



Mascoma Valley Regional School District - SAU 62

Mascoma Inspires! Build The Path You Want To Take.



Employee Benefit Summary

2026 - 2027

Contact Information

Should you have any questions regarding your benefits or any other component of your employment with us, please contact your Human Resources Administrator.



SchoolCare / CIGNA
Medical Insurance
CIGNA Plan # 3206140
603-836-5031
www.schoolcare.org



LPL Financial
Deferred Compensation (403)b
Richard Anderson – Financial Advisor
603-756-3935
www.lpl.com



SchoolCare / CIGNA
Dental Insurance
800-CIGNA24
www.schoolcare.org



New Hampshire Retirement System
Retirement
603-410-3636
www.nhrs.org



The Standard
Life, AD&D, LTD, Vol. Benefits
800-368-1135 – LTD
800-368-2859 – STD

Employee Assistance Program
888-293-6948
healthadvocate.com/standard3



SchoolCare / VSP
Vision Insurance
800-877-7195
www.vsp.com

Assist America
Worldwide Emergency Travel Assistance
800-872-1414
medservices@assistamerica.com



WEX
Flexible Spending Account
800-492-0069
www.benefitslogin.wexhealth.com

Reminder: Always notify Human Resources if you have a change of address, phone number or would like to update your emergency contacts.

Human Resources Administrator
Patricia (Pattie) Beek
603-632-5563 ext. 3001
Pbeek@mvrds.org

This handbook is for illustrative purposes only please refer to your Certificate of Coverage for details

SCHOOLCARE Yellow

Open Access

+ CHOICE FUND

Coverage for eligible employees is effective the 1st of the month following the hire date. Employees may elect to cover their children, up to age 26, regardless of student status.

Benefits	YELLOW OPEN ACCESS (In-Network Benefits Only)
Deductibles, Maximums* - Plan Year Deductible - Coinsurance - Out-of-Pocket Maximum per plan year - Maximum Lifetime benefit *All family members contribute towards family deductible/out-of-pocket maximum	TOTAL COST Individual: \$1,250; Family: \$2,500 Medical 20%; Pharmacy 10% (\$75 cap per prescription) Individual: \$2,000; Family: \$4,000 Unlimited
CHOICE FUND* SCHOOLCARE embedded Choice Fund (health reimbursement account) to be used to pay for eligible out-of-pocket expenses during the plan year. *Subscriber must take the online Health Assessment to be eligible.	SCHOOL CARE PAYS* Individual: \$1,000; Family: \$2,000
NET COST AFTER CHOICE FUND (if eligible) Deductible Out-of-Pocket Costs	YOU PAY: Individual: \$250; Family: \$500 Individual: \$1,000; Family: \$2,000
Preventive Care * - Routine Physical Examination and immunizations - Well Child, Well Woman and Adult Preventive Care - Routine Gynecological Exam (one per plan year) - Routine Eye Exam (one every 12 months all ages) - Discount Available for Eyewear * Includes Naturopathic services, routine laboratory and diagnostic testing	\$0 \$0 \$0 \$0 \$0 \$0
Other Physician Services* - Office Visits and/or Office Surgery - Maternity Care * Includes Naturopathic Services	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
Outpatient Diagnostic Testing Radiology and Laboratory Services (prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
Hospital Care - Inpatient Services, Same Day or Outpatient Surgery - Radiation and Chemotherapy - Physician Visits and Services - Operating Room and Anesthesiologist Services - X-ray and Laboratory Services	Deductible, then 20% to the Out of Pocket Maximum

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+ CHOICE FUND

Continued

Benefits	YELLOW OPEN ACCESS (In-Network Benefits Only)
Emergency and Urgent Care Hospital Emergency Room and Urgent Care Facility (Medically necessary and Worldwide)	Deductible, then 20% to the Out of Pocket Maximum
Mental Health/Substance Abuse - Outpatient - Inpatient (prior authorization required) - Drug/Alcohol Abuse (prior authorization required) (diagnosis, detox, rehab, and medical treatment)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
Prescription Drugs - Retail (30 day supply) through participating pharmacies - Maintenance drugs: (90 day supply) available only through Cigna Home Delivery mail order - Oral contraceptives (generic) covered at \$0 copay (prior authorization required for some drugs)	(Generic*, Preferred Brand Name, Non-Preferred Brand Name) Deductible, then 10% to the Out of Pocket Maximum** Deductible, then 10% to the Out of Pocket Maximum** *Certain Preventive Generic Drugs, Retail or Mail Order: \$0 **\$75 maximum after deductible
Physical, Occupational and Speech Therapies - Outpatient: short-term rehab, up to 60 visits per person/per plan year; includes PT, OT, ST and cardiac rehab (combined maximum) - Inpatient (prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
Chiropractic Care - 20 visits per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
Acupuncture* 12 visits per person/per plan year * Coverage based on CIGNA's medical guidelines	Deductible, then 20% to the Out of Pocket Maximum
Durable Medical Equipment and Prosthetic Appliances	Deductible, then 20% to the Out of Pocket Maximum
Other Benefits - Oral Surgery (accidents only) - Removal of boney impacted wisdom teeth - Skilled nursing care (100 days maximum per person/per plan year) - Ambulance (if medically necessary) - Blood Transfusions, Home Health Services and Hospice	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
Good For You! By SchoolCare Heath and Wellness Incentives, Employee Assistance Program	Covered

