



Town Of North Reading

BENEFIT BOOKLET

AN OVERVIEW OF BENEFITS AS OF

July 1, 2020

2020 Summary of Benefits

Eligibility and Enrollment

Eligible Employees Employees working 20 hours or more/week

Eligible Dependents Yes

Coverage Type	Carrier	Product Name	Plan Type		Open Enrollment	Eligibility	Coverage Termination
Medical	Reimbursement Specialists via BCBS	PFA - HMO \$300	HMO	HMO Blue NE Basic Copayment	07/01/2020	Immediately following after 0 Days.	last day of employment
Medical	Reimbursement Specialists via BCBS	PFA - PPO \$300	PPO	Blue Care Elect	07/01/2020	Immediately following after 0 Days.	last day of employment
Dental	Blue Cross Blue Shield of MA Dental Blue	BCBS Dental Blue		Dental Blue Program 1	07/01/2020	Immediately following after 0 Days.	last day of employment
Vision	Blue Cross Blue Shield of MA Blue 20/20	Exam Plus Integrated Blue 20/20		Blue 20/20 Exam Plus	07/01/2020	1st of the calendar month after 0 Days.	end of the calendar month
Basic Life AD&D	Boston Mutual Life Insurance Company	Town of North Reading Policy G-1302				1st of the calendar month after 0 Days.	last day of employment
Voluntary Life AD&D	Boston Mutual Life Insurance Company	Town of North Reading Policy G-26984				1st of the calendar month after 0 Days.	last day of employment

Special Enrollment Period / Adding New Dependents You may only enroll or make election changes mid-year if you experience a qualified life event such as marriage, birth or adoption of a new child, divorce, or an involuntary loss of coverage from another group plan. Change requests are due within 30 days of the event. All changes should be done through EASE

COBRA Continuation You and your covered dependents have a right to continue benefits for a specified period of time after you terminate employment or for other qualified events. You will be notified of your rights and responsibilities to continue coverage under the federal COBRA law.

New hires will be sent an email to Log-in to the Town's Online benefits system / EASE to view and elect benefits.

2020 Summary of Benefits

Employee Contributions

Your contribution will be taken on a pre-tax salary reduction basis each pay period as outlined below.

Medical Plans 30% Employee contribution

Plan Name	Just You	You + Spouse	You + Child(ren)	You+Spouse + Child(ren)
Reimbursement Specialists, Inc. - PFA - HMO \$300 - BCBS	\$63.02	\$0.00	\$0.00	\$163.59
Reimbursement Specialists, Inc. - PFA - PPO \$300 - BCBS	\$130.79	\$0.00	\$0.00	\$351.37

Dental Plan Voluntary 100% Employee paid

Plan Name	Just You	You + Spouse	You + Child(ren)	You+Spouse + Child(ren)
Blue Cross Blue Shield of MA Dental Blue Program 1	\$12.03	\$0.00	\$0.00	\$25.18

Vision Plan Voluntary 100% Employee paid

Plan Name	Just You	You + Spouse	You + Child(ren)	You+Spouse + Child(ren)
Blue Cross Blue Shield of MA Exam Plus Blue 20/20	\$6.75	\$11.48	\$11.82	\$18.57

