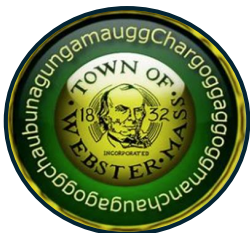




Benefits Enrollment Guide July 1, 2025 – June 30, 2026



WEBSTER
Massachusetts

CONTACTS

Town of Webster
350 Main Street
Webster, MA 01570

CARRIER	PHONE NUMBER	WEBSITE
Town of Webster Benefits Coordination	Courtney Friedland 508-949-3800 X 1005	ctyrrell@webster-ma.gov
Harvard Pilgrim Health Care Medical Insurance	888-333-4742	www.harvardpilgrim.org
HPHC- Smart Start Enrollment Assistance	866-874-0817	smartstart@harvardpilgrim.org
Express Scripts Pharmacy	800-282-2881	express-scripts.com
Altus Dental & Vision	888-600-1600	www.altusdental.com
NFP Claims Advocacy Benefit Concierge	Claims: 877-835-1361 Option 1 Ben Admin: 877-835-1361 Option 1	Claims: CSclaims@nfp.com Benefits : DBbenadmin@nfp.com
ABACUS Good Health Solutions	800-643-8028	GoodHealthGateway.com
USABLE Life & AD&D	800-370-5856	EMAIL : custserv@usable.com WEBSITE: www.usable.com
health Equity HRA/HAS -FSA	866-382-3510	Health Reimbursement Arrangement(HRA) HealthEquity®
457 SMART Plan	877-457-1900	www.mass-smart.com

The **Town of Webster** is pleased to announce our partnership with NFP Advocacy.

We are your dedicated Claims Specialist Team!

If you need assistance submitting a medical & dental claim or have questions about your medical and dental plans, our team is here to help. We can guide you through the claim process, assist in completing the required forms, and help you gather the necessary documentation. We are committed to ensuring that you navigate the process smoothly and effectively.

NFP Claims Advocacy: We can assist with any claims inquiries and solve all your claims-related questions.

- ***Medical & Dental***
- ***Claim resolution/approvals***
- ***Claim denials (appeals)***
- ***Questions and concerns regarding health benefits***
- ***Reimbursement requests***

Contact Information:

Monday through Friday 9 am EST – 6 pm EST

Toll Free Number: (877) 835-1361/Option 1

Email: CSclaims@nfp.com



NEW



The **Town of Webster** is pleased to announce our partnership with NFP Concierge.

We are your dedicated Benefits Specialists Team!

If you need assistance understanding your available plan options, completing the enrollment process, or finding specialized healthcare providers, we are here to help. We can guide you through medical and dental plan issues. Additionally, we provide support during injuries, illnesses, mental health care, or any challenges you may encounter with customer care and support.

NFP Concierge: We can assist with any inquiries and solve all your benefit-related questions

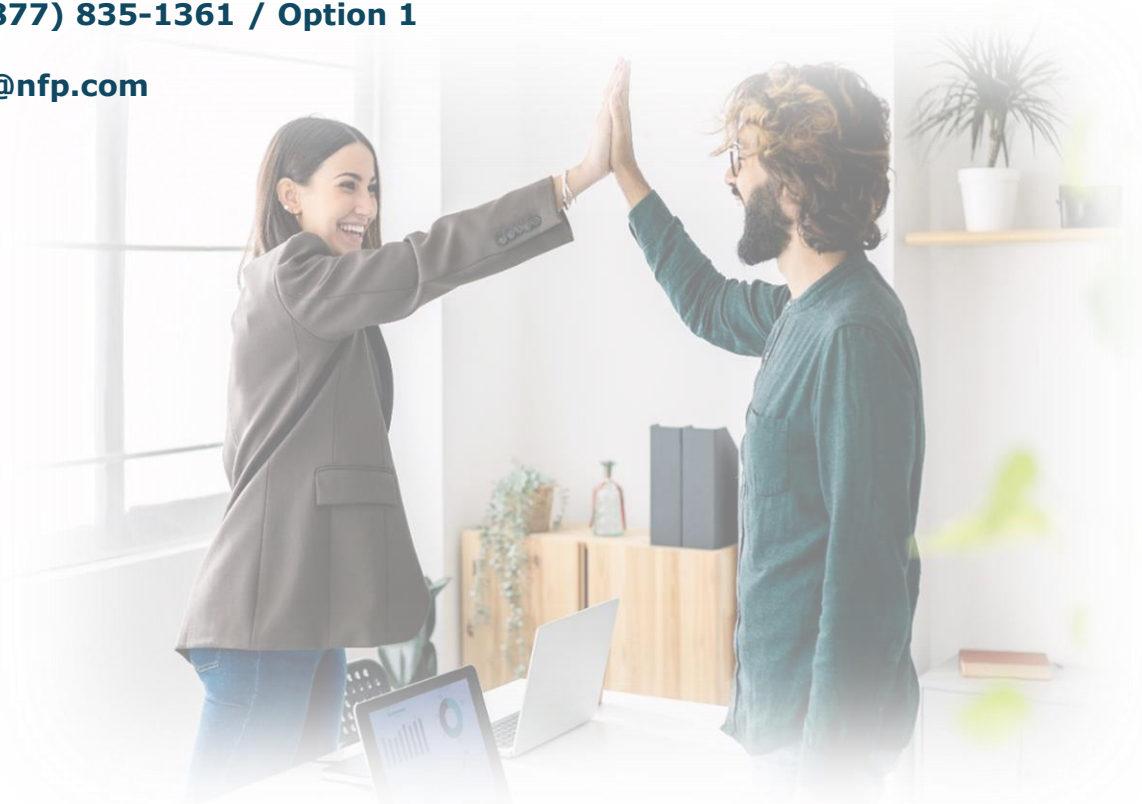
- **Medical, Dental**
- **Benefit Questions**
- **ID Card Issue**
- **Prescription Issues**
- **Provider Network Questions**

Contact Information:

Monday through Friday 9 am EST – 6 pm EST

Toll Free Number: (877) 835-1361 / Option 1

Email: DBbenadmin@nfp.com



Retiree First provides you with personalized support from healthcare-benefits experts.

As a Medicare-enrolled retiree or soon-to-be retiree, you will have access to a dedicated phone line connecting you to a team of Retiree Advocates who understand the unique healthcare needs of retirees. Our Retiree Advocates take full responsibility for follow-up calls and provide comprehensive support to resolve your issues.

We offer an end-to-end resolution for your healthcare concerns to ensure your benefits experience is stress-free. Here are some of the services we provide:

- Assistance with personal information changes and card replacements
- Copay assistance programs
- Outreach to physicians and pharmacies
- Inbound and outbound three-way calls to Medicare, vendors, providers, pharmacies, and Social Security
- Financial assistance, including support for low-income premium subsidy (LIPS) filing
- Help with pharmacy-related questions such as generic availability, prior authorizations, and mail-order services
- Help with pharmacy-related questions such as generic availability, prior authorizations, and mail-order services
- Support for in-person or virtual appointment scheduling and enrollment in wellness programs
- Assistance with claims, billing, and payment inquiries

We are committed to making your healthcare experience as smooth as possible.



For assistance, call Retiree First at **508-744-6804 (TTY 711)** to speak with your dedicated MSHG Retiree Advocate.

ENROLLMENT

OVERVIEW:

The Town of Webster offers eligible employees a range of benefits and plan options. This guide provides enrollment instructions. Health insurance plans are funded through pre-tax payroll deductions, helping reduce the medical premiums deducted from gross salaries before federal income taxes.

OPEN ENROLLMENT

Open enrollment will begin today, May 5th, 2025, through May 16th, 2025
Any changes made during this time will be effective as of July 1, 2025

Now is the time to explore new enrollment options or adjust your health plan. If you don't take action during this period, you will automatically be transitioned to the HPHC plan, which is similar to your current HPI plan. However, if you would like to make any changes, you may do so by completing an enrollment form.

HOW TO ENROLL

The Town of Webster plan offerings through HPHC, please reach out to Benefits coordinator **Courtney Friedland** at ctyrrell@webster-ma.gov or call **(508) 949-3800 x 1005**. Courtney will follow up with an email containing further instructions. You will need to print and complete an enrollment form for each benefit you wish to enroll in. Please return the completed forms by **May 19**, either by hand-delivering them or by emailing them back to **Courtney Friedland** at ctyrrell@webster-ma.gov.

When Can You Change Your Benefits:

During the annual Open Enrollment period, you can review and modify your benefits for the upcoming fiscal year. This is the only time to make changes unless you experience a Qualified Life Event, as detailed below.

You cannot change your benefits outside of open enrollment unless you experience a qualifying event; you have 30 days from the event date to change your benefit elections. Human Resources will require supporting documentation of your life event.

QUALIFYING EVENTS	
Death	Marriage
Loss of Previous Coverage	Divorce
Gained New Coverage	Birth

ELIGIBILITY AND ENROLLMENT

Eligibility:

Generally, you are eligible for health coverage if you are a regular, **full-time employee working at least 20 hours per week.**

- If you're eligible for health coverage, you may also cover your eligible dependents, which include but are not limited to:
- Your legal spouse or former spouse, unless either party has remarried or is not court-ordered.
- *You are not able to cover an ex-spouse and a current spouse.*
- Children up to age 26 (including birth children, stepchildren, legally adopted children, foster children, and children for whom you have legal guardianship)
- Your unmarried child over the age of 26, if physically or mentally handicapped and claimed as a dependent on your federal income tax return.

Required Documents for Dependents

To enroll a family member, you must submit a completed application and documentation verifying your dependent's eligibility. You must also provide the Social Security number for each dependent. To add your dependents to the health and dental plans, the following information is required:

- Spouse: Marriage Certificate
- Ex-Spouse: Divorce decree showing you are required to continue coverage
- Child(ren): Birth Certificate
- Step-Child(ren): Birth Certificate with your spouse listed as a parent.

GENERAL:

- **The Town of Webster** fiscal year is **July 1st through June 30th.**
- **Medical Insurance** aligns with the fiscal year, **July 1st through June 30th.**
- **Dental & Vision** aligns with the fiscal year, **July 1st through June 30th.**
- **FSA** aligns with the fiscal year, **July 1st through June 30st.**

Our plans are pre-tax and regulated by the IRS. Because of this, you can only make future changes to your elections during Open Enrollment or if you experience a qualifying life event.

