$1.35	$1.35	$1.35	$1.35	$1.35	$1.35	$1.35	$1.35	$1.35	$1.35	$1.35	$1.35
$20,000	$1.80	$1.80	$1.80	$1.80	$1.80	$1.80	$1.80	$1.80	$1.80	$1.80	$1.80	$1.80
$25,000	$2.25	$2.25	$2.25	$2.25	$2.25	$2.25	$2.25	$2.25	$2.25	$2.25	$2.25	$2.25
$30,000	$2.70	$2.70	$2.70	$2.70	$2.70	$2.70	$2.70	$2.70	$2.70	$2.70	$2.70	$2.70
$35,000	$3.15	$3.15	$3.15	$3.15	$3.15	$3.15	$3.15	$3.15	$3.15	$3.15	$3.15	$3.15
$40,000	$3.60	$3.60	$3.60	$3.60	$3.60	$3.60	$3.60	$3.60	$3.60	$3.60	$3.60	$3.60
$45,000	$4.05	$4.05	$4.05	$4.05	$4.05	$4.05	$4.05	$4.05	$4.05	$4.05	$4.05	$4.05
$50,000	$4.50	$4.50	$4.50	$4.50	$4.50	$4.50	$4.50	$4.50	$4.50	$4.50	$4.50	$4.50
$55,000	$4.95	$4.95	$4.95	$4.95	$4.95	$4.95	$4.95	$4.95	$4.95	$4.95	$4.95	$4.95
$60,000	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40
$65,000	$5.85	$5.85	$5.85	$5.85	$5.85	$5.85	$5.85	$5.85	$5.85	$5.85	$5.85	$5.85
$70,000	$6.30	$6.30	$6.30	$6.30	$6.30	$6.30	$6.30	$6.30	$6.30	$6.30	$6.30	$6.30
$75,000	$6.75	$6.75	$6.75	$6.75	$6.75	$6.75	$6.75	$6.75	$6.75	$6.75	$6.75	$6.75
$80,000	$7.20	$7.20	$7.20	$7.20	$7.20	$7.20	$7.20	$7.20	$7.20	$7.20	$7.20	$7.20
$85,000	$7.65	$7.65	$7.65	$7.65	$7.65	$7.65	$7.65	$7.65	$7.65	$7.65	$7.65	$7.65
$90,000	$8.10	$8.10	$8.10	$8.10	$8.10	$8.10	$8.10	$8.10	$8.10	$8.10	$8.10	$8.10
$95,000	$8.55	$8.55	$8.55	$8.55	$8.55	$8.55	$8.55	$8.55	$8.55	$8.55	$8.55	$8.55
$100,000	$9.00	$9.00	$9.00	$9.00	$9.00	$9.00	$9.00	$9.00	$9.00	$9.00	$9.00	$9.00

Supplemental Accidental Death & Dismemberment Weekly Cost

Employee	
Benefit Amount	Cost
$5,000	$0.03
$10,000	$0.07
$15,000	$0.10
$20,000	$0.14
$25,000	$0.17
$30,000	$0.21
$35,000	$0.24
$40,000	$0.28
$45,000	$0.31
$50,000	$0.35
$55,000	$0.38
$60,000	$0.42
$65,000	$0.45
$70,000	$0.48
$75,000	$0.52
$80,000	$0.55
$85,000	$0.59
$90,000	$0.62
$95,000	$0.66
$100,000	$0.69

DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

BASIC LIFE INSURANCE FACT SHEET

1. Active employees of the District are covered for $10,000 of Life and Accidental Death & Dismemberment insurance, with Retirees insured for $5,000.

2. Conversion Privilege: If you leave your present employment, you may covert the Life portion regardless of your medical condition, provided you do so within 31 days following termination.

3. Employees who fail to enroll when first eligible must wait 12 months and then submit satisfactory medical evidence of insurability attested to by a physician in order to qualify for this plan.