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Benefits	YELLOW OPEN ACCESS (In-Network Benefits Only)
DEDUCTIBLES, MAXIMUMS* - Plan Year Deductible - Coinsurance - Out-of-Pocket Maximum/Plan Year - Maximum Lifetime Benefit *All family members contribute towards family deductible/out-of-pocket max.	Individual: \$1,250; Family: \$2,500 Medical 20%; Pharmacy 10% (\$75 cap per prescription) Individual: \$2,000; Family: \$4,000 Unlimited
EMPLOYER FUNDING Optional subject to collective bargaining or governance policy, the employer may contribute up to 50% of the out-of-pocket maximum through an HRA, FSA or other legally permissible method.	Individual: \$1,000; Family: \$2,000 This is the maximum amount allowed annually under SchoolCare policy.
PREVENTIVE CARE (Includes Naturopath Services, Routine Laboratory & Diagnostic Testing) - Routine Physical Examination (Physician's Office or Virtual Care) - Additional services such as urinalysis, EKG and other laboratory tests when billed as part of preventive care visit - Routine Immunizations - Mammogram, PAP and PSA Tests - Routine Eye Exam (one every 12 months for all ages) - Discounts Available for Eyewear - Routine Hearing Exam	\$0 \$0 \$0 \$0 \$0 \$0
OTHER PHYSICIAN SERVICES (Includes Naturopath Services) - Office Visits and/or Office Surgery - Maternity Care - Virtual Care Visit (see details on myCigna.com)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
OUTPATIENT DIAGNOSTIC TESTING Radiology and Laboratory Services (Prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
HOSPITAL CARE - Inpatient Services including Newborn Care Same Day or Outpatient Surgery - Physician Visits and Services - Surgeon, Radiologist, Pathologist and Anesthesiologist Services Operating Room - Lab and Radiology Services, including Advanced Radiological Imaging as well as Medical Specialty Drugs	Deductible, then 20% to the Out of Pocket Maximum (Inpatient admissions and some outpatient procedures require prior authorization)

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Continued

Benefits	YELLOW OPEN ACCESS (In-Network Benefits Only)
HEARING TESTS (Non-Routine)	Deductible, then 20% to the Out of Pocket Maximum
EMERGENCY & URGENT CARE (Medically Necessary and Worldwide) - Hospital Emergency Room - Urgent Care Facility (Including MDLive Virtual Care)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
MENTAL HEALTH/SUBSTANCE USE DISORDER - OUTPATIENT (Physician's office or Virtual Care) - INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
PRESCRIPTION DRUGS - Cigna Participating Pharmacies - Go to Cigna.com/Rx90network for listing of 90-day network retail pharmacies - Certain Preventive Generic Drugs including contraceptives: \$0 (Prior authorization and step therapy are required for some drugs)	Retail - up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum [‡] Mail Order – up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum [‡] available only through Express Scripts Home Delivery mail order Specialty Drugs: 30-day supply only, filled through Accredo Home Delivery mail order
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES - OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (Combined maximum). - INPATIENT (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
CHIROPRACTIC CARE 20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
DURABLE MEDICAL EQUIPMENT	Deductible, then 20% to the Out of Pocket Maximum
OTHER BENEFITS - AMBULANCE (if not a true emergency, services are not covered) - BLOOD TRANSFUSIONS - GENDER AFFIRMATION SERVICES HOME HEALTH & HOSPICE SERVICES - INFERTILITY TREATMENT Go to managed.winfertility.com/schoolcare - ORAL SURGERY (accidents only) - REMOVAL OF BONEY IMPACTED WISDOM TEETH - SKILLED NURSING CARE (100 days per person/per plan year maximum)	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
EMPLOYEE ASSISTANCE PROGRAM	Included
GOOD FOR YOU! by SCHOOLCARE WELL-BEING INCENTIVES	Included – up to \$600 each for subscriber and covered spouse

SCHOOLCARE Orange

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+ H.S.A

Coverage for eligible employees is effective the 1st of the month following the hire date. Employees may elect to cover their children, up to age 26, regardless of student status.

Benefits	ORANGE OPEN ACCESS (In-Network Benefits Only)
Deductibles, Maximums* - Plan Year Deductible - Coinsurance - Out-of-Pocket Maximum per plan year - Maximum Lifetime benefit *All family members contribute towards family deductible/out-of-pocket maximum	TOTAL COST Individual: \$2,000; Family: \$4,000 Medical 20%; Pharmacy 10% (or \$75 cap per prescription) Individual: \$4,000; Family: \$8,000 (Individual in a Family: \$6,550) Unlimited
EMPLOYER FUNDING Optional subject to collective bargaining or governance policy, the employer may contribute up to 50% of the out-of-pocket maximum through an HSA, HRA, FSA or other legally permissible method.	
Preventive Care * - Routine Physical Examination and immunizations - Well Child, Well Woman and Adult Preventive Care - Routine Gynecological Exam (one per plan year) - Routine Eye Exam (one every 12 months all ages) Discount Available for Eyewear * Includes Naturopathic services, routine laboratory and diagnostic testing	\$0 \$0 \$0 \$0 \$0 \$0
Other Physician Services* - Office Visits and/or Office Surgery - Maternity Care * Includes Naturopathic Services	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
Outpatient Diagnostic Testing Radiology and Laboratory Services (prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
Hospital Care - Inpatient Services, Same Day or Outpatient Surgery - Radiation and Chemotherapy - Physician Visits and Services - Operating Room and Anesthesiologist Services - X-ray and Laboratory Services	Deductible, then 20% to the Out of Pocket Maximum (Inpatient admissions and some outpatient procedures require prior authorization)