INFORMATION FOR NEW HIRES

Before Enrollment

All new hires are eligible for benefits on their date of hire. Eligible employees **have 30 days** from their eligibility date to enroll in the benefits offered through the Town of Webster. If enrollment forms are not submitted to Human Resources during this period, you will not be enrolled and will have to wait until the next Open Enrollment period to make your elections. If you elect to cover your dependents on your medical and dental benefits, proof of dependent eligibility is required. These documents must accompany your enrollment forms, or your dependents will not be enrolled.

After Enrollment

- **Medical Insurance:** If you elect coverage, you will receive an ID card in the mail that should be used for all medical and prescription services.
- Your ID card contains important information about you, your employer group, and the benefits you are entitled to.
- Always remember to carry your ID card with you, present it when receiving health care services or supplies, and ensure your provider has an updated copy of your ID card.
- **Dental Insurance - Altus Dental** provides one dental insurance card for individual and family plans. Covered dependents must present a copy of the subscriber's card at the time of service for proper verification.

To get started and help you find more information and print benefit documents for our insurance plans, visit the town's website. **www.webster-ma.gov** click the "Government" tab, then select "Human Resources" scroll down to the bottom for the PDF document.. If you need assistance, please get in touch with the HR department.

*If you don't receive your Medical or Dental ID card during enrollment,
please contact the carrier directly for assistance.*

OR

NFP Benefit Concierge Benefits Assistance

at DBbenadmin@nfp.com or phone @ (877) 835-1361 / Option 1



SmartStart Program

Make your switch to Harvard Pilgrim easier than ever.



New plan. New benefits. Questions answered.

- How soon do I get my ID card?
- How can I confirm coverage for an upcoming appointment or procedure?

SmartStart will guide you through enrollment even before your plan is active.

Pre-enrollment phone line

Our pre-enrollment call center dedicated team will help answer your questions about your new benefits and connect you with a nurse care manager when you or your dependents have complex medical conditions —providing needed support even before your new plan is active.

Contact us at SmartStart@harvardpilgrim.org or call 866-874-0817 for answers to your questions.

Member online secure account

Visit harvardpilgrim.org/create to activate your secure account and quickly access your plan benefits and information.

- View your ID card
- Find a doctor or a hospital
- Select a Primary Care Provider (PCP)
- Estimate your out of pocket costs and more

Contact
HPHC Smart Start Enrollment Assistance Team
866-874-0817
smartstart@harvardpilgrim.org

BENEFITS COSTS

MEDICAL INSURANCE

MASSACHUSETTS STRATEGIC HEALTH GROUP (MSHG)
ADMINISTERED BY HARVARD PILGRIM HEALTH CARE (HPHC)

July 1st, 2026 - June 30th, 2026

	Total Monthly Premium	Employer Total Monthly Contribution	Employee Total Monthly Contribution	Employee Bi-weekly*Rate (26 Pay Periods)	Employee Rate (39 Pay Periods)
HPHC Choice Net Open Access <i>(Town pays 75% of the plan cost, Employees pays the remaining 25%)</i>					
Individual	\$1,038.64	\$778.98	\$259.66	\$129.83	\$155.80
Family	\$2,696.59	\$2,022.44	\$674.15	\$337.08	\$404.49
HPHC Access America Value HSA - \$2000 EPO Plan <i>(Town pays 75% of the plan cost, Employees pays the remaining 25%)</i>					
Individual	\$1,369.81	\$1,095.60	\$274.21	\$137.11	\$164.53
Family	\$3,409.18	\$2,556.88	\$852.30	\$426.15	\$511.38
HPHC ChoiceNet \$250 PPO Plan <i>(Town pays 75% of the plan cost, Employees pays the remaining 25%)</i>					
Individual	\$721.61	\$541.21	\$180.40	\$90.20	\$108.24
Family	\$1,912.09	\$1,434.07	\$478.02	\$239.01	\$286.81

ALTUS DENTAL

	Preventive Only	Low Plan	High Plan
Individual	\$20	\$40.58	\$51.86
Employee + 1	\$40	\$81.16	\$103.74
Family	\$70	\$123.52	\$161.94

ALTUS VISION

Individual	\$5.05
Employee + Spouse	\$10.10
Employee + Child(ren)	\$12.96
Family	\$19.81

BENEFITS COSTS

Town of Webster Open Enrollment Rates Effective 7/1/2025

Active Employees and Non- Medicare Eligible Retirees
(7/1/2025 - 6/30/2026)

		Monthly Rate	Monthly Retiree 50%	Monthly Employee 25%	Employee Pay Periods		
					52	26	39
HPHC Choice Net Open Access	Individual	\$1,029.28	\$514.64	\$257.32	\$59.38	\$118.76	\$79.18
	Family	\$2,672.30	\$1,336.15	\$668.08	\$154.17	\$308.34	\$205.56
HPHC PPO Choice Net	Individual	\$1,357.47	\$678.74	\$339.37	\$78.32	\$156.63	\$104.42
	Family	\$3,378.46	\$1,689.23	\$844.62	\$194.91	\$389.82	\$259.88
HPHC HDHP Access America Value	Individual	\$715.11	\$357.56	\$178.78	\$41.26	\$82.51	\$55.01
	Family	\$1,894.86	\$947.43	\$473.72	\$109.32	\$218.64	\$145.76

		Monthly Rate	Employee Pay Periods		
			52	26	39
Altus Dental Plan - Low (7/1/2025 - 6/30/2026)	Individual	\$40.58	\$9.36	\$18.73	\$12.49
	2-Person	\$81.16	\$18.73	\$37.46	\$24.97
	Family	\$123.52	\$28.50	\$57.01	\$38.01

		Monthly Rate	Employee Pay Periods		
			52	26	39
Altus Dental Plan - High (7/1/2025 - 6/30/2026)	Individual	\$51.86	\$11.97	\$23.94	\$15.96
	2-Person	\$103.74	\$23.94	\$47.88	\$31.92
	Family	\$161.94	\$37.37	\$74.74	\$49.83

		Monthly Rate	Employee Pay Periods		
			52	26	39
Altus Dental Plan - Preventative Plan (7/1/2025 - 6/30/2026)	Individual	\$20.00	\$4.62	\$9.23	\$6.15
	2-Person	\$40.00	\$9.23	\$18.46	\$12.31
	Family	\$70.00	\$16.15	\$32.31	\$21.54

		Monthly Rate	Employee Pay Periods		
			52	26	39
Altus Vision (7/1/2025- 6/30/2026)	Employee	\$5.05	\$1.17	\$2.33	\$1.55
	Emp. plus spouse	\$10.10	\$2.33	\$4.66	\$3.11
	Employee plus one or more children	\$12.96	\$2.99	\$5.98	\$3.99
	Family	\$19.81	\$4.57	\$9.14	\$6.10

USable Life Insurance
(7/1/2025 - 6/30/2026)

Group Life and AD&D
\$5000/\$5000 \$ 3.57/month

Senior Plans

	Monthly Rate	Retiree 50%
Aetna Medicare Advantage PPO <i>Requires Medicare A & B</i> (1/1/2025 - 12/31/2025)	\$328.92	\$164.46

Altus Dental Retiree Plan (7/1/2025 - 6/30/2026)	Individual	\$48.66	USable Life Insurance (7/1/2023 - 6/30/2024)	\$1,000
	2-Person	\$97.31		\$ 0.75/month
	Family	\$170.30		

MEDICAL INSURANCE



Point32Health companies

The Town of Webster is pleased to offer Medical insurance through Harvard Pilgrim Health Care (HPHC). The table below highlights the (3) three plans offered to employees and what each plan encompasses. More detailed information can be found in the Summary of Benefits, available upon request.

The town is a part of the Massachusetts Strategic Health Group (MSHG) providing an inclusive environment where each community can choose solutions for their individual needs while still being part of a larger group that ensures the best service and costs for you.

HPHC Access America Value HSA - \$2000 EPO Plan	
	In-Network Only
Plan Year Deductible	\$2,000/ \$4,000
PY-Max Out-of-Pocket (Includes Member cost share)	\$4,000 / \$8,000
Preventive Care	
Routine & Preventive Servicing & Testing	No Charge
Other Services	
Office Visit - Primary Care	Ded., then 100%
Specialist Office Visit –	Ded., then 100%
Chiropractic Visits	Ded., then 100%
Diagnostic Lab & X-ray	Ded., then 100%
CT, MRI, & PET Scan	Ded., then 100%
Out- Patient Surgery	Ded., then 100%
Inpatient Hospital	Ded., then 100%
Behavior Health Inpatient	Ded., then 100%
Occupational & Physical Therapy	Ded., then 100%
Ambulance	Ded., then 100%
Emergency Room (copay waived if admitted)	Ded., then 100%
Urgent Care	Ded., then 100%
Pharmacy Benefits- Express Scripts	
Retail Pharmacy up to 30-day supply)	Ded., then: \$10 / \$25 / \$40
Mail 90-day supply)	Ded., then: \$20 / \$50 / \$120
Plan Year Rx Deductible	Medical Deductible

HPHC Choice Net Open Access

	Tier-1	Tier 2	Tier-3
Plan Year Deductible	None	\$250 / \$750	\$250 / \$750
PY-Max Out-of-Pocket (Includes Member cost share)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Preventive Care			
Routine & Preventive Servicing & Testing	No Charge	No Charge	No Charge
Other Services			
Office Visit - Primary Care	\$20 copay	\$20 copay	\$20 copay
Specialist Office Visit	\$35 copay	\$35 copay	\$35 copay
Chiropractic, Occupational & Physical Therapy (up to 60 visits per year OT, PT)	\$25 copay	\$25 copay	\$25 copay
Diagnostic Lab & X-ray	No cost	Ded., then no cost	Ded., then no cost
CT, MRI, & PET Scan	\$100 copay (facility) Ded., then \$100 copay (hsp)	\$100 copay (facility) Ded., then \$100 copay (hsp)	\$100 copay (facility) Ded., then \$100 copay (hsp)
Out- Patient Surgery	\$150 copay	\$150 copay	\$150 copay
Inpatient Hospital	\$300 copay	Ded., then \$300 copay	Ded., then \$700 copay
Behavior Health Inpatient	\$150 copay	\$150 copay	\$150 copay
Behavior Health Treatment	\$15 copay	\$15 copay	\$15 copay
Ambulance	No Charge	No Charge	No Charge
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay	\$35 copay
Pharmacy Benefits- Express Scripts			
Retail Pharmacy up to 30-day supply)	\$10 / \$25/ \$50	\$10 / \$25/ \$50	\$10 / \$25/ \$50
Mail 90-day supply)	\$20 / \$50 / \$110	\$20 / \$50 / \$110	\$20 / \$50 / \$110