4. In case of Total and Permanent Disability, prior to age 60, waiver or premium may be applied – if approved, no further premium paid.

5. You may designate anyone you wish as the beneficiary of your coverage.

6. An individual's insurance will terminate upon the earliest of the following:

    a. Termination of master policy
    b. Non-payment of premiums
    c. Proper notice of withdrawal of employee
    d. Termination of employment

IMPORTANT NOTE:

- This fact sheet is merely intended to summarize the benefits of the Basic Group Life Insurance Plan.

- The Certificate of Insurance you receive from the Plan Administrator will completely explain all terms and coverage of your insurance.

Visit DCRSD WEBSITE for Information & Enrollment

SYMETRA
RETIREMENT | BENEFITS | LIFE

Schedule of Insurance

The benefits described herein are those in effect as of: January 1, 2022

Cost of Coverage:
Non-Contributory Coverage:
Basic Life Insurance
Basic Accidental Death and Dismemberment Insurance

Contributory Coverage:
Supplemental Life Insurance
Supplemental Accidental Death and Dismemberment Insurance
Supplemental Dependent Life Insurance

Eligible Class(es) for Coverage: All Active Employees regularly scheduled to work a minimum of 20 hours each week who are citizens or legal residents of the United States, excluding temporary, leased or seasonal employees.

Class 1 All Active Eligible Employees

Eligibility Waiting Period for Coverage:
If You are Actively at Work for the Employer on the Policy Effective Date: The first of the month following the date of employment.

If You start working for the Employer after the Policy Effective Date: The first of the month following the date of employment.

The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a full-time Active Employee with the Employer under the Prior Policy.

The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a part-time employee with the Employer.

Life Insurance Benefit

Employee

	Benefit Amount	Benefit Maximum Amount	Guaranteed Issue Amount
Basic Class 1	$10,000	$10,000	$10,000
Supplemental Class 1	$5,000 to $100,000 in increments of $5,000 as selected by You on the enrollment card	$100,000	$100,000

SYMETRA
RETIREMENT | BENEFITS | LIFE

Schedule of Insurance

Dependent

Supplemental	Benefit Amount	Benefit Maximum Amount	Guaranteed Issue Amount
Class 1			
Spouse	$5,000	$5,000	$5,000
Child			
15 days to 6 months	$400	$400	$400
6 months to 26 years	$2,000	$2,000	$2,000

Accidental Death and Dismemberment Insurance Benefit (AD&D)

Employee

Basic	Principal Sum	Principal Maximum Sum
Class 1	$10,000	$10,000

Supplemental	Principal Sum	Principal Maximum Sum
Class 1	$5,000 to $100,000 in increments of $5,000 as selected by You on the enrollment card	$100,000

Additional Accidental Death and Dismemberment Insurance Benefits

Seat Belt and Air Bag Coverage

Seat Belt Benefit Amount:	10% of Basic and Supplemental AD&D Principal Sum
Seat Belt Maximum Amount:	$10,000
Seat Belt Minimum Amount:	$1,000
Air Bag Benefit Amount:	5% of Basic and Supplemental AD&D Principal Sum
Air Bag Maximum Amount:	$5,000

Repatriation Benefit

Benefit Amount:	5% of Basic and Supplemental AD&D Principal Sum
Maximum Amount:	$5,000

Reduction in Amount of Life Insurance

We will reduce the amount of Life Insurance for You and Your Dependent by any amount:

1) of individual Life Insurance issued in accordance with the Conversion Right;
2) that was continued under the Portability provision; or
3) of Life Insurance in force, paid or payable under the Prior Policy.

Reduction in Coverage Due to Age

No reduction.

Mosse & Mosse
School and Municipal Services

Dudley-Charlton Regional School District
Long Term Disability Plan Outline

- **Guaranteed Issue.** The benefit is a guaranteed issue product, meaning if you sign up when you are first offered the coverage, you cannot be denied access to the plan for any reason. However, if you do not elect the coverage when you are first offered it and then wish to join the plan at a later date, you have to prove evidence of insurability and you may be denied access to the plan.