SCHOOLCARE Orange

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+ H.S.A

Continued

Benefits	ORANGE OPEN ACCESS (In-Network Benefits Only)
Hearing Tests (non-routine)	Deductible, then 20% to the Out of Pocket Maximum
Emergency and Urgent Care Hospital Emergency Room and Urgent Care Facility (Medically necessary and Worldwide)	Deductible, then 20% to the Out of Pocket Maximum
Mental Health/Substance Abuse - Outpatient - Inpatient (prior authorization required) - Drug/Alcohol Abuse (prior authorization required) (diagnosis, detox, rehab, and medical treatment)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
Prescription Drugs - CIGNA Participating Pharmacies - Go to Cigna.com/Rx90network for list of 90-day network retail pharmacies - Certain Preventative Generic Drugs including oral contraceptives (generic): \$0 (Prior authorization and step therapy are required for some drugs)	Retail – up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum Mail Order – up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum available only through Express Scripts Home Delivery mail order Specialty Drugs: 30-day supply only, filled through Accredo Home Delivery mail order \$75 cap per prescription after deductible
Physical, Occupational and Speech Therapies - Outpatient: short-term rehab, up to 60 visits per person/per plan year; includes PT, OT, ST and cardiac rehab (combined maximum) - Inpatient (prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
Chiropractic Care - 20 visits per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
Acupuncture (in or out of network) 12 visits per person/per plan year * Coverage based on CIGNA's medical guidelines	Deductible, then 20% to the Out of Pocket Maximum
Durable Medical Equipment and Prosthetic Appliances	Deductible, then 20% to the Out of Pocket Maximum
Other Benefits - Ambulance (must be true emergency) - Blood Transfusions - Gender Affirmation Services - Home Health & Hospice Services - Infertility Treatment - Oral Surgery (accidents only) - Removal of bone impacted wisdom tooth - Skilled nursing care (100 days per person/plan year max)	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
Good For You! By SchoolCare Heath and Wellness Incentives, Employee Assistance Program	Included, up to \$600/each for subscriber and covered spouse (Wellness)

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CHOICE FUND (if activated) Embedded Choice Fund (health reimbursement account) pays for eligible out-of-pocket expenses during the plan year.	SCHOOLCARE PAYS Individual: \$1,000; Family: \$2,000 Subscriber must take the online Health Assessment to activate Choice Fund.
NET COST AFTER CHOICE FUND (if activated) Out-of-Pocket Cost (including deductible)	PLAN MEMBER PAYS Individual: \$2,000; Family: \$4,000 The Employer may not fund any additional portion of the out-of-pocket costs under SchoolCare policy.
PREVENTIVE CARE (Includes Naturopath Services, Routine Laboratory & Diagnostic Testing) - Routine Physical Exam. (Physician's Office or Virtual Care) - Additional services such as urinalysis, EKG and other lab tests when billed as part of preventive care visit - Routine Immunizations Mammogram, PAP and PSA Tests - Routine Eye Exam (one every 12 months for all ages) - Discounts Available for Eyewear - Routine Hearing Exam	\$0 \$0 \$0 \$0 \$0
OTHER PHYSICIAN SERVICES (Includes Naturopath Services) - Office Visits and/or Office Surgery - Maternity Care - Virtual Care Visit (see details on myCigna.com)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
OUTPATIENT DIAGNOSTIC TESTING Radiology and Laboratory Services (Prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
HOSPITAL CARE - Inpatient Services including Newborn Care Same Day or Outpatient Surgery - Physician Visits and Services - Surgeon, Radiologist, Pathologist and Anesthesiologist - Operating Room - Lab and Radiology Services, including Advanced Radiological Imaging as well as Medical Specialty Drugs	Deductible, then 20% to the Out of Pocket Maximum (Inpatient admissions and some outpatient procedures require prior authorization)

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+ CHOICE FUND

Continued

Benefits	YELLOW OPEN ACCESS (In-Network Benefits Only)
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OTHER PHYSICIAN SERVICES (Includes Naturopath Services) - Office Visits and/or Office Surgery - Maternity Care - Virtual Care Visit (see details on myCigna.com)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
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EMPLOYER FUNDING Optional subject to collective bargaining or governance policy, the employer may contribute up to 50% of the out-of-pocket maximum through an HRA, FSA or other legally permissible method.	Individual: \$1,500; Family: \$3,000 This is the maximum amount allowed annually under SchoolCare policy.
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OTHER PHYSICIAN SERVICES (Includes Naturopath Services) - Office Visits and/or Office Surgery - Maternity Care - Virtual Care Visit (see details on myCigna.com)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
OUTPATIENT DIAGNOSTIC TESTING Radiology and Laboratory Services (Prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
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SCHOOLCARE Yellow