MEDICAL INSURANCE



Point32Health companies

	HPHC ChoiceNet \$250 PPO Plan	
	In-Network Only	Out-of-Network
Plan Year Deductible	\$250/ \$750	\$400/ \$800
PY-Max Out-of-Pocket (Includes Member cost share)	\$2,000 / \$4,000	\$3,000 per member
Preventive Care		
Routine & Preventive Servicing & Testing	No Charge	No Charge
Other Services		
Office Visit - Primary Care	\$20 copay	Ded., then 20% coinsurance
Specialist Office Visit –	\$35 copay	Ded., then 20% coinsurance
Chiropractic, Occupational & Physical Therapy Visits (up to 20 Chiro visits, 60 OT & PT visits per plan year)	\$20 copay	Ded., then 20% coinsurance
Diagnostic Lab & X-ray	Ded., then no cost	Ded., then 20% coinsurance
CT, MRI, & PET Scan	Ded., then \$100 copay (hsp.) Ded., then \$150 copay (facility)	Ded., then 20% coinsurance
Out- Patient Surgery	Ded., then \$150 copay	Ded., then 20% coinsurance
Inpatient Hospital	Tier 1: Ded., then \$30 copay Tier 2: Ded., then \$700 copay	Ded., then 20% coinsurance
Behavior Health Inpatient	Ded., then \$200 copay	Ded., then 20% coinsurance
Behavior Health Outpatient	Ded., then \$15 copay	Ded., then 20% coinsurance
Ambulance	Ded., then 100%	Ded., then 100%
Emergency Room (copay waived if admitted)	\$100 copay	Ded., then 20% coinsurance
Urgent Care	\$35 copay	Ded., then 20% coinsurance
Pharmacy Benefits- Express Scripts		
Retail Pharmacy up to 30-day supply)	\$10 / \$25 / \$50	No Coverage
Mail 90-day supply)	\$20 / \$50 / \$110	No Coverage
Plan Year Rx Deductible	None	N/A

Weight Management Program

Get reimbursed for fees you pay toward qualified weight management programs¹

Frequently Asked Questions

How do I qualify for a weight management reimbursement?

- Your employer must offer Harvard Pilgrim's weight management reimbursement benefit².
- You must be active with coverage that includes the weight management program benefit.

When can I submit my Reimbursement Form?

- Starting with January 1 of the current calendar year and when you have met the above stated criteria.
- Submission must be received by March 31 of the following year.
- Subscribers may submit for weight management reimbursement for themselves and/or dependents only once per calendar year.

What qualifies for reimbursement?

- Eligible programs include Weight Watchers® digital, traditional or At-Work programs, as well as hospital-based weight loss programs.
- Not eligible for reimbursement: Fees for individual counseling sessions; food, books, videos, scales or other items not included as part of the fee for the course or class.

How much can I claim for reimbursement?

- You'll be reimbursed up to the maximum amount offered through your employer. Reimbursement varies, so please check with your employer for your specific reimbursement amount.

What happens after I submit the Reimbursement Form?

- Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

> Questions? Call Member Services at **888-333-4742**

How to submit your reimbursement request

Log in to your secure member account at harvardpilgrim.org/reimbursement, or submit the form on page 2 by mail. Include paid receipts verifying enrollment in a qualifying weight management program (receipts must show name of the member, name of the program, amount paid per session(s), and date(s) paid).

Mail to:

Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

¹ Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor.

² Ask your employer or review your plan documents in your member account to see if your coverage includes this benefit.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

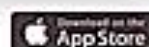
Once you receive your new Harvard Pilgrim Health Care ID card, please create an online account using the member ID number listed on your card.

Member Secure Account and Mobile App

Quickly access your benefits

Log in at harvardpilgrim.org/login or activate your secure online account at harvardpilgrim.org/create or via the Harvard Pilgrim mobile app¹, to quickly and securely access your health plan benefits information.

- Understand your coverage
- Check your claims, referrals, and authorizations
- View plan limits, including your out-of-pocket costs
- Find a doctor or a hospital
- Explore Behavioral Health resources
- Select or change your Primary Care Provider (PCP)
- Estimate your costs²
- Access health and wellness resources
- View your ID card and add it to your Apple Wallet or Google Pay
- Email Member Services through the secure messaging tool



Watch our member secure account video:



English



Spanish

¹ Some features are website features integrated into the mobile app: change PCP, ID Card, Other Documents, Plan Documents. Other features will be offered on the website, function differently on the mobile app: claims, eligibility and deductible tracker, and provider search.

² Estimating costs feature is not available on the mobile app



How to Find a Doctor

Our Online Provider Directory Helps Make it Easier

Looking for a Primary Care Provider (PCP), Specialist or Hospital? You can use our “Find a provider” online tool to look up your plan’s participating providers. The tool is updated five days per week to reflect the most recent providers in our network.

Get Started in 3 Simple Steps:

- 1. Log in to your secure member account** at harvardpilgrim.org for personalized search results. If you don’t have an account, visit harvardpilgrim.org/create to activate your secure online account and access your plan’s directory.
- 2. Click on “Find a provider”** on the top right of the webpage and refine your search by specialty, location, name or distance.
- 3. Narrow your options** by checking details such as in-office and virtual availability, and whether providers are accepting new patients.



You can also search for providers without logging into your secure account. To search for participating providers, visit harvardpilgrim.org/providerdirectory. You will need to select your plan name, mentioned on the top right of your member ID card.

How to Select or Change Your PCP

- **Log in to your member account** and click “Change PCP” under the “Your Plan Snapshot” section.
- **Search for your PCP** by location, provider name or provider ID. Click “Select PCP.”
- **Save your choice** to help ensure your care is coordinated, especially for plans that require in-network providers. Your PCP can also assist in coordinating any specialty care you might need.

> Need Assistance?

Call Members Services at the number on the back of your member ID card.

To help avoid unanticipated costs, always choose providers within the Harvard Pilgrim network. If your plan requires you to use in-network healthcare providers, check with your PCP, who can assist in coordinating your care. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

Fitness Reimbursement Form Instructions

Please read the instructions below, then fill out the Fitness Reimbursement Form.

Want your reimbursement faster? Submit your request online at harvardpilgrim.org/fitnessreimbursement

Getting reimbursed is easy

Please enclose copies of the following:

- Copy of your health/fitness membership agreement
- Completed Fitness Reimbursement Form
- Receipts showing that you paid for at least four months in a calendar year for membership or subscription fees (must show your name and the facility or program name). Fees must equal or exceed amounts being claimed.



Mail to:

Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Frequently Asked Questions

How do I qualify for a fitness reimbursement?

- You must be eligible for fitness reimbursement through your Harvard Pilgrim plan.
- Fitness facility or other qualified fitness membership must be for at least four months in a current calendar year.
- Current Harvard Pilgrim membership must be at least four months in a calendar year and must coincide with four months of fitness membership or subscription.

When can I submit my Fitness Reimbursement Form?

- Starting on May 1 of the current calendar year and when you have met the above-stated criteria.



Get Reimbursed for a Childbirth Education Class

Congratulations! Having a baby is an exciting time in your life, but it can also be overwhelming. Taking a class or course is a great way to build your confidence and prepare for childbirth and early parenthood. If you're enrolled in a BILH medical plan, **you can get reimbursed up to \$150 for completing a childbirth education class or course.**

Your Questions Answered

What's considered a qualifying class or course?

Qualifying classes are offered through your local hospital, birthing center, physician's office or childbirth education organization. They may consist of a one-day course or a series of weekly sessions. Led by a trained childbirth educator, classes typically address labor and birth, pain relief and coping management, birthing options, postpartum care, and the basics of caring for your newborn baby. This includes the virtual class option available through Tinyhood. Visit www.tinyhood.com/partner/harvardpilgrim for details.

What do I need to prove that I took the class?

Be sure to get a paid receipt verifying class enrollment. The receipt must show your name, the name and location of the class, the amount paid, and the date of payment.

What if the class costs less or more than \$150?

Harvard Pilgrim will reimburse up to \$150,¹ but not more than the cost of the class or course. For example, if the class fee is \$225, we will only reimburse \$150. If the class costs \$120, we will reimburse \$120.

I took my class a year ago. Can I still get reimbursed?

You have until March 31 of the next calendar year to submit your form and receipt. For example, if you took your class in 2025, you must submit your request by March 31, 2026.

I took a childbirth class during my last pregnancy. If I take another class in preparation for the birth of my next child, can I be reimbursed?

Yes. You're eligible to be reimbursed for one childbirth class or course per pregnancy, per calendar year.

Take the class or course, get a receipt and send it in — it's that simple.

- 1 Select the qualifying childbirth class or course that meets your needs.
- 2 Fill out the form on the next page. Remember, only the subscriber can request the reimbursement. If the dependent is enrolled in the class, the subscriber must complete and submit the form.
- 3 Mail your form and receipt to:

**Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269**



**Questions?
Call your Harvard
Pilgrim Member
Advocate team at
866-623-0194.**

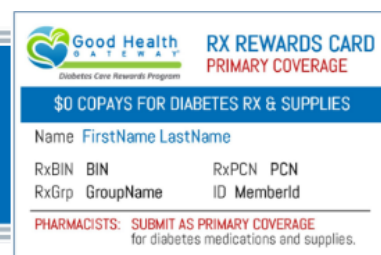
¹ Maximum reimbursement per Harvard Pilgrim policy in a calendar year (individual or family contract). Some employers may offer a different reimbursement amount. Must be currently enrolled in Harvard Pilgrim at time of reimbursement. For tax information, consult your employer or tax advisor. Childbirth reimbursement details vary for small or individual group. Reimbursable classes must be taken on or after January 1, 2025.

DIABETES CARE REWARDS PROGRAM

The Good Health Gateway® Diabetes Care Rewards Program is offered to MSHG active health plan members living with diabetes including type 1, type 2, juvenile, pre-diabetes, or gestational diabetes. As an active health plan participant, you can enroll at any time.

When you join the program, you receive confidential, expert support and guidance to help you manage your diabetes while earning \$0 copays on covered diabetes medications and supplies for meeting the program requirements.

**How to get your Good Health Gateway
RX Rewards Card for \$0 copays**



How to earn your zero copay Good Health Gateway RX Rewards Card:

1. Register at GoodHealthGateway.com or by calling the **Member Services**

Line at 800-643-8028.