- **Benefit: 60% of gross pay to a maximum of $7,000 per month.** All benefits will be paid tax free, both federal and state, because the employees are paying the premium.

- **Elimination Period: 90 Calendar days.** This is the length of time that an employee has to be out of work due to disability before being eligible for benefits.

- **Maximum Benefit Duration:** benefits payable for disability to age 65/SSNRA/ADEA

- **Exclusions:**
  - Intentional self-inflicted injury
  - War, declared or undeclared, or any act of war
  - Active participation in a riot, rebellion or insurrection
  - Committing or attempting to commit an assault, felony or other illegal act

- **Two year limitation** on benefits for:
  - Outpatient drug and alcohol abuse
  - Outpatient mental and nervous disorder

- **Residual/Partial Benefit:** During elimination and benefit period, an employee showing a 20% or greater earnings loss due to disability is benefit eligible. In the elimination period, the days worked on partial basis count towards fulfillment of period. After the elimination period, employee will receive partial benefits not to exceed 100% of pre-disability earnings.

- **Integration/Minimum benefit:** plan offsets with workers' compensation social security and disability retirement awards. Minimum benefit is $100 per month

- **Two Year Own Occupation.** This is the definition of disability and states that employees are considered disabled if, due to injury or illness, they can no longer perform the duties of their own occupation for first 24 months of disability.

LONG TERM DISABILITY

Mosse & Mosse
School and Municipal Services

How much does the plan cost?

Below are the age banded rates for our program as well as a formula to calculate employee premium.

Cost per 24 pays Based on Various Salary Examples

Age Band	Rate Per $100 of Income	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000
< 25	$0.190	$2.38	$3.17	$3.96	$4.75	$5.54	$6.33
25-29	$0.205	$2.56	$3.42	$4.27	$5.13	$5.98	$6.83
30-34	$0.221	$2.76	$3.68	$4.60	$5.53	$6.45	$7.37
35-39	$0.323	$4.04	$5.38	$6.73	$8.08	$9.42	$10.77
40-44	$0.470	$5.88	$7.83	$9.79	$11.75	$13.71	$15.67
45-49	$0.702	$8.78	$11.70	$14.63	$17.55	$20.48	$23.40
50-54	$0.923	$11.54	$15.38	$19.23	$23.08	$26.92	$30.77
55-59	$1.142	$14.28	$19.03	$23.79	$28.55	$33.31	$38.07
60+	$1.232	$15.40	$20.53	$25.67	$30.80	$35.93	$41.07

Formula for cost per pay period: **Annual Salary /100 x Rate /Number of Pay Periods**

Example
40-year-old Employee earning $50,000 with 24 pay periods:
1. $50,000 /100 x $0.470= $235
2. $235.00 /24 pay periods =$ 9.79 per pay period

If you have questions about LTD plans, please feel free to contact our consultant at Mosse and Mosse services, Brian Fitzgerald at 781-224-1709 x 139 Or
bfr@mossesservices.com

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Account FSAs

The Dudley-Charlton RSD continues to offer flexible spending accounts (FSAs) for health care and dependent care, which are administered **Progressive Benefits-Solutions, LLC (PBS)** For 2026. The IRS FSA Maximum is $3400. The Dependent Care Max is $7,500.

FLEXIBLE SPENDING ACCOUNTS: EMPLOYEES WHO WISH TO PARTICIPATE MUST ENROLL EVERY YEAR.

The current Flexible Spending Plan ends June 30, 2026. All funds from the previous year need to be used by 9/13/26. Any funds not used by that date will be forfeited.
An FSA is an IRS approved method which allows employees to use pre-tax dollars for medical (FSA) and dependent (DCA) care expenses. The enrollment form along with eligibility requirements can be found on the District's website under Staff, DCRSD Staff Intranet, Employee Information, click on Flexible Spending Accounts.