Open Access 2.0

Continued

Benefits	YELLOW OPEN ACCESS (In-Network Benefits Only)
HEARING TESTS (Non-Routine)	Deductible, then 20% to the Out of Pocket Maximum
EMERGENCY & URGENT CARE (Medically Necessary and Worldwide) - Hospital Emergency Room - Urgent Care Facility (Including MDLive Virtual Care)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
MENTAL HEALTH/SUBSTANCE USE DISORDER - OUTPATIENT (Physician's office or Virtual Care) - INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
PRESCRIPTION DRUGS - Cigna Participating Pharmacies - Go to Cigna.com/Rx90network for listing of 90-day network retail pharmacies - Certain Preventive Generic Drugs including contraceptives: \$0 (Prior authorization and step therapy are required for some drugs)	Retail - up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum† Mail Order – up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum† available only through Express Scripts Home Delivery mail order Specialty Drugs: 30-day supply only, filled through Accredo Home Delivery mail order †\$75 cap per prescription after deductible
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES - OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (Combined maximum). - INPATIENT (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
CHIROPRACTIC CARE 20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
DURABLE MEDICAL EQUIPMENT	Deductible, then 20% to the Out of Pocket Maximum
OTHER BENEFITS - AMBULANCE (if not a true emergency, services are not covered) - BLOOD TRANSFUSIONS - GENDER AFFIRMATION SERVICES HOME HEALTH & HOSPICE SERVICES - INFERTILITY TREATMENT Go to managed.winfertility.com/schoolcare - ORAL SURGERY (accidents only) - REMOVAL OF BONEY IMPACTED WISDOM TEETH - SKILLED NURSING CARE (100 days per person/per plan year maximum)	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
EMPLOYEE ASSISTANCE PROGRAM	Included
GOOD FOR YOU! by SCHOOLCARE WELL-BEING INCENTIVES	Included – up to \$300 each for subscriber and covered spouse

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EMPLOYER FUNDING Optional subject to collective bargaining or governance policy, the employer may contribute up to 50% of the out-of-pocket maximum through an HRA, FSA or other legally permissible method.	Individual: \$2,500; Family: \$5,000 This is the maximum amount allowed annually under SchoolCare policy.
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OTHER PHYSICIAN SERVICES (Includes Naturopath Services) - Office Visits and/or Office Surgery - Maternity Care - Virtual Care Visit (see details on myCigna.com)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
OUTPATIENT DIAGNOSTIC TESTING Radiology and Laboratory Services (Prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
HOSPITAL CARE - Inpatient Services including Newborn Care Same Day or Outpatient Surgery - Physician Visits and Services - Surgeon, Radiologist, Pathologist and Anesthesiologist - Operating Room - Lab and Radiology Services, including Advanced Radiological Imaging as well as Medical Specialty Drugs	Deductible, then 20% to the Out of Pocket Maximum (Inpatient admissions and some outpatient procedures require prior authorization)

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Continued

Benefits	ORANGE OPEN ACCESS (In-Network Benefits Only)
HEARING TESTS (Non-Routine)	Deductible, then 20% to the Out of Pocket Maximum
EMERGENCY & URGENT CARE (Medically Necessary and Worldwide) - Hospital Emergency Room - Urgent Care Facility (Including MDLive Virtual Care)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
MENTAL HEALTH/SUBSTANCE USE DISORDER - OUTPATIENT (Physician's office or Virtual Care) - INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
PRESCRIPTION DRUGS - Cigna Participating Pharmacies - Go to Cigna.com/Rx90network for listing of 90-day network retail pharmacies - Certain Preventive Generic Drugs including contraceptives: \$0 (Prior authorization and step therapy are required for some drugs)	Retail - up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum‡ Mail Order – up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum‡ available only through Express Scripts Home Delivery mail order Specialty Drugs: 30-day supply only, filled through Accredo Home Delivery mail order ‡\$75 cap per prescription after deductible
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES - OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (Combined maximum). - INPATIENT (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
CHIROPRACTIC CARE 20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
DURABLE MEDICAL EQUIPMENT	Deductible, then 20% to the Out of Pocket Maximum
OTHER BENEFITS - AMBULANCE (if not a true emergency, services are not covered) - BLOOD TRANSFUSIONS - GENDER AFFIRMATION SERVICES HOME HEALTH & HOSPICE SERVICES - INFERTILITY TREATMENT Go to managed.winfertility.com/schoolcare - ORAL SURGERY (accidents only) - REMOVAL OF BONEY IMPACTED WISDOM TEETH - SKILLED NURSING CARE (100 days per person/per plan year maximum)	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
EMPLOYEE ASSISTANCE PROGRAM	Included
GOOD FOR YOU! by SCHOOLCARE WELL-BEING INCENTIVES	Included – up to \$300 each for subscriber and covered spouse

DENTAL INSURANCE

Coverage for eligible employees is effective the 1st of the month following the hire date. Employees may elect to cover their children, up to age 26, regardless of student status.