2. Complete a telehealth call with our Diabetes Educator to develop your personal Diabetes Health Action Plan® Care Guide.

3. Submit confirmation of your completion of the program requirements:

- ✓ Annual foot exam
- ✓ Annual eye exam
- ✓ Annual laboratory work-up of your fasting blood lipid levels
- ✓ Annual laboratory work-up of your urine/protein levels
- ✓ Laboratory work-up of your Hemoglobin A1c levels every 6 months

4. Receive your Good Health Gateway Rx Rewards Card for \$0 copays on covered diabetes medications and supplies at your local, in-network pharmacy or through OPTUMRx® Home Delivery.

The Good Health Gateway Diabetes Care Rewards Program is a HIPAA compliant Business Associate of Massachusetts Strategic Health Group. The Program is administered by Abacus Health Solutions, LLC.

800.643.8028
GOODHEALTHGATEWAY.COM

The Good Health Gateway® Healthy Weight Program

offers participants education, support, and access to resources designed to help individuals lose weight and maintain their weight loss.

You are eligible to participate in this medication-assisted weight loss program if you are an employee, spouse, or dependent over the age of 18 who is enrolled in the MSHG active health plan. Enrollment in the program is voluntary, and participants must meet medically verified eligibility requirements.

As a participant in the Program, you are eligible to receive covered anti-obesity medication at \$0 copay, if you are engaging in all program requirements described below.

- ✓ Take and share weight readings 3-4 times a week and a minimum of 12 days out of every 30 days on a cellular-connected weight scale provided by the Program.
- ✓ Accept Program text messages.
- ✓ Have completed within the past 12 months or will complete annual physical with your doctor.
- ✓ Participate in Program follow-up for at least 6 months (and up to 12 months) after you are no longer taking weight loss medication.
- ✓ Have brief, regular calls with a Program coach who will support you in your weight loss efforts.
- ✓ Complete Program activities and view Program videos sent to you via text or in-app messaging to help support you in the Program.

Please note:

- Failure to remain engaged with these Program requirements will result in the loss of \$0 copayment until the Program activity is again completed.
- Program participants who meet all the Program requirements can obtain a 30-day supply of medication at any in-network retail pharmacy.
- Enrollment in the Program can only be done electronically by downloading the FREE Good Health Gateway Healthy Weight App and registering for the Program. As a health plan participant, you can enroll at any time.
- Download the FREE App on your Android in the Google Play store or on your Apple iPhone in the Apple Store by searching for the "Good Health Gateway Healthy Weight" App.

For program inquiries please contact the Good Health Gateway Member Services at 800-643-8028.

To enroll, download the FREE GHG Healthy Weight app from Google Play or the App Store. You will need to answer some questions in the app and talk to your doctor to determine if this benefit is right for you. Participation is voluntary and confidential.



The Good Health Gateway Healthy Weight Program is a HIPAA compliant Business Associate of Massachusetts Strategic Health Group. The Program is administered by Abacus Health Solutions, LLC.

PHARMACY BENEFITS



Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts® mobile app

Register now so you can experience:

- **More savings.**
Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- **More convenience.**
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**
Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.**
Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to express-scripts.com and select Register, or download the Express Scripts mobile app for free from your mobile device's app store and select Register.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click Register now and you're registered.
- To set preferences,² select Communication Preferences from the menu under Account, then scroll to Communication and Viewing Preferences. Click Edit preferences. Preferences can only be selected via the member website.

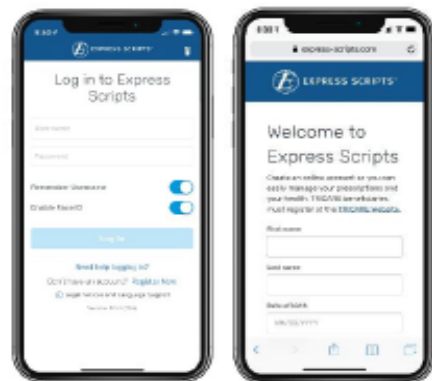
Members who have touch or facial ID authentication on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.





Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

**800.334.8134 or
CustomerCare@rxbenefits.com**
7:00 AM to 8:00 PM CT
Monday – Friday

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.



PHARMACY BENEFITS

The test strips you currently use may no longer be covered on your drug list.*

Please see the enclosed letter for more information. Talk to your doctor about OneTouch® products to avoid paying full cost for your diabetes supplies.

Latest
Innovation



OneTouch Verio Flex®



OneTouch
Verio®

OneTouch Verio Flex® meter

Takes the guesswork out of your numbers

- ColorSure® technology shows if results are in or out of range
- Optional Bluetooth® capability for connectivity to the OneTouch Reveal® mobile app

OneTouch Verio® meter

Provides helpful information, without any extra work

- ColorSure® technology shows if results are in or out of range
- Automatic messages with every result

To order a OneTouch Verio® system at no charge visit www.OneTouch.orderpoints.com and input order code 573EXP333 or call 1-800-668-7148 and provide order code 573EXP333.



* Your prescription benefit is managed by Express Scripts. Some health plans may have more than one test strip covered at the lowest co-pay. The Bluetooth® word mark and logos are registered trademarks owned by Bluetooth SIG, Inc. and any use of such marks by LifeScan Scotland Ltd. and its affiliates is under license. Other trademarks and trade names are those of their respective owners.
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VOLUNTARY - DENTAL INSURANCE



Benefits Summary

MSHG - TOWN OF WEBSTER - PREVENTIVE

Group Number: 6401-0003

Altus Dental Plus - Includes Connection Dental and DenteMax Networks

Annual Maximum
\$500

Maximum Lifetime Cap
Unlimited

Deductible
Individual \$0
Family \$0

Dependent Coverage
Dependent children are covered under these benefits up until the end of the month that they turn 26.

Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning twice per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars

Monthly Premium effective 7/1/25 - 6/30/26:
Individual: \$20.00 Two Person: \$40.00 Family: \$70.00

- P** Pre-treatment Estimate Recommended
- A** Prior Authorization Required

VOLUNTARY - DENTAL INSURANCE



Benefits Summary

MSHG - TOWN OF WEBSTER LOW

Group Number: 6401-0001

Altus Dental Plus - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays don't count against your annual maximum.

Annual Maximum

\$1,500

Maximum Lifetime Cap

Unlimited

Deductible

Individual \$0

Family \$0

Dependent Coverage

Dependent children are covered under these benefits up until the end of the month that they turn 26.

P Pre-treatment Estimate
Recommended

A Prior Authorization
Required

Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning three per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars
- Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth
- Periodontal maintenance following active therapy two per year

Plan pays 80%; Member Coinsurance 20%

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.
- P** • Root planing and scaling once per quadrant every 24 months
- P** • Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- P** • Gingivectomies once per site every 24 months
- P** • Soft tissue grafts once per site every 60 months
- P** • Crown lengthening once per site every 60 months
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months

Plan pays 50%; Member Coinsurance 50%

- P** • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months
- P** • Bridges and crowns over implants replacement limited to once every 60 months
- P** • Partial and complete dentures replacement limited to once every 60 months
- P** • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months

Monthly Premium effective 7/1/25 - 6/30/26:

Individual: \$40.58 Two Person: \$81.16 Family: \$123.52

MSHG - TOWN OF WEBSTER HIGH

Group Number: 6401-0002

Altus Dental Preferred Point of Service Option - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays do not count against your annual maximum.

Annual Maximum

\$1,750

Elective Orthodontic Lifetime Maximum

\$1,000

Maximum Lifetime Cap

Unlimited

In-Network Deductible

Individual \$0

Family \$0

Out-of-Network Deductible

Individual \$50

Family \$150

Dependent Coverage

Dependent children are covered under these benefits up until the end of the month that they turn 26.

P Pre-treatment Estimate Recommended

A Prior Authorization Required

See
info

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning three per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars
- Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: Plan pays 80%; Member Coinsurance 20% - (Deductible Applies)

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.
- P • Root planing and scaling once per quadrant every 24 months
- P • Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- P • Gingivectomies once per site every 24 months
- P • Soft tissue grafts once per site every 60 months
- P • Crown lengthening once per site every 60 months
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months
- Periodontal maintenance following active therapy two per year

In Network: Plan pays 60%; Member Coinsurance 40%

Out of Network: Plan pays 50%; Member Coinsurance 50% - (Deductible Applies)

- P • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months
- P • Bridges and crowns over implants replacement limited to once every 60 months
- P • Partial and complete dentures replacement limited to once every 60 months
- P • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months

1 Network: Plan pays 50%; Member Coinsurance 50%

Out of Network: Plan pays 50%; Member Coinsurance 50%

Elective braces and related services for dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required.

Monthly Premium effective 7/1/25 - 6/30/26:

Individual: \$51.86 Two Person: \$103.74 Family: \$161.94

VOLUNTARY – DENTAL INSURANCE

**altus
dental™**

Preventive Rewards Program

Nothing is more important to us than your oral health. That's why we've introduced the Preventive Rewards Program. When you choose this benefit enhancement, none of your preventive dental services count toward your annual maximum, allowing you to stretch your benefit dollars.

Here's how the Preventive Rewards Program works:

Let's say your **annual maximum is \$1,500**. Each year, you receive:

- **Two cleanings**
- **Two exams**
- **X-rays**
- **Fluoride Treatment**
- **Sealants**

At the end of the year, your **annual maximum remains \$1,500***

The savings add up

Wondering how preventive benefits affect your annual maximum? Here's an example*:

	Without Preventive Rewards	With Preventive Rewards
ANNUAL MAXIMUM	\$1,500	\$1,500
FIRST EXAM	\$30	\$30
SECOND EXAM	\$30	\$30
FIRST CLEANING	\$78	\$78
SECOND CLEANING	\$78	\$78
X-RAYS (FULL MOUTH)	\$105	\$105
FLUORIDE TREATMENT	\$25	\$25
SEALANTS (4)	\$184	\$184
REMAINING MAXIMUM	\$970	\$1,500

That's it – there is no criteria to meet and this benefit enhancement is yours every year.

**This example is based on preventive benefits covered at 100%.*

Please refer to your benefit summary for details on your specific coverage.

Notice of Nondiscrimination and Accessibility Policy

Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-223-0588.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.

Altus Dental Insurance Co., Inc. • P. O. Box 1557 • Providence, RI 02901-1557 1.877.223.0588 • altusdental.com

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Why preventive services matter

Your mouth is a window to your body. Diseases such as cancer, heart disease, kidney disease and diabetes can sometimes be identified by your dentist during preventive services like routine dental exams, cleanings and x-rays.