The maximum for the FSA has increased to $3,400 and the DCA is $7,500. There is a $5.50 monthly administrative fee for this service. The district pays one-half ($2.75) of this monthly fee, with the employee paying the other half.

A new FSA/DCA enrollment form is required for each new plan year. It would be effective from July 1, 2026, to June 30, 2027. To be eligible to participate in the FSA you MUST be an employee for a least one year as of July 1, 2026.

Please contact **Stacey Christiano, HR Director,** with any questions at 508-943-6888 ext. 148 or schristiano@dcrsd.org

Key points:

- Can elect without being enrolled in medical or only if enrolled in the EPO Plan or the PPO Plan.
- Access to annual contribution amount on day one; your annual pretax contribution is deducted evenly from your paychecks throughout the plan year.
- The 2026 max election is $3,400.
- Grace period, Last spend September 13, 2026.
- September 28, 2026, last day to submit claim receipts (90 days from the end of the plan year).
- Any unused funds will be forfeited at the end of the plan year.

Dependent Care FSAs

You can defer a portion of your salary ranging from $100 to $7,500 into a dependent care flexible spending account (FSA) per household. However, if you are classified as a highly compensated employee (HCE) earning over $160,000 annually, your contribution is limited to $2,500. Please note that this amount may be adjusted to comply with discrimination testing requirements.

Key points:

- You do not have to be enrolled in any health plan to enroll.
- Will be able to access funds as you make payroll contributions.
- The **2026** max election is $7,500 per household or $3,750
- Any unused funds will be forfeited at the end of the plan year.

Can be used for childcare expenses (children 13 and under), care expenses for a disabled spouse, or a parent in eldercare during working hours.

VOLUNTARY BENEFITS – 457 SMART Plan

There are many features of the Massachusetts Deferred Compensation 457 SMART Plan with which you should become familiar. The SMART Plan is a voluntary retirement savings program authorized under section 457 of the Internal Revenue Code, commonly called a 457 deferred compensation program, that allows eligible employees to save and invest before-tax and after-tax dollars through salary deferrals (contributions). Below is a summary of some features of the retirement plan.

457 SMART PLAN	
When am I eligible?	You can contribute to the 457 SMART plan upon your hire date. Speak to a customer service representative by visiting SMART Plan website at www.mass-smart.com or by calling the SMART Plan Service Center at 877- 457-1900.
How much can I contribute before taxes?	Traditional 457 contributions are made with before-tax dollars, and earnings are taxed when distributed. You must contribute at least 1% of your gross income or $10 per pay period. For 2026, you may contribute up to $24,500, with an additional $8,000 allowed if you're age 50 or older. If eligible, the Special Catch-Up provision lets you contribute up to $49,000 per year for up to three years before retirement, based on your unused deferral limits.
How much can I contribute after taxes?	Roth 457 contributions are made with after-tax dollars, and both your contributions and any potential earnings grow tax-free, as long as IRS distribution requirements are met. The minimum contribution per pay period is 1% of your gross income or $10, whichever is less. For 2026, you may contribute up to $24,500, with an additional $8,000 allowed if you are age 50 or older. If eligible, the Special Catch-Up provision allows you to contribute up to $49,000 per year for up to three consecutive years before retirement, based on your previously unused elective deferral limits.
How do I know which contribution is the best choice for me?	You might want to consult with a financial planner, attorney, and/or tax advisor to help evaluate your situation. Take time to truly analyze your current financial circumstances, spending habits, and long-term retirement aspirations. • If you are not yet participating in the SMART Plan, you can enroll on the website at www.mass-smart.com by completing the Participant Enrollment form found on the website or by calling the SMART Plan Service Center at 877-457-1900. • If you're a current SMART Plan participant, you can change your contributions by logging in to your account at www.mass-smart.com. Click on My Accounts, then My Contributions. You can also contact the SMART Plan Service Center at 877-457-1900.
How do I modify my investments?	You may move money among the Plan's investment options or redirect your future contributions online. You can contribute to the 457 SMART plan upon your hire date. Speak to a customer service representative by visiting the SMART Plan website at www.mass-smart.com or by calling the SMART Plan Service Center at 877-457-1900