Class 1 Diagnostic/Preventive	Class 2 Basic Restorative Care	Class 3 Major Restorative Care
Deductible: None	Deductible: \$25 per person, per year (\$75 per family)	
Covered at 100% *	Covered at 80% *	Covered at 50% *
Diagnostic: • Oral Exams • Cleanings • Routine X-Rays • Fluoride Applications (2x per year to age 19) • Sealants (1x per year to age 14) • Space Maintainers (limited to non-orthodontic treatment) • Non-Routine X-Rays • Emergency Care to Relieve Pain	Basic Restorative: • Fillings- Amalgam and Composite • Oral Surgery- Simple Extractions • Oral Surgery- All Except Simple Extractions • Surgical Extractions of Impacted Teeth • Anesthetics • Major Periodontics • Minor Periodontics • Root Canal Therapy/Endodontics • Relines, Rebases, and Adjustments • Repairs- Bridges, Crowns, and Inlays • Repairs- Dentures	Major Restorative: • Crowns/Inlays/Onlays • Dentures • Bridges • Implants • Occlusal Night Guards

Contract Year Maximum: \$1,000 per person (Class 1 2 and 3) beginning each January 1st

*Pretreatment review is available on a Voluntary basis when extensive dental work in excess of \$200 is proposed. Dental Oral Health Integration Program (OHIP)- All dental customers + Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Program (OHIP) is designed to provide enhanced dental coverage for the customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, Maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation.

The Program provides:

- 100% coverage for certain procedures (provided the max has not been depleted during the calendar year)
- Guidance on behavioral issues related to oral health
- Discounts on prescription and non-prescription dental products

*For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will pay as billed.

Vision Care

Employees eligible for medical insurance may receive a routine eye exam one per calendar year through the CIGNA medical plan. A Vision Network Savings Program provides discounts on glasses and contact lenses when purchased through approved retail optical affiliates (Plan# 9234030). Contact HR for additional details.



VISION INSURANCE

Voluntary Vision Coverage

Mascoma Valley Regional School District offers vision coverage to benefit eligible employees. Coverage for eligible employees is effective the 1st of the month following the date of hire. Employees may elect to cover their children, up to age 26, regardless of student status. This coverage is 100% employee funded.

Coverage			Cost to Member			
VSP Provider Network: Choice			New Hampshire School Health Care Coalition and VSP provide you with an affordable eyecare plan.			
Prescription Glasses			\$25 Copay Lenses: Once per calendar year • Single vision, lined bifocal, and trifocal lenses • Polycarbonate lenses for dependent children • Other lens options available for an additional copay amount Frame: Once every other calendar year • \$130 allowance for a wide selection of frames, then 20% discount on remaining cost • \$180 allowance for featured frame brands			
Contact Lens Care			\$130 allowance for contacts; copay does not apply Up to \$60 copay for a contact lens exam (fitting and evaluation)			
Extra Discounts			Glasses & Sunglasses: • Extra \$50 to spend on featured frame brands. Go to vsp.com/special offers for details. • 20% off additional glasses & sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam. Laser Vision Correction: • Average 15% discount off of the regular price or 5% off the promotional price; discounts only available from contracted facilities			
Your Coverage with Out-of-Network Providers:						
Exam: up to \$70	Frame: up to \$50	Single Vision Lenses up to \$30	Lined Bifocal Lenses up to \$50	Lined Trifocal Lenses up to \$65	Standard Progressive Lenses up to \$50	Contacts up to \$105

Mascoma Valley Regional School District makes certain benefits available to employees on a voluntary basis. Benefit eligible employees may elect to enroll and pay for Voluntary Vision coverage with VSP.

FLEXIBLE SPENDING ACCOUNT AND HEALTH SAVINGS ACCOUNT

Flexible Spending Account (FSA)

Only Eligible to Participate in the FSA if the **Yellow Plan is Elected**

Flexible Spending Accounts (FSA) For your out-of-pocket medical, dental, vision and hearing expenses.

In the past two decades, the workforce has undergone dramatic changes. More and more families have two full-time workers, both receiving similar packages of benefits from their employers. The traditional benefit plan design limits employees to participating in an employer determined medical and possible dental, life and/or disability insurance plan, and generally provides nothing for the employee who, having coverage through his or her spouse, chooses not to participate. In addition, employees have out-of-pocket expenses associated with co-pays, deductibles, plan limits and non-covered services and products. These traditional benefit packages often fall short of meeting today's employees' needs.

By participating in an FSA, an employee can set aside up to \$3,400 on a pre-tax basis.

Why enroll in an FSA?

Give yourself a raise! Increase your spendable income by reducing the amount you pay in taxes.

Participants save approximately \$27 in taxes for every \$100 they set aside in an FSA.

Easily budget for the cost of health care expenses.

Health Savings Account (HSA)

Only Eligible to Participate in the HSA if the **Orange Plan is Elected**

Health Savings Accounts (HSA) A convenient way to save for out-of-pocket costs.

The Orange Plan enables you to contribute your own funds to a Health Savings Account (HSA), with total annual IRS contribution limits of \$4,400 for employee-only coverage and \$8,750 for coverage with dependents (including employer contributions). For the Support Staff Group only the District contributes \$2,000 for those enrolled as employee-only and \$4,000 for those enrolled with a dependent or dependents. If you are age 55 or older, you may also contribute an additional \$1,000 catch-up contribution.

Advantages of Using an HSA:

- The balance isn't subject to a "use it or lose it" rule.
- Opportunity to save for future qualified medical expenses, including in retirement.
- Triple tax advantage: Contributions, earnings, and withdrawals are tax-free.

Most Americans become eligible for Medicare at age 65. Participation in any type of Medicare (Part A, Part B, Part C – Medicare Advantage Plans, Part D, and Medicare Supplement Insurance – Medigap) makes you ineligible to contribute to an HSA. However, you can continue to use your HSA for qualified medical expenses and for other expenses for as long as you have funds in your HSA.