Prevention plays a key role in good oral health, and that can lead to good overall health. Ask about our Preventive Rewards Program today.

**altus
dental™**

Benefits Summary: Altus Vision™ - 150

Benefit	Description	Copay	
In-Network Coverage with VSP Choice Network: 45,000 Preferred Providers 117,000 Access Points			
WELLVISION® EXAM			
Exams 1 exam every 12 months	• Comprehensive eye exam to ensure overall visual wellness	\$10	
PRESCRIPTION GLASSES			
Frames 1 pair every 24 months	• \$150 allowance for wide selection of frames • 20% savings on amount over allowance. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied • Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans • Allowance may differ at Costco® Optical, however it is of equivalent value. Costco® Optical allowance of \$80 is equivalent to \$150 frame allowance at VSP doctor locations and participating retail chains	\$25	
Lenses 1 pair every 12 months	• Single vision, lined bifocal, lined trifocal, and lenticular lenses		
Covered Lens Enhancements	• Impact-resistant lenses for children • Standard Progressive Lenses	\$0	
CONTACT LENSES (instead of glasses)			
Contacts Every 12 months	• \$150 allowance for contacts	\$0	
	• Contact lens fitting and evaluation	Up to \$60	
VALUE-ADDED PROGRAMS			
VSP Essential Medical Eye Care Program	• Exams and services to treat immediate issues like pink eye and sudden changes in vision • Treatment options to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more • Members with diabetes who do not have diabetic eye disease receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with \$20 copay. Limitations and coordination with medical coverage may apply. Ask your VSP network doctor for details		
Extra Savings			
Additional Lens Enhancements	• Average savings of 30% on enhancements including tints, UV protection, scratch-resistant coating, anti-glare coating and more • Discount rate for Premium Progressive Lenses: \$95-\$105; Custom Progressive Lenses: \$150-\$175		
Featured Frames	• Extra \$20 allowance on featured brands like bebe®, Calvin Klein, Flexon®, Lacoste, Nike, and more. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Not applicable at Costco® Optical. Ask your VSP network doctor for more details		
Additional Glasses and Sunglasses	• 20% savings on additional prescription or non-prescription glasses and/or sunglasses from any VSP provider within 12 months of last WellVision Exam		
Laser Vision Correction	• Average 15%-20% savings. See VSP.com for more information		
TruHearing®¹	• Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information		
Monthly Rates			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$5.05	\$10.10	\$12.96	\$19.81

See reverse side for more information.

VOLUNTARY – VISION INSURANCE

Altus Vision™ in partnership with VSP® Vision Care

Benefits Summary: Altus Vision™ - 150

Your Coverage with Out-of-Network Providers:

Exam	Up to \$55	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$70	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses & Fitting/Evaluation Fees	Up to \$120
Single Vision Lenses	Up to \$30	Lenticular Lenses	Up to \$100	Necessary Contact Lenses	Up to \$210

Items Not Covered

The following items are excluded unless otherwise stated in the Benefits Summary: plano lenses (refractive correction of less than $\pm .50$ diopter); two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics, vision training or supplemental testing; local, state and/or federal taxes, except where VSP is required by law to pay.

Items not covered under contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; fitting and evaluation fees for corneal refractive therapy, orthokeratology, and myopia management; re-fitting of contact lenses after the initial (90-day) fitting period; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

Dependent Coverage

Dependent children are covered through the end of the month they turn age 26.

Notice of Nondiscrimination and Accessibility Policy

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Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-877-223-0588.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para 1-877-223-0588.

VOLUNTARY – VISION INSURANCE

Altus Vision™

in partnership with VSP® Vision Care

vsp.
vision care
Benefit
Enhancements



Vision Care Made Easy

With Altus Vision®, you'll get easy access to vision care. It's about choice. Our partnership with VSP® Vision Care offers you convenient access to network eye doctors that are independently certified, making it easy to choose the optometrist or ophthalmologist who's right for you. You'll also have access to more than 104,000 in-network choices, including VSP Premier Edge™ locations, which include thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

POPULAR RETAILERS



ONLINE RETAIL

eyeconic

Participating retailers vary by location. Please contact your preferred location to ensure that they are in-network.



Beyond Routine Care

VSP Vision Care is committed to providing you with the best eye care, as well as helping you manage your overall health. The **VSP® Essential Medical Eye Care Program** goes beyond routine eyecare, providing additional coverage for members with conditions such as diabetes, diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). These members can also access additional services, including follow-up medical eye exams with their VSP doctor to monitor and track disease progression, as well as an additional eye exam with refraction to address changes in vision resulting from diabetes medication(s).

To explore your Altus Vision benefits, log in to your account today or create an account at altusdental.com.

To learn more about Altus Vision, contact our customer service team at 1-877-223-0588 or email us at accountservices@altusdental.com.

VOLUNTARY – VISION INSURANCE

Altus Vision™

in partnership with VSP® Vision Care

vsp.
vision care

VSP Benefit Enhancements



Extra Member Benefits

Your vision and wellness come first. As a VSP member with Altus Vision, you'll save on products and services for your overall health and wellness through exclusive member extras, including glasses and contact lenses, LASIK, tickets to your favorite sporting or theater events, vacation travel, hearing aids, nutrition, exercise programs and financial services. To learn more, visit vsp.com/offers.

eyeconic.

Shop for your eyewear and contacts online at eyeconic.com, an eyewear store for VSP members. Eyeconic seamlessly connects your eyewear, your insurance coverage and the VSP doctor network. Plus, you'll get the convenience of online shopping along with the personal touch from a VSP doctor. To learn more, visit eyeconic.com.

TruHearing®

No one expects to experience hearing loss, but it happens to hundreds of thousands of Americans every year. TruHearing¹ makes hearing aids affordable by providing exclusive savings to all VSP members. With TruHearing, you will receive up to 60% on brand-name hearing aids and high-quality, low-cost batteries delivered to your door. In addition to substantial savings, you'll receive one year of follow-up visits for fittings, adjustments and cleanings, and a three-year manufacturer warranty for repairs and one-time loss and damage replacement. Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more. To get started, contact TruHearing at 877-396-7194. You and your family members must mention VSP. To learn more, visit truhearing.com/vsp

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Altus Vision™ is underwritten by Altus Dental Insurance Company. Claims processing, claims service, and provider network administration for Altus Vision™ are provided under contract by Vision Service Plan Insurance Company ("VSP"). VSP is a registered trademark of Vision Service Plan. All other brands or marks are the property of their respective owners.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage for covered services from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

¹ VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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VOLUNTARY – VISION INSURANCE

We make managing
your benefits easy



Register at altusdental.com for instant and secure access
to your member benefits and wellness information.

When you register for an online account at altusdental.com, you can:



See if your current dentist or eye doctor
is in-network or find a new provider



Order or print a new
ID card



View your benefits summary
and highlights



Check your eligibility for
services and procedures



View your deductible and
maximum amounts as well
as remaining balances



Get oral health care tips with
 **Healthy Smiles For Life**

Registering is fast, easy and secure.

All you need is your Altus Dental ID number. Visit altusdental.com today
and select "Click here to register" or log in with your username and password.

We use two-factor authentication for an extra layer of security. We'll send a security
code by email or text when you log in. Enter the code to access your account.

**altus
dental™**
Altus Vision™

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Altus Vision™ is underwritten by Altus Dental Insurance Company. Claims processing, claims service, and provider network administration for Altus Vision™ are provided under contract by Vision Service Plan Insurance Company ("VSP").

As part of our commitment to supporting your financial well-being, the Town of Webster offers a few life insurance plans as a part of your benefits package. These benefits are designed to provide financial security for your loved ones in the event of your passing, helping to ease the burden of expenses such as funeral costs, outstanding debts, and everyday living expenses.

Employee Basic Life Insurance: You are only eligible to enroll in this benefit as a new hire. You will not have another opportunity to enroll if you do not elect this benefit within 30 days of being hired.

- If you pass away as an active employee, your beneficiary receives \$5,000

FOR ALL FULL TIME ACTIVE EMPLOYEES

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT EMPLOYER

CONTRIBUTION: 50%

AMOUNT OF COVERAGE: You may purchase a flat benefit of \$5,000 without evidence of insurability. *Benefit does not reduce and terminates when you are no longer eligible or your retirement, whichever occurs first.*

GROUP TERM LIFE insurance is designed to provide benefits to your designated beneficiary for loss of life.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) is payable, if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Portability
- Seat Belt/Air Bag Benefit
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Special Education Coverage
- Travel Assistance

DEPENDENT LIFE

EMPLOYER CONTRIBUTION: 0%

Spouse: You may purchase coverage for your eligible spouse in the amount of \$5,000.

Children: You may purchase coverage for your eligible children between the ages of 6 months and 26 years in the amount of \$1,000.

Benefits are reduced to \$500 for children from Live Birth to 6 months.

Benefit does not reduce and terminates when you are no longer eligible or your retirement, whichever occurs first.

VOLUNTARY GROUP TERM LIFE

EMPLOYER CONTRIBUTION: 0%

Employee: If you are age 69 or younger, you may purchase coverage in units of \$10,000 to a maximum of \$100,000 without evidence of insurability. Coverage over these amounts to a maximum of \$350,000 is available with evidence of insurability.

Benefits reduce, based on your age, to 65% at age 70, to 50% at age 75, to 35% at age 80, to 25% at age 85, to 20% at age 90, to 15% at age 95, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Spouse: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible spouse, age 69 or younger, in units of **\$5,000** to a maximum of **\$30,000** through age 69, and \$0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of \$50,000 is available with evidence of insurability.

Benefits reduce, based on spouse's age, to 65% at age 70, to 50% at age 75, to 35% at age 80, to 25% at age 85, to 20% at age 90, to 15% at age 95, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Child: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years from **\$5,000** to **\$10,000** in increments of \$5,000. Benefits reduce to \$1,000 for children from live birth to 6 months. *Benefits terminate when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.*

VOLUNTARY GROUP TERM LIFE (VGTL) If you need additional term life protection for you and your eligible family members, think about US Able Life's low cost VGTL coverage. You select the benefit amounts to suit your specific situation, and premium payments are made through payroll deduction.

VOLUNTARY GROUP TERM LIFE ALSO INCLUDES THE FOLLOWING:

- Accelerated Benefit
- Portability
- Extended Life Insurance Benefit (Waiver of Premium)

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT EMPLOYER CONTRIBUTION: 0%

Employee: You may purchase coverage in units of \$10,000 to a maximum of \$350,000 without evidence of insurability.