403(b) PLAN

Retirement plans can vary significantly from individual to individual. To assist eligible employees in preparing for their retirement goals, your employer has set up a voluntary 403(b) plan. This plan allows qualified teachers to contribute through payroll deductions, utilizing both before-tax and after-tax dollars via salary deferrals (contributions). Below is a summary of some key features of the retirement plan

403(b) Plan	
When am I eligible?	You can contribute to the 403(b) plan on your date of hire. Eligible employees may make voluntary elective contributions to the 403(b) plan.
What are the benefits of a 403(b) Plan?	Contributions are deposited into your personal individual account, and you control the amount of retirement savings contributions you would like to make. Additionally, participants are always fully vested in their contributions and earnings.
What is the annual contribution limit?	For 2026, employees can contribute up to $24,500 to their 403(b) account. Catch-up contribution limits for qualified employees aged 50 and over who participate in 403 (b), are $8,000 for 2026.
How are 403(b) contributions made?	Contributions made to the traditional 403(b) account are pre-tax deductions from your paycheck. Your income tax is reduced for every payroll contribution you make. Any earnings on your deposit are tax-deferred until withdrawn, usually upon retirement. All withdrawals from a traditional 403(b) account are taxed during the year of the withdrawal at your income tax rate appropriate for that year.
VISIT - DCRSD Website	New Employee Benefits Packet - Dudley-Charlton Regional School District

PenServ PLAN SERVICES

Dudley-Charlton Regional School District 403(b) Plan
Universal Availability Notice

Assistance

You may join the Plan or receive assistance by first contacting your Employer's Benefit Representative, the Plan's Third Party Administrator or one of the Investment Companies listed below. Additional information on Plan options is available by contacting PenServ Plan Services, Inc. at (800) 849-4001 or from the Plan's web site.

Investment Provider Options

Provider and Product Name	Product Type	Contact
Ameriprise Financial Services	Annuities / Mutual Funds	Phone (800) 862-7919 http://www.ameriprise.com
Brighthouse Life Insurance Company	Annuities	Phone (800) 882-1292 www.brighthousefinancial.com
Equitable	Annuities	Patrick Belniak Phone (781) 237-8340 patrick.belniak@equitable.com
Horace Mann Insurance Co	Annuities	Phone (800) 999-1030 www.horacemann.com
Invesco Investment Services, Inc	Mutual Funds	Phone (800) 959-4246 www.invesco.com Kevin Daly Phone (508) 890-6240 kdaly@baystatefinancial.com
Lincoln Investment Planning	Mutual Funds	Clifford & Rano Associates Phone (508) 752-8284 http://www.cliffordrano.com
MetLife	Annuities / Mutual Funds	Kevin Daly Phone (774) 232-0444 kdaly@baystatefinancial.com
MG Trust - PenServ Plan Services - American Funds	Mutual Funds	Phone (800) 849-4001 www.penserv.com
MG Trust - PenSelect	Mutual Funds	Phone (803)-354-5003 www.penserv.com
Vanguard Investments	Mutual Funds	Phone (800) 569-4903 www.vanguard403bservices.com/application

Who is the Mass Strategic Health Group (MSHG) ?

Mass Strategic Health Group (MSHG) provides an inclusive environment where each community can choose solutions for their individual needs, while still being part of a larger group that ensures the best service and costs for you.

What do we offer ?

