HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

INSURANCE BENEFITS
FISCAL YEAR 2027
2026-2027

Benefits Offered

- Harvard Pilgrim Health Plans
- Blue Cross Blue Shield Dental Plan
- Vision Services Plan (VSP)
- Boston Mutual Life Insurance
- 403b Deferred Compensation Plans
- MIIA Employee Assistance Program
- Fetch Pet Insurance

BENEFIT PLAN OVERVIEW

In general, eligible employees regularly scheduled to work 20 or more hours per week are eligible to participate in the group medical insurance plan offered by the District.

MEDICAL INSURANCE

The District increased to a 65% contribution toward your health insurance premiums and is continuing the HRA reimbursement agreement for eligible employees. *The HRA reimbursement applies to employees enrolled in the HMO plans only*. The reimbursement is $250 for “individual” plans, $500 for “individuals +1” plans and $500 for “Family” plans.

GLP-1 drugs for weight loss will no longer be covered.

Harvard Pilgrim Health Care

Plan Benefits	HPHC HMO			HPHC PPO			HPHC POS		
Physician Office Visit / Well Care	Covered In Full			Covered In Full			Covered In Full		
Physician Office Visit / Medical Care	$20 Copay per visit			$20 Copay In-net & deductible/co-ins OON			$20 Copay In-net & deductible/co-ins OON		
Deductible	$250 individual / $500 family (after HRA reimbursement) In- network Per Plan Year			$250 / $500 / $500 Out-of-Network Only Per Calendar Year			$250 / $500/ $500 Out-of-Network Only Per Calendar Year		
Out-of-Pocket Maximum	$6,600 individual / $13,200 family Per Plan Year			$6,600 individual / $13,200 family In-Network & Out-of-Network Per Calendar Year			$6,600 individual / $13,200 family In-Network & Out-of-Network Per Calendar Year		
Coinsurance	None			20% Out-of-Network Only			20% Cut-of-Network Only		
Emergency Room	$100 Copayment After Deductible (Waived if admitted)			$100 Copayment (Waived if admitted)			$100 Copayment (Waived if admitted)		
IN-PT Hospital Admission	Covered In Full After Deductible			Covered In Full In Net & deductible/co-ins OON			Covered In Full In Net & deductible/co-ins OON		
OUT-PT Surgical Day Care Ambulatory Surgical Facility	Covered In Full After Deductible			Covered In Full In Net & deductible/co-ins OON			Covered In Full In Net & deductible/co-ins OON		
Lab & X-rays	Covered In Full After Deductible			Covered In Full In Net & deductible/co-ins OON			Covered In Full In Net & deductible/co-ins OON		
CAT Scans, MRI, PET Scans	Covered In Full After Deductible			Covered In Full In Net & deductible/co-ins OON			Covered In Full In Net & deductible/co-ins OON		
RX - 30 Day Retail or 90 Day Mail Order Delivery	$15 / $25 / $40	$15 / $25 / $40		$15 / $25 / $40	$15 / $25 / $40		$15 / $25 / $40	$15 / $25 / $40	
Employee Monthly Contribution** 07/01/2026	**Single : $428.97**	**Individual +1: $866.14**	**Family: $1,233.55**	**Single: $669.71**	**Individual +1: $1,352.14**	**Family: $1,942.42**	**Single $558.60**	**Individual +1: $1,127.81**	**Family $1,570.90**
Total Monthly Rates 07/01/2026	$1,225.64	$2,474.69	$3,524.43	$1,913.46	$3,863.27	$5,549.78	$1,595.99	$3,222.32	$4,488.28

Harvard Pilgrim Health Care

Key Differences Between the Three Plans

	HMO (Health Maintenance Org)	POS (Point of Service)	PPO (Preferred Provider Org)
Costs	Lowest	Moderate	Highest
Network	In-Network Only	In- & Out-of-Network	In- & Out-of-Network
Referrals	Required	Required	Not Required
PCP Required?	Yes	Yes	No
Out-of-Network?	No (except emergency)	Yes (higher cost)	Yes (higher cost)

1. HMO (Health Maintenance Organization)

- **Best for:** Lower monthly premiums and restricted care, with no desire for out-of-network coverage.
- **Key Details:** You must choose a Primary Care Physician (PCP). You need a referral to see specialists. Generally, no coverage for out-of-network care except for emergency services.