Benefits reduce, based on your age, to 65% at age 70, to 50% at age 75, to 35% at age 80, to 25% at age 85, to 20% at age 90, to 15% at age 95, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Spouse: If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible spouse in units of \$10,000 to a maximum of \$50,000 without evidence of insurability.

Benefit/s reduce, based on spouse's age, to 65% at age 70, to 50% at age 75, to 35% at age 80, to 25% at age 85, to 20% at age 90, to 15% at age 95, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Child: If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years from \$5,000 to \$10,000 in increments of \$5,000. Benefits reduce to \$1,000 for children from live birth to 6 months.

Benefits terminate when /they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D) coverage allows you to purchase benefits to provide protection in the event of an unexpected loss of accidental death or dismemberment. Protection is issued on a 24-hour basis for you and your eligible family members and covers you as the result of a covered accident anywhere in the world.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Seat Belt/Air Bag Benefit
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Special Education Coverage

Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of US Able Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain participation requirements, limitations, or exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate

GROUP ACCIDENT RECOVERY (24 HOUR COVERAGE) **EMPLOYER CONTRIBUTION: 0%**

If you are age 69 or younger, you may purchase Accident Recovery benefits, which provide comprehensive coverage for accidental injuries including hospitalization, rehab and physical therapy. Benefits are paid directly to you and there is no coordination of benefits with your medical plan. Coverage is also available for your spouse and children.

HIGHLIGHTS OF THE BASIC PLAN INCLUDE:

- Physician Office Visit: \$125/2 visits
- Initial Hospitalization: \$1000
- Ambulance (Air/Ground): \$1250/\$200
- Physical Therapy: \$100/ 6 visits
- Transportation (for non-local treatment): \$400/5 Trips
- *Wellness Benefit: \$60
- AD&D Rider: \$100,000

HIGHLIGHTS OF THE SELECT PLAN INCLUDE:

- Physician Office Visit: \$150/2 visits
- Initial Hospitalization: \$1200
- Ambulance (Air/Ground): \$1500/\$240
- Physical Therapy: \$140/ 6 visits
- Transportation (for non-local treatment): \$600/5 Trips
- *Wellness Benefit: \$75
- AD&D Rider: \$100,000

HIGHLIGHTS OF THE ULTRA PLAN INCLUDE:

- Physician Office Visit: \$225/2 visits
- Initial Hospitalization: \$1600
- Ambulance (Air/Ground): \$2000/\$320
- Physical Therapy: \$160/ 6 visits
- Transportation (for non-local treatment): \$700/5 Trips
- *Wellness Benefit: \$105
- AD&D Rider: \$100,000

Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USABLE Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain participation requirements, limitations, or exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate

VOLUNTARY TERM LIFE

Town Of Webster Voluntary Term Life – Employee's Monthly Cost

Each employee may select any amount desired in units of \$10,000 to a maximum of \$35,000.
Children up to the age may be covered in increments of either \$5,000 or \$10,000 guaranteed issue

Benefit	Age Brackets											AD&D All Ages
	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$ 10,000	\$0.70	\$0.70	\$0.90	\$1.30	\$2.10	\$3.90	\$6.20	\$9.50	\$14.90	\$27.70	\$48.10	\$0.30
\$ 20,000	\$1.40	\$1.40	\$1.80	\$2.60	\$4.20	\$7.80	\$12.40	\$19.00	\$29.80	\$55.40	\$96.20	\$0.60
\$ 30,000	\$2.10	\$2.10	\$2.70	\$3.90	\$6.30	\$11.70	\$18.60	\$28.50	\$44.70	\$83.10	\$144.30	\$0.90
\$ 40,000	\$2.80	\$2.80	\$3.60	\$5.20	\$8.40	\$15.60	\$24.80	\$38.00	\$59.60	\$110.80	\$192.40	\$1.20
\$ 50,000	\$3.50	\$3.50	\$4.50	\$6.50	\$10.50	\$19.50	\$31.00	\$47.50	\$74.50	\$138.50	\$240.50	\$1.50
\$ 60,000	\$4.20	\$4.20	\$5.40	\$7.80	\$12.60	\$23.40	\$37.20	\$57.00	\$89.40	\$166.20	\$288.60	\$1.80
\$ 70,000	\$4.90	\$4.90	\$6.30	\$9.10	\$14.70	\$27.30	\$43.40	\$66.50	\$104.30	\$193.90	\$336.70	\$2.10
\$ 80,000	\$5.60	\$5.60	\$7.20	\$10.40	\$16.80	\$31.20	\$49.60	\$76.00	\$119.20	\$221.60	\$384.80	\$2.40
\$ 90,000	\$6.30	\$6.30	\$8.10	\$11.70	\$18.90	\$35.10	\$55.80	\$85.50	\$134.10	\$249.30	\$432.90	\$2.70
\$ 100,000	\$7.00	\$7.00	\$9.00	\$13.00	\$21.00	\$39.00	\$62.00	\$95.00	\$149.00	\$277.00	\$481.00	\$3.00
\$ 110,000	\$7.70	\$7.70	\$9.90	\$14.30	\$23.10	\$42.90	\$68.20	\$104.50	\$163.90	\$304.70	\$529.10	\$3.30
\$ 120,000	\$8.40	\$8.40	\$10.80	\$15.60	\$25.20	\$46.80	\$74.40	\$114.00	\$178.80	\$332.40	\$577.20	\$3.60
\$ 130,000	\$9.10	\$9.10	\$11.70	\$16.90	\$27.30	\$50.70	\$80.60	\$123.50	\$193.70	\$360.10	\$625.30	\$3.90
\$ 140,000	\$9.80	\$9.80	\$12.60	\$18.20	\$29.40	\$54.60	\$86.80	\$133.00	\$208.60	\$387.80	\$673.40	\$4.20
\$ 150,000	\$10.50	\$10.50	\$13.50	\$19.50	\$31.50	\$58.50	\$93.00	\$142.50	\$223.50	\$415.50	\$721.50	\$4.50
\$ 160,000	\$11.20	\$11.20	\$14.40	\$20.80	\$33.60	\$62.40	\$99.20	\$152.00	\$238.40	\$443.20	\$769.60	\$4.80
\$ 170,000	\$11.90	\$11.90	\$15.30	\$22.10	\$35.70	\$66.30	\$105.40	\$161.50	\$253.30	\$470.90	\$817.70	\$5.10
\$ 180,000	\$12.60	\$12.60	\$16.20	\$23.40	\$37.80	\$70.20	\$111.60	\$171.00	\$268.20	\$498.60	\$865.80	\$5.40
\$ 190,000	\$13.30	\$13.30	\$17.10	\$24.70	\$39.90	\$74.10	\$117.80	\$180.50	\$283.10	\$526.30	\$913.90	\$5.70
\$ 200,000	\$14.00	\$14.00	\$18.00	\$26.00	\$42.00	\$78.00	\$124.00	\$190.00	\$298.00	\$554.00	\$962.00	\$6.00
\$ 210,000	\$14.70	\$14.70	\$18.90	\$27.30	\$44.10	\$81.90	\$130.20	\$199.50	\$312.90	\$581.70	\$1,010.10	\$6.30
\$ 220,000	\$15.40	\$15.40	\$19.80	\$28.60	\$46.20	\$85.80	\$136.40	\$209.00	\$327.80	\$609.40	\$1,058.20	\$6.60
\$ 230,000	\$16.10	\$16.10	\$20.70	\$29.90	\$48.30	\$89.70	\$142.60	\$218.50	\$342.70	\$637.10	\$1,106.30	\$6.90
\$ 240,000	\$16.80	\$16.80	\$21.60	\$31.20	\$50.40	\$93.60	\$148.80	\$228.00	\$357.60	\$664.80	\$1,154.40	\$7.20
\$ 250,000	\$17.50	\$17.50	\$22.50	\$32.50	\$52.50	\$97.50	\$155.00	\$237.50	\$372.50	\$692.50	\$1,202.50	\$7.50
\$ 260,000	\$18.20	\$18.20	\$23.40	\$33.80	\$54.60	\$101.40	\$161.20	\$247.00	\$387.40	\$720.20	\$1,250.60	\$7.80
\$ 270,000	\$18.90	\$18.90	\$24.30	\$35.10	\$56.70	\$105.30	\$167.40	\$256.50	\$402.30	\$747.90	\$1,298.70	\$8.10
\$ 280,000	\$19.60	\$19.60	\$25.20	\$36.40	\$58.80	\$109.20	\$173.60	\$266.00	\$417.20	\$775.60	\$1,346.80	\$8.40
\$ 290,000	\$20.30	\$20.30	\$26.10	\$37.70	\$60.90	\$113.10	\$179.80	\$275.50	\$432.10	\$803.30	\$1,394.90	\$8.70
\$ 300,000	\$21.00	\$21.00	\$27.00	\$39.00	\$63.00	\$117.00	\$186.00	\$285.00	\$447.00	\$831.00	\$1,443.00	\$9.00

*Benefits reduce by 35% at age 65, by 50% of original amount at age 70 and terminate at retirement

Children's Benefit	Monthly
\$5,000.00	\$1.50
\$10,000.00	\$3.00



US Able Life Phone: 800-370-5856
EMAIL: custserv@usable.com WEBSITE: www.usable.com

VOLUNTARY TERM LIFE

Town Of Webster Voluntary Term Life – Spousal Monthly Cost

With election of employee benefits, spouses may select any amount desired in units of \$5,000 to a maximum of \$50,000.