Your health and wellbeing is important, so MSHG is pleased to offer a comprehensive health benefits package to all eligible employees. Our benefits are designed to support you when you need it most. Some benefits are fully paid by MSHG, while others have a cost to the member, which allows you to create a benefits package that suits your individual needs.

DEFINITIONS

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum: Total dollar amount a plan pays during a plan year toward the covered expenses of each person enrolled.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance: A percentage of the medical costs based on the allowed amount; you must pay for certain services after you meet your annual deductible.

Conversion: An Associate changes or "converts" her / his Group Life coverage to an Individual Life Insurance policy without having to answer any medical questions. Conversion is for an Associate who is leaving her / his job, reducing hours, or has reached the age when coverage may be reduced or eliminated, and still wants to maintain the protection that life insurance provides.

Copayment: A set dollar amount you pay for in-network doctor's office visits, emergency room
services, and prescription drugs.

Deductible: The total dollar amount you must pay out-of-pocket for covered medical expenses each plan year before the plan pays for services applicable to the deductible. The deductible does not apply to network preventive care and any services where you pay a copayment. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

DEFINITIONS

Generic Drugs: These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than purchasing formulary or non-formulary brand-name drugs.

In-Network: A group of health care providers, including dentists, physicians, hospitals, and other health care providers, that agrees to accept pre-determined rates when serving members.

Out-of-Network: A group of health care providers, including dentists, physicians, hospitals, and other health care providers, who do not participate in a health plan's provider network.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long- term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma, and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found in the formulary. You may purchase brand-name medications that are not on the recommended list but cost significantly more out-of-pocket.

Out-of-Pocket Maximum: The maximum amount a Plan member must pay towards covered medical expenses in a plan year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire amount for covered services for the remainder of the plan year.
Deductibles and copays apply to the annual out-of-pocket maximum. You may be balance billed for services rendered out-of-network.

PDP Fee: PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing, and benefits maximums.

Portability: An Associate carries or "ports" her / his current Group Life coverage after employment ends without having to answer any medical questions. Portability is for an Associate who is leaving her / his job but still wants to maintain the protection that life insurance provides.

Pre-tax Plan: A plan for active employees that is paid for with pre-tax money. The IRS allows for certain expenses to be paid for with tax-free dollars. The state takes premiums out of your check before taxes are calculated, increasing your spendable income and reducing the amount you owe in income taxes. Consequently, the IRS has tax laws that require you to stay in the plans you select for a full plan year (July 1 through June 30) You can only make changes during Open Enrollment or if you have a qualifying event.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Provider: Any type of health care professional or facility that provides services under your plan.

Qualifying Event: An occurrence that qualifies the Subscriber to change insurance coverage outside of the Open Enrollment.

Usual and Customary Charge (U&C): U&C fee refers to the Usual and Customary (U&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services.

Specialty Drugs: Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.

FLSA EXCHANGE NOTICE

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2023)

PART A: General Information

When key parts of the healthcare law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover, you (and not any other members of your family) is more than 9. 5% of your household income for the year, or if the coverage your employer provides does not meet the " minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about the coverage offered by your employer, please check your summary plan description or contact the Treasurer's Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MEDICAID / CHIP CONTACT INFORMATION

PremiumAssistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www. healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor **www.askebsa.dol.gov or call 1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

ALABAMA– Medicaid

http://myalhipp.com | 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program:

http://myakhipp.com | 1-866-251-4861

CustomerService@MyAKHIPP.com

Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS– Medicaid

http://myarhipp.com | 1-855-MyARHIPP (1-855-692-7447)

CALIFORNIA– Medicaid

Health Insurance Premium Payment (HIPP) Program

http://dhcs.ca.gov/hipp | 1-916-445-8322

hipp@dhcs.ca.gov

COLORADO– Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

https://www.healthfirstcolorado.com

Health First Colorado Member Contact Center:

1-800-221-3943 / State Relay 711

CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus

CHP+ Customer Service: 1-800-359-1991 / State Relay 711

Health Insurance Buy-In Program (HIBI):

https://www.colorado.gov/pacific/hcpf/health-insurance-buy- program

HIBI Customer Service: 1-855-692-6442

FLORIDA– Medicaid

https://www.flmedicaidtplrecovery.com/

flmedicaidtplrecovery.com/hipp/index.html

1-877-357-3268

GEORGIA– Medicaid

HIPP: Health Insurance Premium Payment Program (HIPP) | Georgia Medicaid

1-678-564-1162, Press 1

GACHIPRA:https://medicaid.georgia.gov/programs/%20third-party-liability/childrens-health-insurance-program-%20reauthorization-act-2009-chipra

1-678-564-1162, Press 2

INDIANA– Medicaid

Healthy Indiana Plan for low-income adults 19-64:

http://www.in.gov/fssa/hip | 1-877-438-4479

All other Medicaid:

https://www.in.gov/medicaid | 1-800-457-4584

IOWA– Medicaid and CHIP (Hawki) Medicaid:

https://dhs.iowa.gov/ime/members 1-800-338-8366

Hawki: http://dhs.iowa.gov/Hawki | 1-800-257-8563

HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp

1-888-346-9562

KANSAS– Medicaid

https://www.kancare.ks.gov | 1-800-792-4884

MEDICAID / CHIP CONTACT INFORMATION

KENTUCKY– Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP: https://kidshealth.ky.gov/Pages/index.aspx
1-877-524-4718
Medicaid: https://chfs.ky.gov

LOUISIANA– Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
https://www.maine.gov/dhhs/ofi/applications-forms
1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium:
https://www.maine.gov/dhhs/ofi/applications-forms
1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa
1-800-862-4840 TTY: (617) 886-8102

MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp | 1-800-657-3739

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

MONTANA– Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084 | HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov
1-855-632-7633 | Lincoln: 1-402-473-7000 | Omaha: 1-402-595-1178

NEVADA– Medicaid
http://dhcfp.nv.gov | 1-800-992-0900

NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program |
1-603-271-5218
HIPP program toll free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid
1-609-631-2392
CHIP: http://www.njfamilycare.org/Default.aspx
1-800-701-0710

NEWYORK– Medicaid
https://www.health.ny.gov/health_care/medicaid
1-800-541-2831

NORTHCAROLINA– Medicaid
https://medicaid.ncdhhs.gov | 1-919-855-4100

NORTHDAKOTA– Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid
1-844-854-4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org | 1-888-365-3742

OREGON– Medicaid
http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
1-800-699-9075

PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx | 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov
1-855-697-4347, or 1-401-462-0311 (Direct RIte Share Line)

SOUTHCAROLINA– Medicaid
https://www.scdhhs.gov | 1-888-549-0820

SOUTHDAKOTA- Medicaid
http://dss.sd.gov | 1-888-828-0059

TEXAS– Medicaid
http://gethipptexas.com | 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov
CHIP: http://health.utah.gov/chip | 1-877-543-7669

VERMONT – Medicaid
http://www.greenmountaincare.org | 1-800-250-8427

VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid: 1-800-432-5924 **CHIP:** 1-800-432-5924

WASHINGTON– Medicaid
https://www.hca.wa.gov | 1-800-562-3022

WESTVIRGINIA – Medicaid
https://dhhr.wv.gov/bms
http://mywvhipp.com
Medicaid: 1-304-558-1700
CHIP Toll-free: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002

WYOMING– Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1-800-251-1269

Information in this benefits guide and booklet is not guaranteed to be accurate or complete. If you have questions regarding benefits, consult with DCRSD's HR and Benefits team. Further, NFP and its subsidiaries and affiliates do not provide legal or tax advice, compliance, regulatory, and related contents for general informational purposes only. You should consult an attorney or tax professional regarding the application or potential implications of laws, regulations, or policies to your specific circumstances