2. POS (Point of Service)

- **Best for:** A mix of HMO and PPO—lower costs of an HMO but with the option for out-of-network coverage.
- **Key Details:** Requires a PCP and referrals to see specialists. Covers out-of-network care, but you will pay more for it.

3. PPO (Preferred Provider Organization)

- **Best for:** Flexibility, freedom to choose providers, and no need for referrals.
- **Key Details:** Higher monthly premiums and out-of-pocket costs. You can see any doctor, but you pay less if you stay in-network. No referral needed for specialists.

DENTAL BLUE VOLUNTARY DENTAL INSURANCE

The chart below provides a brief overview of Dental Blue offerings.

Hamilton-Wenham Regional School District		
Plan Benefits	BCBS Dental Blue - Renewal	
Calendar Year Deductible	$50 Per Member / $150 Per Family	
Calendar Year Benefit Maximum	$1,250	
Out-of-Network Reimbursement	90th Percentile Usual, Customary and Reasonable	
Diagnostic Services – Preventive	100% In / Out of Network No Deductible	
Major Restorative, Oral Surgery, Periodontics, Endodontics, Prosthetic Maintenance & Emergency Repair	80% In / Out of Network	
Major Restorative, Prosthodontics	50% In / Out of Network	
Rollover Maximum Accumulation	YES	
Orthodontia	50% to $1,000 Lifetime Maximum	
2026-2027 Monthly Dental Rates	Single $51.26	Family $184.11
	Individual +1 $106.56	

VSP VISION INSURANCE

You'll like what you see with VSP.

- Value and Savings. You'll enjoy more value and lower out-of-pocket costs.
- High Quality Vision Care. You'll get the best care from a VSP provider, including a WellVision Exam-the most comprehensive exam designed to detect eye health conditions.
- Choice of Providers. The decision is yours to make-choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- Enroll with your employer; you can review your benefit information at
- Find a provider who's right for you. To find a VSP provider, visit **vsp.com** or call 1-800-877-7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.
- That's it! VSP will handle the rest-there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, Coach, Bebe, Calvin Klein, Flexon, Lacoste, Nike, Nine West, and more.

VSP VISION STANDARD/PREMIUM RATES

STANDARD			PREMIUM		
BENEFIT	**DESCRIPTION**	**CO-PAY**	**BENEFIT**	**DESCRIPTION**	**CO-PAY**
WELL VISION EXAM	Focuses on your eyes and overall wellness -every 12 months-	$10	**WELL VISION EXAM**	Focuses on your eyes and overall wellness -every 12 months-	$10
Prescription Eyeglasses		$25	**Prescription Eyeglasses**		$25
FRAMES	$130 allowance for a wide selection of frames $70 at Costco Optical 20% savings on the amount over your allowance	Included in Prescription glasses	**FRAMES**	$150 allowance for a wide selection of frames $80 at Costco Optical 20% savings on the amount over your allowance	Included in Prescription glasses
LENSES	Single Vision, lined bi-focal and lined tri-focal Polycarbonate lenses for dependent children Every 12 months	Included in Prescription glasses	**LENSES**	Single Vision, lined bi-focal and lined tri-focal Polycarbonate lenses for dependent children Every 12 months	Included in Prescription glasses
LENS ENHANCEMENTS	Standard Progressive Lenses	$55	**LENS ENHANCEMENTS**	$0	
	Premium Progressive Lenses	$95-$105	Average Savings of 20-25% on other lenses Every 12 months		
	Custom Progressive Lenses	$150-$175			
	Average Savings of 20-25% on other lenses Every 12 months				
CONTACTS INSTEAD OF GLASSES	$130 allowance for contacts/co-pay does not apply Contact lens fitting and evaluation Every 12 months	UP TO $60	**CONTACTS INSTEAD OF GLASSES**	$130 allowance for contacts/co-pay does not apply Contact lens fitting and evaluation Every 12 months	UP TO $60
Your Monthly Contributions	$6.81 Member only	$11.12 Member + Children	**Your Monthly Contributions**	$12.28 Member only	$20.06 Member + Children
	$10.90 Individual + One	$17.94 Member+ Family		$19.65 Individual + One	$32.34 Member+ Family
EXTRA SAVINGS	**GLASSES AND SUNGLASSES**-Extra $20 to save on featured name brands. Go to VSP.COM/Special Offers for details 20% Savings on additional glasses and sunglasses including lens enhancements within 1 month from your last Well Vision Exam				
	RETINAL SCREENING-No more than $39 co-pay on a routine retinal screening as an enhancement to a Well Vision screening				
	LASER VISION CORRECTION-Average 15% of the regular price or 5% off the promotional price; discounts only available through contracted providers.				
YOUR COVERAGE WITH OUT OF NETWORK PROVIDERS/VISIT VSP.COM if you plan to use out of network providers					