RETIREMENT PLAN

New Hampshire Retirement Plan

- Teachers, support staff and administrative staff are enrolled as members of the New Hampshire Retirement System. The New Hampshire Retirement System was established in 1967 as a contributory, defined benefit plan. The plan provides lifetime pension benefits that are determined at retirement under formulas prescribed by law; the pension benefit is not based on the investment returns or contributions.
- The retirement system provides service, early service, disability, and vested deferred retirement benefits, as well as pre- and post- retirement death benefits. It also provides a post – retirement Medical Subsidy to eligible members and beneficiaries. To be vested, a member must have a minimum of 10 years of creditable service or be working beyond the NHRS normal retirement age.
- NHRS does not provide health insurance for retirees or their beneficiaries.
- Benefit formulas and eligibility requirements are set by state law (RSA 100-A). The retirement system is also governed by administrative rules, policies adopted by the NHRS Board of Trustees, and the Internal Revenue Code.
- NHRS benefits are funded by member contributions, employer contributions, and net investment returns. Investment returns have historically provided the bulk of funding for pension benefits.
- District retirement contributions:
 - 19.23%
 - 12.75%

Deferred Compensation

Mascoma Valley Regional School District also offers a 403(b) voluntary retirement plan. Employees are eligible to participate immediately upon employment. Through the convenience of payroll deductions, you can make before-tax or Roth after-tax elective deferrals, subject to IRS regulations.

Plan brochures are available in Human Resources.



VOLUNTARY LIFE AND AD&D

Voluntary Life and AD&D

Voluntary Life and AD&D coverage is available to benefit eligible employees and their eligible spouses and children. This benefit is 100% employee funded. Please find below the Voluntary Term Life and AD&D insurance coverage options.

- Employee:** Choice of coverage from 1X to 5X annual base salary to a maximum of \$500,000 in increments of \$10,000
- Spouse:** Choice of coverage of up to 100% of employee amount to a maximum of \$500,000 in increments of \$5,000
- Child(ren):** Choice of coverage of up to 100% of employee coverage to a maximum of \$10,000 in increments of \$2,000
- AD&D benefits are not included in the Voluntary Life coverage. This is a separate coverage that can be elected with or without Voluntary Life.

*Please note: In order to purchase life insurance coverage for your spouse and/or child(ren), you must purchase life insurance coverage for yourself.

- Benefits reduce to 65% of the original amount when you reach age 70, and will reduce to 50% when you reach age 75

Guarantee Issue

- Employee:** Employees who purchase coverage when initially eligible have the opportunity to purchase up to **\$150,000** of coverage without medical questions being asked
- Spouses:** Spouses may be covered up to **\$25,000** without medical questions during the initial enrollment
- Children:** Children may be covered up to **\$10,000** without medical questions

**Employees who purchase the minimum coverage amount of \$10,000 can increase their coverage if they experience a life status change. Life status changes are typically defined as birth or adoption of a child, marriage, divorce, loss of job for spouse or death of close family member.

Accelerated Benefit

In addition to the Life and AD&D coverage, an accelerated benefit is also included. If an employee becomes terminally ill and is not expected to live more than 12 months, he or she may request a certain percentage of the insurance amount. The remaining benefit will be paid to the designated beneficiaries at the time of the employee's death.

Mascoma Valley Regional School District makes certain benefits available to employees on a voluntary basis. Benefit eligible employees may elect to enroll and pay for Voluntary Life and AD&D.



FAMILY MEDICAL LEAVE ACT (FMLA)

Leave Entitlement

Eligible employees may take up to 12 workweeks of leave in a 12-month period for one or more of the following reasons:

- The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care
- To care for a spouse, son, daughter, or parent who has a serious health condition
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active-duty status

An eligible employee may also take up to 26 workweeks of leave during a "single 12-month period" to care for a covered service member with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the service member. The "single 12-month period" for military caregiver leave is different from the 12-month period used for other FMLA leave reasons. See Fact Sheets 28F: Qualifying Reasons under the FMLA and 28M: The Military Family Leave Provisions under the FMLA.

Eligible Employees

Only eligible employees are entitled to take FMLA leave. An eligible employee is one who:

- Works for a covered employer
- Has worked for the employer for at least 12 months
- Has at least 900 hours of service for the employer during the 12-month period immediately preceding the leave
- Works at a location where the employer has at least 50 employees within 75 miles

For questions, please email Patricia Beek, HR Administrator, at pbeek@mvrdsd.org or call 603.632.5563 Ext. 3001.



**Family and Medical
Leave**

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your Human Resource Administrator.

OTHER EMPLOYEE BENEFITS

Life and AD&D Insurance

- 100% funded by Mascoma Valley Regional School District
- 1 times an employee's annual earnings, rounded to the next higher multiple of \$1,000. The maximum amount is \$100,000
- The amount of AD&D insurance benefit is equal to the amount of the life insurance benefit
- The amount of Life and AD&D insurance is reduced by 50% once the employee reaches the age of 70
- Please contact Human Resources to update your beneficiary information, as necessary

Long Term Disability

- 100% funded by Mascoma Valley Regional School District
- Benefit is 60% of basic monthly pay up to a \$4,000 a month maximum
- Payments begin after 90 days from the start of a qualified disability



Other Benefits

Vacation, sick leave, jury duty, bereavement leave, personal time and approved time off for professional development are defined by bargaining agreements. Please refer to the applicable contract document for details.