Benefit	Age Brackets											AD&D All Ages
	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$ 5,000	\$0.35	\$0.35	\$0.45	\$0.65	\$1.05	\$1.95	\$3.10	\$4.75	\$7.45	\$13.85	\$24.05	\$0.15
\$ 10,000	\$0.70	\$0.70	\$0.90	\$1.30	\$2.10	\$3.90	\$6.20	\$9.50	\$14.90	\$27.70	\$48.10	\$0.30
\$ 15,000	\$1.05	\$1.05	\$1.35	\$1.95	\$3.15	\$5.85	\$9.30	\$14.25	\$22.35	\$41.55	\$72.15	\$0.45
\$ 20,000	\$1.40	\$1.40	\$1.80	\$2.60	\$4.20	\$7.80	\$12.40	\$19.00	\$29.80	\$55.40	\$96.20	\$0.60
\$ 25,000	\$1.75	\$1.75	\$2.25	\$3.25	\$5.25	\$9.75	\$15.50	\$23.75	\$37.25	\$69.25	\$120.25	\$0.75
\$ 30,000	\$2.10	\$2.10	\$2.70	\$3.90	\$6.30	\$11.70	\$18.60	\$28.50	\$44.70	\$83.10	\$144.30	\$0.90
\$ 35,000	\$2.45	\$2.45	\$3.15	\$4.55	\$7.35	\$13.65	\$21.70	\$33.25	\$52.15	\$96.95	\$168.35	\$1.05
\$ 40,000	\$2.80	\$2.80	\$3.60	\$5.20	\$8.40	\$15.60	\$24.80	\$38.00	\$59.60	\$110.80	\$192.40	\$1.20
\$ 45,000	\$3.15	\$3.15	\$4.05	\$5.85	\$9.45	\$17.55	\$27.90	\$42.75	\$67.05	\$124.65	\$216.45	\$1.35
\$ 50,000	\$3.50	\$3.50	\$4.50	\$6.50	\$10.50	\$19.50	\$31.00	\$47.50	\$74.50	\$138.50	\$240.50	\$1.50



US Able Life Phone; 800-370-5856
EMAIL: custserv@usable.com WEBSITE: www.usable.com

FLEXIBLE SPENDING ACCOUNT (FSA)



Flexible Spending Account FSAs

The Town of Webster continues to offer flexible spending accounts (FSAs) for health care and dependent care, which are administered by **Cafeteria Plan Advisors (CPA)** www.CPA125.com

For 2025, the limit is \$3,300 per person, with a maximum of \$6,600 per household or \$3,300 for married couples filing separately. These accounts allow you to use pretax dollars for eligible health care and dependent care expenses.

- Can elect without being enrolled in medical or only if enrolled in the EPO Plan or the PPO Plan. Cannot elect if enrolled in the HDHP.
- Access to annual contribution amount on day one, your annual pretax contribution is deducted evenly from your paychecks throughout the plan year.
- The 2025 max election is \$3,300.
- You can rollover \$660, any remaining funds will be forfeited.
- Funds can be used for eligible medical, dental, and vision expenses Limited

Limited Purpose FSAs

A Limited Purpose Flexible Spending Account (LP-FSA) shares the same contribution limits as a traditional FSA. Contributions are deducted from your paycheck tax-free. To decide how much to contribute, consider your budget and expected covered expenses for the year.

- Can only elect if enrolled in the HDHP health insurance.
- Access to annual contribution amount on day one, your annual pretax contribution is deducted evenly from your paychecks throughout the plan year.
- The 2025 max election is \$3,300.
- You can rollover \$660, any remaining funds will be forfeited.
- Can be used to pay qualified eligible dental and vision care expenses.

Dependent Care FSAs

You can defer a portion of your salary ranging from \$100 to \$5,000 into a dependent care flexible spending account (FSA) per household. However, if you are classified as a highly compensated employee (HCE) earning over \$130,000 annually, your contribution is limited to \$2,500. Please note that this amount may be adjusted to comply with discrimination testing requirements.

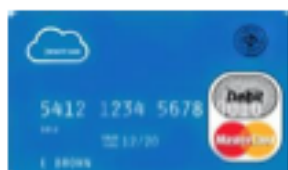
Key points:

- You not have to be enrolled in any health plan to enroll.
- Will be able to access funds as you make payroll contributions.
- The 2025 max election is \$5,000.
- Any unused funds will be forfeited at the end of the plan year.
- Can be used for childcare expenses (children 13 and under), care expenses for a disabled spouse, or a parent in eldercare during working hours.



Important Information About Your PREPAID BENEFITS CARD

If you're newly enrolled in the Flexible Spending Account Program, you will automatically receive the new blue Prepaid Benefits Card. You'll receive two cards at your home address for you and your family members to use. The Cards will arrive in a special envelope that looks like this – so please don't throw it out!



Your Prepaid Benefits Card is loaded with the value of your annual FSA/HSA election amount (less any amounts you have already spent in this plan year.) Using your Card helps you keep cash in your wallet and makes accessing your FSA funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical/dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

**If applicable, eligible Commuter Transit and/or Parking expenses. The card will be loaded with funds after they are deducted from your paycheck and posted to your account*

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA— automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online at www.cpa125.com or via the mobile app -- **CPA FLEX MOBILE**. It's that easy!

It's Important to Save Your Receipts!

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

What is an itemized receipt?

An itemized receipt must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense.

Using Your Card is as Easy as 1-2-3!

Look for additional information about how to use your new Prepaid Benefits Cards included with your card packet in the mail. We hope you enjoy this new exciting feature of your plan! Remember, the Card will not work at gas stations or restaurants – only at health care related providers.

Save your card. Every year you re-enroll, the funds get loaded on to this card!

Sign up **NOW**
for the
2025–2026
Plan Year!

Flexible Spending Benefits

Town of Webster

One of the Few Gifts the IRS Gives!

Discover the benefit that SAVES YOU MONEY. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.*** Eligible expenses and services include: non-cosmetic medical, dental, and vision care services; prescription medications; over-the-counter ‘medicines’ (not vitamins or supplements); orthodontics; prescription eyeglasses, contact lenses, laser eye surgery; mental health services; alternative health therapies (e.g. chiropractic, acupuncture), and **MORE!**

Max. Annual Health Care Election: \$3,300.

Who’s Covered? You, your legal spouse, and your dependents as defined by the Internal Revenue Service, including those claimed on your tax return and adult children under age 26.

Benefit Cards. New Health Care FSA enrollees will receive 2 cards that can be used at most medical facilities, dental offices, optical shops, and pharmacies to pay for eligible expenses. **Keep your cards!** They will reload each plan year that you enroll.

Rollover Option. Health Care FSA balances—**up to \$660**—will roll over to the next plan year as long as you re-enroll for that new plan year. Funds roll over after the prior plan year’s 90-day claim submission (“run out”) deadline. (Note: The max. rollover for the 2024-2025 plan year is **\$640**; re-enrollment is required for funds to roll over.)

HSA Ineligibility. If you or your spouse have a Health Savings Account (‘HSA’), you are **NOT** ELIGIBLE to participate in the Health Care FSA plan.

- ◆ **DEPENDENT CARE.**** For qualified day care expenses for eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Eligible expenses include daycare, pre-school, before/after school care, day camp, elder daycare. *Claim-based reimbursement plan (no benefit card); participants must submit claim(s) each plan year to receive accrued funds.*

Max. Annual Dep. Care Election: \$5,000 per family.

**Make Your
Money Go
UP
TO 30%
Further!**
depending on your
tax status

Enroll by 5/16/2024
for the
7/1/2025 – 6/30/2026
Plan Year***

Already in the FSA Plan?

Re-enrollment is **NOT** automatic!

► Re-enroll via your online account portal—not the mobile app! Go to cpaemployee.lh1ondemand.com and log-in on the LEFT side of the sign-in screen. On your account homepage, click the blue **Enroll/ Re-enroll** button and follow the steps to enroll for the new plan year. Be sure to click **Submit** at the end of the process. (We suggest printing or saving your enrollment confirmation.)

► **New to the FSA Plan?** Complete the “Authorization for Pre-Tax Payroll Reduction” form and return it to Courtney Friedland (e-mail: ctyrrell@webster-ma.gov) by the deadline date.

Track Your Account and File Claims 24/7!

Log in to your employee portal via our website (www.CPA125.com), or use our app: **CPA Flex Mobile**.



The annual FSA admin. fees are paid by your employer, so you save **even more!**

* Not all Health Care expenses are FSA-eligible, such as: cosmetic procedures or products (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, toothpastes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Some healthcare-related expenses, such as medical equipment and some services, may require a physician’s Letter of Medical Necessity in order to be FSA-eligible. Visit <https://fsastore.com/CPAEligibility> for more info. on specific products and services.

** Overnight camp and school tuition for kindergarten and above are not FSA-eligible; day camp is eligible when utilized as a form of childcare in order for the parent(s)/guardian(s) to be able to work; extracurricular and enrichment programs/activities that aren’t daycare/childcare-based are not eligible; money paid to a childcare provider who doesn’t report it as income on their taxes is not FSA-eligible.

*** Cafeteria Plan Advisors holds flex-spending (FSA) funds until eligible expenses are incurred and claim(s) submitted. Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not incurred by the plan year deadline through the use of the provided debit card (if applicable) or claim submission, or the date upon which employment ends, whichever comes first.



Your FSA can do more than you think

You're spending on health anyway — **use your Flexible Spending Account (FSA) to save up to 30% on eligible health expenses.*** Think prescription meds, copays, and thousands of and thousands of everyday health items.

Tell me More



Wondering what's FSA eligible?

Shop 2,500+ products from 600+ trusted brands at FSA Store. 100% FSA eligibility guaranteed

Most households spend \$1,600 out of pocket on health products each year.

Save \$480 with an FSA!*

*Assumes pre-tax FSA contributions and average tax rate of 30%, including state, federal, and FICA taxes. Savings are realized upon contributing to FSA, and not on applied savings on purchase. For illustrative purposes only. Individual earnings may vary.

\$5 OFF

One use per customer.

Exp. 12/31/25.

Save a little more, on us.

Visit [FSAstore.com](https://fsastore.com)

Use code **TAKE25** at checkout.



FL_12252024_DQ_V1

VOLUNTARY BENEFITS – 457 SMART Plan



There are many features of the Massachusetts Deferred Compensation 457 SMART Plan with which you should become familiar. The SMART Plan is a voluntary retirement savings program authorized under section 457 of the Internal Revenue Code, commonly called a 457 deferred compensation program, that allows eligible employees to save and invest before-tax and after-tax dollars through salary deferrals (contributions). Below is a summary of some features of the retirement plan.

457 SMART PLAN

When am I eligible?

You can contribute to the 457 SMART plan upon your hire date. Speak to a customer service representative by visiting SMART Plan website at www.mass-smart.com or by calling the SMART Plan Service Center at 877- 457-1900.

How much can I contribute before taxes?

Traditional 457 Contributions are made with before-tax dollars. Any potential earnings on your contributions are taxed when distributed. The minimum contribution amount per pay period is 1% of your gross income or \$10, whichever is less. The maximum contribution amount for 2025 is \$23,500. Participants who are age 50 or older can contribute an extra \$7,500 as a catch-up contribution in both years. You can also contribute what is called the 'special catch up', which allows you to contribute up to a maximum of \$45,000/per year for three straight years, usually just before you retire.