Basic Life and Accidental Death & Dismemberment Insurance

Our Group Term Life and Accidental Death & Dismemberment Insurance program offers many combinations of coverage options to meet both Employer and Employees' insurance needs. Employers can elect to purchase basic coverage for their employees, (such as a multiple of salary benefit) or a flat amount. They can also offer a Voluntary plan where employees choose the benefit amount, they wish to purchase, often without needing to provide evidence of good health. These products may be offered together or on a stand-alone basis.

Voluntary Life Insurance

This is life insurance coverage where the benefit is payable only if the insured dies during a specified period. This coverage is less costly than other types of life insurance as there is no cash value build-up. This insurance option is fully funded by the employee, with no district contributions.

Group Voluntary Short-Term and Long-Term Disability

This coverage is made available to eligible employees and union members on a voluntary basis. This Voluntary Disability product is priced with Attained Age rated benefits and provides flexible plan design options for income protection that will help employees cover expenses while they are disabled. This insurance option is fully funded by the employee, with no district contributions.

What is a **403(b) plan**? A **403(b) plan**, also known as a tax-sheltered annuity **plan**, is a retirement **plan** for certain employees of public schools, employees of certain Code Section 501(c)(3) tax-exempt organizations and certain ministers. A **403(b) plan** allows employees to contribute some of their salary to the **plan**. The 403(b) plan is in many ways similar to its better-known cousin, the 401(k) Plan(s).
Each offers employees a tax advantaged way to save for retirement.



To enroll in a 403B Plan please contact a vendor from the list of approved vendors on the next page. Once you open an account, please fill out the enrollment form and please include your account number or you could be denied enrollment.

Approved 403(b) Providers

American Funds Service Co.

Ameriprise Financial Services, Inc.

AXA Equitable

Fidelity Retirement Services

ING – Reliaster Life Ins. Co.

Lincoln Investment Planning, Inc.

Metropolitan Life Dept.

T. Rowe Price Retirement Operations Group

Vanguard Fiduciary Trust Company Attn: Individual Retirement

MIIA Rewards
Your Prevention & Protection Partner



Confidential Counseling and Referral Services

You receive 3 free confidential in-person or phone counseling sessions.

• Manage Anxiety/Depression • Adjust to Demands of Work • Resolve Relationship Conflict • Talk about a Loved One's Drinking • Address Parenting and Family Issues • Assess Your Level of Stress • Become a Better Communicator

You receive legal assistance.

One free 30-minute office or telephone consultation per legal matter (does not include job related legal issues).

• Divorce • Child Custody • Car Accidents • Real Estate / Landlord / Tenant Issues

You receive financial counseling.

One free 30-minute telephone consultation per financial issue.

• Financial Planning • Credit Card Debt • Tax Advice • College Planning • Retirement Consultation

Available to employees and household members

24 hours a day, 7 days a week

800-451-1834

For further information on the **EAP** program or to read any of MIIA's educational materials and newsletters please go **to** **http://www.allonehealth.com/MIIAEAP/.**

Petplan pet insurance



•**What is pet insurance?**

•**Fetch Pet Insurance** helps you pay for unexpected veterinary expenses due to accidents or illnesses. So, if your pet gets injured or becomes ill, Petplan helps pick up the bill.

•**Why do I need it?**

•Every six seconds, a pet parent is faced with a vet bill for more than $1,000. And one in three pets will need unexpected veterinary care each year. Petplan pet insurance can help provide peace of mind that should your pet get sick or injured, your costs can be covered.

Every pet deserves Petplan

Insurance Forms

- Harvard Pilgrim Enrollment Form
- Blue Cros Blue Shield Dental Enrollment Form
- Vision Insurance Plan Enrollment Form
- Boston Mutual Life Insurance Enrollment Form
- 403b Salary Reduction Form
- Health Insurance Waiver

If an eligible employee chooses to decline coverage for any valid reason, he or she must complete a **MA Healthcare Waiver form**. Please complete and return the waiver form to Human Resources. Please call 978-626-0853 for any questions pertaining to this form.