Sick Bank

Bargaining unit members have access to a sick leave bank that can be accessed for absences in excess of their accrued sick leave balance. Please refer to the applicable contract document for details.

Travel Assistance

This program helps you cope with emergencies when you travel more than 100 miles or more from home – to another country or just another city for trips of up to 90 days. Emergency services include help replacing lost prescriptions and passports, referrals to Western-trained, English-speaking medical providers, hospital admission assistance, emergency medical evacuation, transportation for a friend or family member to join a hospitalized patient, care and transport of unattended minor children, and legal and interpreter referrals.



EMPLOYEE ASSISTANCE PROGRAM

A helping hand when you need it.
Rely on the support, guidance and resources of your Employee Assistance Program

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three assessment and counseling sessions per issue. Sessions can be done in person, on the phone or by video.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

With EAP, assistance is immediate, personal and available when you need it.

Contact EAP

888.293.6948

TDD: 800.327.1833

24 hours a day, seven days a week

workhealthlife.com/Standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

MEDICAL COSTS

SUPPORT STAFF

Bi-Weekly Medical Plan Rates – July 1, 2026, through June 30, 2027

CIGNA SCHOOL CARE	HEALTH INSURANCE	EMPLOYEE SHARE 2%	EMPLOYER SHARE 98%	EMPLOYER HSA SHARE
ORANGE PLAN WITH HSA	MONTHLY PREMIUM	22 PAYS	22 PAYS	* 50% Deposited July 1st and 50% January 1st
SINGLE	\$1,252.50	\$13.66	\$669.52	\$2,000.00
2-PERSON	\$2,505.00	\$27.33	\$1,339.04	\$4,000.00
FAMILY	\$3,382.00	\$36.89	\$1,807.83	\$4,000.00
YELLOW W/OUT CHOICE FUND	MONTHLY PREMIUM	22 PAYS	22 PAYS	
SINGLE	\$1,352.00	\$67.94	\$669.52	
2-PERSON	\$2,704.00	\$135.87	\$1,339.04	
FAMILY	\$3,650.50	\$183.35	\$1,807.83	
YELLOW WITH CHOICE FUND	MONTHLY PREMIUM	22 PAYS	22 PAYS	
SINGLE	\$1,500.00	\$148.66	\$669.52	
2-PERSON	\$3,000.00	\$297.33	\$1,339.04	
FAMILY	\$4,050.00	\$401.26	\$1,807.83	

**Health Savings Account – Orange Plan Only. District Contribution will be deposited into an HSA bank account.*

District Contributions towards Yellow Plans based on its share of the premium for the orange plan.

Employee contributions to the medical plan are determined by the applicable bargaining agreement and are paid over 22 pay periods.

MEDICAL COSTS

TEACHER

Bi-Weekly Medical Plan Rates – July 1, 2026, through June 30, 2027

CIGNA SCHOOL CARE	HEALTH INSURANCE	EMPLOYEE SHARE 2%	EMPLOYER SHARE 98%
YELLOW 2.0 W/OUT CHOICE FUND	MONTHLY PREMIUM	22 PAYS	22 PAYS
SINGLE	\$1,302.00	\$14.20	\$695.98
2-PERSON	\$2,604.00	\$28.41	\$1,391.96
FAMILY	\$3,515.50	\$38.35	\$1,879.19
YELLOW 2.0 WITH CHOICE FUND	MONTHLY PREMIUM	22 PAYS	22 PAYS
SINGLE	\$1,447.00	\$93.29	\$695.98
2-PERSON	\$2,984.00	\$186.59	\$1,391.96
FAMILY	\$3,907.00	\$251.90	\$1,879.19
ORANGE 2.0	MONTHLY PREMIUM	22 PAYS	22 PAYS
SINGLE	\$1,212.00	\$0.00	\$661.09
2-PERSON	\$2,242.00	\$0.00	\$1,322.18
FAMILY	\$3,272.50	\$0.00	\$1,785.00

District Contributions towards Orange 2.0 & Yellow 2.0 with Choice Fund Plans based on its share of the premium for the Yellow 2.0 w/out Choice Fund.

Employee contributions to the medical plan are determined by the applicable bargaining agreement and are paid over 22 pay periods.

MEDICAL COSTS

ADMIN STAFF/NON-UNION

Bi-Weekly Medical Plan Rates – July 1, 2026, through June 30, 2027

CIGNA SCHOOL CARE	HEALTH INSURANCE	EMPLOYEE SHARE 2%	EMPLOYER SHARE 98%	EMPLOYER HSA SHARE
ORANGE PLAN 2.0 W/HSA	MONTHLY PREMIUM	22 PAYS	22 PAYS	* 50% Deposited July 1st and 50% January 1st
SINGLE	\$1,212.00	\$13.22	\$647.87	\$2,000.00
2-PERSON	\$2,424.00	\$26.44	\$1,295.74	\$4,000.00
FAMILY	\$3,272.50	\$35.70	\$1,749.30	\$4,000.00
YELLOW 2.0 W/CHOICE FUND	MONTHLY PREMIUM	22 PAYS 10% SHARE	22 PAYS 90% SHARE	
SINGLE	\$1,447.00	\$78.93	\$710.35	
2-PERSON	\$2,984.00	\$157.85	\$1,420.69	
FAMILY	\$3,907.00	\$213.11	\$1,917.98	
YELLOW 2.0 W/OUT CHOICE FUND	MONTHLY PREMIUM	22 PAYS 10% SHARE	22 PAYS 90% SHARE	
SINGLE	\$1,302.00	\$71.02	\$639.16	
2-PERSON	\$2,604.00	\$142.04	\$1,278.33	
FAMILY	\$3,515.50	\$191.75	\$1,725.79	

*Health Savings Account – Orange Plan Only. District Contribution will be deposited into an HSA bank account.

