



Town of North Reading Employee Benefits Booklet

Plan Year: July 1, 2023



Plans Effective: July 1, 2023

Medical Plan: HMO Blue NE Basic Copayment with PFA		Employee Monthly Rate	
Deductible: Individual	\$300 /plan pays \$2,700	Employee:	\$337.56
Deductible: Family	\$900 / plan pays \$5,100		
Max Out of Pocket: Ind/Fam	\$2,000/\$4,000	Family:	\$876.32
Office Visit:	\$30 copay per visit		
Specialist Visit: Emergency Room:	\$45 copay per visit		
In/Out Patient:	Deductible only / plan pays \$750		
Rx Retail Copays:	Deductible only / plan pays \$1,000		
	\$20/\$40/\$60		
Reference RSI Documents for details on benefits, limitations, exclusions, restrictions and allowances.		RSI Customer Service:	855-493-9859
		Website:	www.rsiadmin.com
		Email:	claims@rsiadmin.com
Medical Plan: PPO Blue Care Elect with PFA		Employee Monthly Rate	
Deductible: Individual	\$300 /plan pays \$2,700	Employee:	\$700.62
Deductible: Family	\$900 / plan pays \$5,100		
Max Out of Pocket: Ind/Fam	\$2,000/\$4,000	Family:	\$1,882.24
Office Visit:	\$30 copay per visit		
Specialist Visit:	\$45 copay per visit		
Emergency Room:	\$150 copay		
In/Out Patient:	Deductible only		
Rx Retail Copays:	\$20/\$40/\$60		
Reference RSI Documents for details on benefits, limitations, exclusions, restrictions and allowances.		RSI Customer Service:	855-493-9859
		Website:	www.rsiadmin.com
		Email:	claims@rsiadmin.com



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Dental Plan: Dental Blue Program 1 - Voluntary		Employee Monthly Rate	
Deductible: Ind/Fam	\$50/\$150	Employee:	\$47.28
Annual Max Benefit:	\$750 Per Member	Family:	\$98.92
Preventive (No Deductible):	100%		
Basic Care:	80%		
Reference BCBS Documents for details on benefits, limitations, exclusions, restrictions and allowances.		Dental Blue Service:	800-262-2583
		Website:	www.bluecrossma.com

Vision Plan: Blue 20/20 Exam-Plus Integrated - Voluntary		Employee Monthly Rate	
Exam: <i>Every 24 Months</i>	\$20 Copay	Employee:	\$6.75
Standard Plastic Lenses: <i>Every 12 Months</i>	\$25 Copay	Employee & Spouse:	\$11.48
Frames: <i>Every 24 Months</i>	\$130 allowance	Employee & Children:	\$11.82
Contact Lenses: <i>Every 12 Months</i>	\$130 allowance	Family:	\$18.57
Reference Blue 20/20 Documents for details on benefits, limitations, exclusions, restrictions and allowances.		Blue 20/20 Service:	855-875-6948
		Website:	www.blue2020ma.com



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Basic Life and AD&D Boston Mutual Life Insurance	Voluntary Life AD&D Boston Mutual Life Insurance
Benefit maximum - \$5,000.00 Guaranteed Issue Maximum - \$5,000.00	Benefit maximum - \$500,000.00 Guaranteed Issue Maximum - \$100,000.00
Reference Boston Mutual Documents for details on benefits, limitations, exclusions, restrictions and allowances.	Reference Boston Mutual Documents for details on benefits, limitations, exclusions, restrictions and allowances.



Contact Information, Online Access and Searching for Providers

Medical Plan Member Service Phone: (855) 493-9859

Website: www.claims@rsiadmin.com

Plan Name: Reimbursement Specialists, Inc. PFA

- HMO \$300 - Blue Cross Blue Shield

Plan Name: Reimbursement Specialists, Inc. PFA

- PPO \$300 -Blue Cross Blue Shield

Dental Plan Member Service Phone: (800) 472-2689

Website: www.bluecrossma.com

Plan Name: Blue Cross Blue Shield of
Massachusetts Dental Blue

Vision Plan Member Service Phone: (855) 875-6848

Website: www.blue2020ma.com

Plan Name: Blue Cross Blue Shield of
MA Exam Plus Integrated - Blue20/20

Life & ADD Plan Member Service Phone: (877) 213-8644

Website: www.bostonmutual.com

Plan Name: Boston Mutual Life Insurance
Company Town of North Reading

Town – Human Resources Department

Alyson Olsen –Benefits Coordinator – aolsen@northreadingma.gov (978) 357-5265

School – Business Office

Morgan Soares - Human Resources Administrator- msoares@nrpsk12.org (978) 526-5266

Broker - Integrated Benefits Group

Tony Maffeo - tmaffeo@thinkibg.com

Office - 781-438-0098

Cell - 781-953-2000

EASE Enrollment Portal - Integrated Benefits Group

Rhonda Craig - rcraig@thinkibg.com

781-604-0544

EASE - www.EASE.com

Team Name: townofnorthreading