

Employee Benefits Overview



Health Insurance

- ▶ Two plans, HMO Network Blue New England & PPO Blue Care Elect
- ▶ Difference between the plans -
 - ▶ HMO plans require you see in-network doctors, specialists, and facilities
 - ▶ Must choose a primary care provider
 - ▶ Referrals for specialists are usually required
 - ▶ Employee premium is less than the PPO plan
 - ▶ PPO plans do not require you to see in-network doctors, specialists, and facilities
 - ▶ Primary care provider is not required
 - ▶ Referrals are not required
 - ▶ Employee premium is more than the HMO plan
 - ▶ Both health plans have the same co-pay amounts, however, deductibles may apply for the PPO plan
 - ▶ Health plans have added wellness benefits such as, fitness reimbursements and weight loss reimbursements
 - ▶ Must enroll within 30 days of hire or during open enrollment
 - ▶ Pay a month in advance for insurance, catch up deductions

Blue Cross Plan Website

[MyBlue Healthcare Insurance Plan | Blue Cross Blue Shield of Massachusetts \(bluecrossma.org\)](#)

Dental Coverage

- ▶ Dental Blue through Blue Cross Blue Shield of Massachusetts
 - ▶ \$1,500 per member calendar-year benefit maximum
 - ▶ Preventative benefits - no deductible
 - ▶ Oral exams - twice a year
 - ▶ Full mouth x-rays
 - ▶ Routine cleanings
 - ▶ Basic and Major benefits - \$50 per member/ \$150 per family calendar-year deductible
 - ▶ Restorative work
 - ▶ Oral Surgery
 - ▶ Periodontics
 - ▶ Endodontics
 - ▶ Prosthetic maintenance
 - ▶ Prosthodontics
 - ▶ Major restorative such as crowns
 - ▶ Implants
 - ▶ Must enroll within 30 days of hire or during open enrollment
 - ▶ Catch up deductions

EyeMed Vision Plan



MASSACHUSETTS

BLUE 20/20 EXAM-PLUS VISION PLAN: INSIGHT NETWORK

\$150 - \$10 Lens - 12/12/12 Frequency

Vision care service	In-network member cost	Out-of-network reimbursement ¹
Comprehensive eye exam	\$0 copay	up to \$50
Contact lens fit and follow-up ²		
- Standard	up to \$40	n/a
- Premium	10% off retail price	n/a
Retinal imaging	up to \$39	n/a
Enhanced Diabetes Eye Care Benefit ³ For members diagnosed with type 1 or type 2 diabetes	Paid in full, up to two diabetic eye exams and diagnostic testing every 12 months	n/a
Frames	\$150 allowance, then additional 20% off balance	up to \$90
Standard plastic lenses		
- Single vision	\$10 copay	up to \$42
- Bifocal	\$10 copay	up to \$78
- Trifocal	\$10 copay	up to \$130
- Lenticular	\$10 copay	up to \$130
- Standard progressive lens	\$75 copay	up to \$140
- Premium progressive lens tier 1-tier 3	\$95-\$120 copay	up to \$196
- tier 4	\$75 copay, then 80% of charge less \$120 allowance	up to \$196
Lens options ²		
- UV treatment	\$15	n/a
- Tint (solid and gradient)	\$15	n/a
- Standard plastic scratch coating	\$15	n/a
- Standard polycarbonate	\$40	n/a
- Standard polycarbonate for covered dependents under age 19	Paid in full	up to \$26
- Standard anti-reflective coating	\$45	n/a
- Premium anti-reflective coating tier 1-tier 2	\$57-\$68	n/a
- Photochromic/Transitions [®] plastic	\$75	n/a
- Polarized	20% off retail price	n/a
- Other add-ons	20% off retail price	n/a
Contact lenses ⁴		
- Conventional	\$150 allowance, then additional 15% off balance	up to \$120
- Disposable	\$150 allowance	up to \$120
- Medically necessary	Paid in full	up to \$210
Frequency		
- Exam	once every 12 months	
- Lenses for frames or one order of contact lenses	once every 12 months	
- Frames	once every 12 months	

For costs and further details of the coverage, including exclusions, please refer to your member booklet.
 1. Your actual expenses for covered services may exceed the stated out-of-network amount.
 2. Indicates a service that is a discounted arrangement as part of your vision plan.
 3. Consult with your eye care provider.
 4. Discount applies to materials only and not fittings for contact lenses.