Employee contributions to the medical plan are determined by the applicable bargaining agreement and are paid over 22 pay periods.

DENTAL AND VOLUNTARY COSTS

The following benefits are paid by the SAU District: Dental, Life/AD&D, LTD

Monthly Dental Plan Rates – July 1, 2026, through June 30, 2027

Plan	Single	Two – Person	Family
DP2B(Ded) Monthly Premium	\$40.20	\$77.19	\$135.49
Cost to Employee	\$0.00	\$0.00	\$0.00

Premiums are covered by the SAU District

Life/AD&D – July 1, 2026, through June 30, 2027

Premiums vary and are covered by the SAU District

LTD– July 1, 2026, through June 30, 2027

Premiums vary and are covered by the SAU District

The following benefits are paid by the employee: Vision, Life/AD&D, and Accident

Monthly Vision Plan Rates – July 1, 2026, through June 30, 2027

Plan	Single	Two-Person	Family
SchoolCare Vision through VSP	\$3.16	\$6.32	\$10.18

Voluntary Additional Life/AD&D – July 1, 2026, through June 30, 2027

Rates vary by age and coverage amount

Voluntary Accident– July 1, 2026, through June 30, 2027

Rates vary

Employee contributions and are paid over 22 pay periods.

WELLNESS PROGRAM



School Care's **Good For You!** Well-Being Program is built around six basics of healthy living. Through these components you can connect to holistic wellness and HAVE FUN with your colleagues and family all while earning CASH! Access all program opportunities at myCigna.com

Focus on Total Health

SchoolCare's Philosophy

This program is designed to educate and reward subscribers and spouses for maintaining or improving their health and well-being.

What Does Well-Being Mean to You?

Choose activities that best fit your personal wellness goals. SchoolCARE's program can help EMPOWER you to make healthy choices through the basics of healthy living: **food, exercise, stress, weight, sleep, and prevention**. Take small steps toward changing behaviors, and ADVOCATE for yourself and the well-being of others.

SchoolCare's Commitment

Good For You! is our commitment to your health and well-being. SchoolCare is partnered with Cigna to provide best practice, evidence-based, achievable and engaging well-being programs



For all questions, please contact SCHOOLCARE'S wellness partner, Cigna 24/7/365:

Program Questions: 1-800-244-6224 [my CIGNA](https://myCIGNA.com) Technical Assistance: 1-800-284-8346



WELLNESS PROGRAM

Get Rewarded for Making a Commitment to YOUR Health!

SchoolCare/Cigna medical subscribers and covered spouses can each earn up to \$300 in Wellness Cash annually by participating in healthy activities. The more you do, the more you earn.

Complete Your Health Assessment

The confidential Health Assessment highlights your current health status for each lifestyle habit and offers tips for improving your overall health and well-being. **All participants wishing to earn incentives must complete the Health Assessment between July 1, 2026, and June 15, 2027, to access your Wellness Cash.**

Earn Cash for Making Healthy Choices

The **Good For You!** Well-Being Program provides flexibility to meet you at any stage of your health journey – whether to make large or small improvements or simply maintain good health. Your health is not one-size-fits-all and as such, we don't believe your incentives should be. Prioritizing your health and wellness will not only make you feel good about yourself but you can earn cash for putting in the work.

Earn Wellness Cash incentives for your healthy habits or build upon your lifestyle and engage with colleagues and friends in fun challenges to help keep you moving!

How to Earn in 2026-27



Good For You!

Well-Being Program by SCHOOLCARE



Preventive Care (up to \$125): Take a proactive approach to health with regular preventive care. Including: physicals, OB/GYN, cancer screenings, flu vaccines, dental and eye exams.



Omada (\$250): Complete 16 weeks of the Omada, focusing on sustained lifestyle change to reduce the risk of type 2 diabetes.



Biometrics (\$75): Know your numbers. Complete your annual biometric lab work to keep tabs on your health.



Telephonic Health Coaching (up to \$100): Take your health to the next level by getting personalized, goal-driven support from a Cigna Health Coach.



Device/App Connection (up to \$180): Connect any device, app or tracker that connects to Apple Health or Google Fit to automatically earn cash for steps and exercise.



Well-Being Challenges (up to \$100): Rally your coworkers and friends for statewide activity challenges.



Healthy Pregnancies, Healthy Babies (\$250/\$125): Enroll in your 1st or 2nd trimester. Work with a maternity coach to complete the program.



Case Management (\$100): A case manager can help coordinate care and help you understand your treatment options, set goals, and engage in self-care for the best outcomes.

NOTE: Cash incentives, payments, and rewards are available upon completion of the Health Assessment annually. Amounts paid to well-being program participants are taxable income. Please review with your tax consultant for more information.



Our Mission

We are a community that values creativity, curiosity and the pursuit of excellence, cultivating our strengths and interests to inspire partnerships in the district, community and the world beyond.