2020 Summary of Benefits

Medical

	Reimbursement Specialists, Inc. PFA - HMO \$300 Blue Cross Blue Shield	Reimbursement Specialists, Inc. PFA - PPO \$300 Blue Cross Blue Shield
Plan type	HMO	PPO
Deductible		
<i>In-Network</i>		
<i>Single</i>	\$300	\$300
<i>Family</i>	\$900	\$900
Out-of-Pocket Max		
<i>In-Network</i>		
<i>Single</i>	\$2,000	\$2,000
<i>Family</i>	\$4,000	\$4,000
Office Visit		
Primary <i>In-Network</i>	\$30 copay per visit	\$30 copay per visit
<i>Out-of-Network</i>		
Specialist		
<i>In-Network</i>	\$45 copay per visit	\$45 copay per visit
<i>Out-of-Network</i>		
Inpatient Hospital		
<i>In-Network</i>	Deductible only; plan pays \$1,000 copay	Deductible applies
<i>Out-of-Network</i>		
Outpatient Procedure		
<i>In-Network</i>	Deductible only; plan pays \$1,000 copay	Deductible applies
<i>Out-of-Network</i>		
Emergency Service		
<i>In-Network</i>	Deductible only; plan pays \$750 copay	\$150 copay
<i>Out-of-Network</i>		
Urgent Care		
<i>In-Network</i>	\$45 copay per visit	\$45 copay per visit
<i>Out-of-Network</i>		
Simple Lab and X-Ray		
<i>In-Network</i>	Deductible only; plan pays \$25 copay	Deductible applies
<i>Out-of-Network</i>		
Complex Lab and X-Ray		
<i>In-Network</i>	Deductible only; plan pays \$1,000 copay	Deductible applies
<i>Out-of-Network</i>		
Prescription Drugs		
<i>Prescription Deductible</i>		
<i>Tier1/Tier2/Tier3</i>	\$20/\$40/\$60	\$20/\$40/\$60

Please refer to the carrier documents for details on benefits, limitations, exclusions, restrictions, and allowances.

Out-of-Network benefits are reduced and additional restrictions or benefits maximums may apply. If your plan offers Out-of-Network, the benefits listed above reflect a percentage of the carrier's allowed amount, not the total amount billed by the provider.

2020 Summary of Benefits

Dental Plan

Blue Cross Blue Shield of MA Dental Blue - Voluntary	
Plan Type	Standard
Deductible	
Individual/Family	
<i>In-Network</i>	\$50/\$150
<i>Out-of-Network</i>	
Preventive Care	
<i>In-Network</i>	100%
<i>Out-of-Network</i>	
Basic Care	
<i>In-Network</i>	80%
<i>Out-of-Network</i>	
Annual Benefit Maximum	\$750

Please refer to the carrier documents for details on benefits, limitations, exclusions, restrictions, and allowances. Out-of-Network benefits are reduced and additional restrictions or benefits maximums may apply. If your plan offers Out-of-Network, the benefits listed above reflect a percentage of the carrier's allowed amount, not the total amount billed by the provider.

Vision Plan

Blue Cross Blue Shield of MA-Exam Plus Blue 20/20 - Voluntary	
Copay Exam	
<i>In Network</i>	Routine eye exam covered once every 24 months with a \$20 copayment
<i>Out-of-Network</i>	
Frequencies	
Exam	
<i>In Network</i>	every 24 months
Frames	
<i>In Network</i>	every 24 months
Allowances / Coverage	
Frames	
<i>In Network</i>	\$130 frame allowance every 24 months
Contact Lenses	
<i>In Network</i>	\$130 contact lens allowance. Members can order contact lenses through their provider or online

Please refer to the carrier documents for details on benefits, limitations, exclusions, restrictions, and allowances. Out-of-Network benefits are reduced and additional restrictions or benefits maximums may apply. If your plan offers Out-of-Network, the benefits listed above reflect a percentage of the carrier's allowed amount, not the total amount billed by the provider.

Life and ADD Insurance

	Boston Mutual Life Insurance Company Basic Life-AD&D Group# G-1302	Boston Mutual Life Insurance Company Voluntary Life-AD&D Group# G-26984
Group Life and ADD Benefit	Boston Mutual Life Insurance Company Basic Life - AD&D	Boston Mutual Life Insurance Company Voluntary Life - AD&D
Benefit Maximum	\$5,000.00	\$500,000.00
Guaranteed Issue Maximum	\$5,000.00	\$100,000.00

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

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EASE - www.EASE.com

Team Name: townofnorthreading