ADDITIONAL IN-NETWORK SAVINGS AND DISCOUNTS

40%

OFF A COMPLETE SECOND PAIR OF GLASSES

20%

OFF NON-PRESCRIPTION SUNGLASSES

15%

OFF RETAIL PRICE OR 5% OFF PROMOTIONAL PRICE FOR LASER VISION CORRECTION THROUGH U.S. LASER NETWORK

Blue 20/20 is administered by EyeMed Vision Care[®], an independent company.



- Must enroll within 30 days of hire or during open enrollment
- Strict enrollment and cancellation guidelines

Current Health, Dental, & Vision Rates

Town of Andover Insurance Rates July 1, 2022 through June 30, 2023

Employee Rates

Blue Care Elect PPO	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (35%)	\$925.88	\$462.94	\$231.47
Individual (35%)	\$345.48	\$172.74	\$86.37

Network Blue New England <i>Employees hired after 7/1/2017</i>	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (30%)	\$656.71	\$328.36	\$164.18
Individual (30%)	\$243.61	\$121.80	\$60.90

Dental Blue	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (100%)	\$101.16	\$50.58	\$25.29
Individual (100%)	\$34.78	\$17.39	\$8.70

Blue Cross EyeMed Network	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
			0
Family (100%)	\$27.90	\$13.95	\$6.98
Individual (100%)	\$10.15	\$5.08	\$2.54
Employee + Spouse (100%)	\$17.25	\$8.63	\$4.31
Employee + Children (100%)	\$17.76	\$8.88	\$4.44

100% of Monthly Premium Rate

Blue Care Elect PPO	
Family	\$2,645.38
Individual	\$987.08
Network Blue New England	
Family	\$2,189.05
Individual	\$812.02

Flexible Spending Account

- ▶ Medical FSA - Pre-taxed dollars come out each paycheck for medical copays, deductions and prescriptions copays. Benefit limit per calendar year is \$3,050
- ▶ Dependent Care FSA - Pre-taxed dollars to pay for childcare services. Benefit Limit per calendar year is \$5000
- ▶ Prepaid Visa card (Benny Debit Card) for easy payments (only for medical payments)
- ▶ Submit for reimbursement for Dependent Care
- ▶ Must enroll within 30 days of hire or during open enrollment

Boston Mutual Life Insurance

- ▶ Different options available (Basic Life and AD&D, Voluntary Life and AD&D)
- ▶ Coverage is portable
- ▶ Must enroll within 30 days of hire or may be subject to a medical exam

- ▶ Confidential counseling and referral service
- ▶ The employer is never informed if the employee uses any of the below services
 - ▶ Counseling sessions
 - ▶ Legal assistance
 - ▶ Financial counseling
- ▶ Available to all employees, their dependents, and household members 24 hours a day, 7 days a week

1-800-451-1834

Employee Assistance Program (EAP)

457 Deferred Compensation Plan - Mission Square

- ▶ An employee can enroll and stop contributions at any time
- ▶ Deferred compensation plans are an extra way of setting aside money for retirement
- ▶ Employees can choose how much they contribute each paycheck and have various options of funds to contribute to.
- ▶ Two types of contributions:
 - ▶ Pre-tax contributions - These contributions and all associated earnings won't be taxed until you withdraw them
 - ▶ After-tax Roth contributions - Future withdrawals may be tax-free

403(b)

- ▶ If you wish to sign up for a 403(b) plan, you need to do so directly through the TDS website. (<https://www.tdsplans.org/>). For questions about 403(b) plans call TDS directly at (866) 446-1072.

Benefits Contact Information

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Benefits Webpage: <https://andoverma.gov/1018/Employee-Benefits>