How much can I contribute after taxes?

Roth 457 Contributions are made with after-tax dollars. Roth money, including contributions and potential earnings, will grow tax-free in your account. The minimum contribution amount per pay period is 1% of your gross income or \$10, whichever is less. The maximum contribution amount for after taxes? 2025 is \$23,500. Participants who are age 50 or older can contribute an extra \$7,500 as a catch-up contribution in both years. You can also contribute what is called the 'special catch up', which allows you to contribute up to a maximum of \$45,000/per year for three straight years, usually just before you retire.

How do I know which contribution is the best choices for me?

- If you are not yet participating in the SMART Plan, you can enroll on the website at www.mass-smart.com by completing the Participant Enrollment form found on the website or by calling the SMART Plan Service Center at 877-457-1900.
- If you're a current SMART Plan participant, you can change your contributions by logging in to your account at www.mass-smart.com. Click on My Accounts, then My Contributions. You can also contact the SMART Plan Service Center at 877-457-1900.

How do I modify my investments?

You may move money among the Plan's investment options or redirect your future contributions online. You can contribute to the 457 SMART plan upon your hire date. Speak to a customer service representative by visiting the SMART Plan website at www.mass-smart.com or by calling the SMART Plan Service Center at 877-457-1900

Employee Assistance Program



Confidential And No Cost

We know that confidentiality and costs are important to you.

That's why we offer CONFIDENTIAL assistance to employees and their families. And, your personal information is not disclosed to anyone unless you provide written consent or as required by law.

In addition, Perspectives EAP services are provided at NO COST to you. Your employer provides Perspectives EAP as a benefit because they value you. If we refer you to an outside resource for additional support, we'll advise you about potential costs and whether they may be covered by your insurance.

Additional Services Just For You!

Your employer has selected enhanced services for you and your family as a part of your Perspectives EAP benefit.

LEGAL AND FINANCIAL SERVICES

At some point in life, we all find ourselves in need of legal or financial advice. Whether we're planning for retirement or college, or facing a divorce or potential legal battle, it's often hard to know where to start.

Perspectives Legal / Financial Services provide you with phone access to specialists who can help you understand your options and point you in the right direction for the help you need. If you do require an attorney, you will be given a referral to our network that includes a FREE 30 minute consultation and 25% reduction in attorney fees.

WORKLIFE SERVICES

In addition to WorkLife Online, you have access to the relocation center and FREE phone consultations with specialists who assist families with child and eldercare issues, as well as convenience services. Our national network of pre-screened child and eldercare providers offer a time-saving service for you and the people you care about.

Just call 800.456.6327 or log into
perspectivesltd.com with your username and
password to learn more or get started.

PLEASE TAKE A MINUTE TO LOG INTO YOUR ACCOUNT
TO SEE THE BENEFITS OF PERSPECTIVES EAP.

Username

MEGA

Password

perspectives

We Help With Issues That Impact Life

We can help you resolve stressful personal and family issues, or direct you to legal, financial or child care resources when you need them most.

COMMON ISSUES WE HELP PEOPLE WITH EVERYDAY INCLUDE:

- + Alcohol and Drug Abuse
- + Attention Deficit Disorder (ADD)
- + Attention Deficit Hyperactivity Disorder (ADHD)
- + Addictions
- + Adoption
- + Anger Issues
- + Anxiety
- + Budgeting
- + Child Care Resources
- + College Planning
- + Communications Issues
- + Coping with Change
- + Depression
- + Divorce
- + Domestic Violence
- + Eating Disorders
- + Effective Communication
- + Elder Care Resources
- + Emotional Issues
- + Family Issues
- + Financial Resources
- + Grief
- + Legal Resources
- + Leisure Travel Time
- + Marital and Couples Counseling
- + Mental Health
- + Parenting
- + Pet Care Resources
- + Post Traumatic Stress Disorder
- + Relationship Issues
- + Stress

We're Available When You Need Us

Perspectives EAP is available 24/7 and can be accessed three ways:

OVER THE PHONE

Masters and Doctorate-level EAP counselors are available 24/7 to answer your questions, provide counseling or assist you with useful appropriate resources. Call 800.456.6327 anytime!

IN PERSON

Counselors will listen to your concerns, assess the situation and help you develop an action plan best suited to your needs. When appropriate, this plan may include further in-person sessions with Perspectives or a referral to another qualified professional. Call 800.456.6327, 8 a.m. - 6 p.m. weekdays to schedule an appointment.

ONLINE

Have you ever spent hours "Googling" for good information about parenting, diet, relationships or hundreds of other issues that impact your life? We do our homework so you don't have to!

Perspectives Online is a special website for everyone with Perspectives EAP. It provides information, resources and tools for a vast number of issues, ranging from parenting and child care to health and wellness, career development, workplace training and more. Just visit perspectivesltd.com and log in with your username and password!

FREE Help. Who Doesn't Like That?

We want you to think of Perspectives as the "Everyday Assistance People." Our Employee Assistance Program (EAP) provides support, counseling and resources for life issues that can take a toll on your emotional well-being or take time away from the things you value most, like work and family. Our services are confidential, no cost to you and available when you need them!



800.456.6327
perspectivesltd.com
Username: MEGA
Password: perspectives

PERSPECTIVES WORK-LIFE PROGRAM

A Selection of "Wrap-around" Work-Life Services Serving EAPs Nationwide.

CHILDCARE

Childcare Consultation & Referrals:

- Before/After School Care
- Childcare Centers
- Family Day Care
- Nannies & In-home Care
- Summer Camps

Information & Support:

- Adolescence & Child Development
- Adoption
- New Parents
- Pregnancy
- Special Needs

ELDERCARE

Consultation & Referrals:

- Assisted Living Facilities
- Caregiver Support
- Community Services
- Home Health Care
- Hospice Providers
- Nursing Homes
- Respite Care Providers
- Transportation Services

CONVENIENCE SERVICES

Information & Referrals:

- Community Education Classes
- Fitness Programs & Trainers
- Home Cleaning
- Home Repair Services
- Moving Services
- Organizer Services
- Pet Care
- Relocation Information
- Yoga Classes

LEGAL

Consultation & Referrals:

- Bankruptcy
- Child Custody & Support
- Consumer Issues
- Elder Law
- Estate Planning
- Immigration
- Landlord Tenant Disputes
- Real Estate Concerns
- Restraining Orders
- Separation & Divorce
- Wills & Trusts

NUTRITION

Resources & Referrals:

- Child Friendly Meals
- Diabetes
- Food Allergies
- Gastrointestinal Problems
- Healthy Eating
- High Blood Pressure
- High Cholesterol
- Lactation
- Weight Management

HEALTH

Resources & Referrals:

- Complementary Medical Providers
- Health Coaches
- Health Spas
- Meditation Programs
- Mindfulness Programs
- Sleep Programs
- Smoking Cessation Programs
- Support Groups for Chronic Illness
- Twelve Step Programs

WORK

Resources & Referrals:

- Career Exploration
- Interest Testing
- Job Performance Concerns
- Job Search Strategies
- Resume Review
- Volunteer Work

FINANCIAL

Consultation & Referrals:

- Budgeting
- Credit Problems
- Debt Management
- Financial Wellbeing
- Financial Aid
- Homebuying Information
- Insurance Planning
- Retirement Planning
- Tax Resources

Enrollment Forms

**REASONS FOR SUBMISSION (PLEASE CHECK ONE)**

- ☐ NEW ENROLLMENT/CONTRACT
- ☐ CHANGE TO CONTRACT
- ☐ TERMINATE CONTRACT

QUALIFYING EVENT DATE: _____

- ☐ OPEN ENROLLMENT ☐ NEW HIRE ☐ COBRA ☐ LOSS OF INSURANCE ☐ COURT ORDER ☐ BIRTH/ADOPTION
- ☐ P/T TO F/T ☐ MARRIAGE/DIVORCE ☐ MOVED IN/OUT OF SERVICE AREA ☐ DEATH ☐ VOLUNTARY CANCELLATION

REASON FOR CHANGES (CHECK ALL THAT APPLY)

- ☐ CHANGE COVERAGE TYPE ☐ ADD DEPENDENT LISTED ☐ TERMINATE DEPENDENT LISTED ☐ TRANSFER/RE-ENROLL TO COBRA
- ☐ OTHER: _____

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)

EMPLOYER/GROUP NAME	GROUP #DIVISION	DATE OF HIRE	EFFECTIVE DATE OF COVERAGE

SUBSCRIBER INFORMATION

HP ID	PRODUCT: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> ACCESS AMERICA	PLAN NAME
SUBSCRIBER FIRST NAME	MI LAST NAME	DOB GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN	HOME PHONE	WORK PHONE CELL PHONE EMAIL
STREET ADDRESS (NO PO BOX)	APT # CITY	STATE ZIP
PRIMARY LANGUAGE (OPTIONAL)	PCP FULL NAME	PCP TOWN CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID #

SPOUSE INFORMATION

SPOUSE FIRST NAME	MI LAST NAME	DOB GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN	MAILING ADDRESS (IF DIFFERENT)	RELATION CODE
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID #

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI LAST NAME	DOB GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)		SSN	
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI LAST NAME	DOB GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)		SSN	
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI LAST NAME	DOB GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)		SSN	
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#

☐ PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS

OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.

ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? ☐ YES. PLEASE COMPLETE ☐ NO

NAME OF HEALTH PLAN	HEALTH PLAN ID NUMBER	EFFECTIVE DATE	NAMES OF SUBSCRIBER

MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN YOUR EVIDENCE OF COVERAGE (EOC). I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINISTER THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. MAINE MEMBERS: YOU UNDERSTAND THAT YOUR EOC INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUITABLE BASIS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

EMPLOYEE SIGNATURE _____

DATE _____

EMPLOYER SIGNATURE _____

DATE _____

Thank you for choosing Harvard Pilgrim Health Care.



Please read the following instructions prior to completing this enrollment/change form. This form may be used for all enrollment transactions (Adding coverage, changing coverage, terminating coverage). In order to add, change or terminate coverage you must (1) experience a qualifying event, (2) complete this enrollment, and (3) provide the completed form to your employer within the allowed timeframe or approved retroactive period.

Qualifying Events:

New Enrollment	Contract change	Termination
Open Enrollment	Open Enrollment	Open Enrollment
New hire date	Marriage/Divorce	Voluntary Cancellation
Probationary Period (if applicable)	Birth/Adoption/Court Order	Left Employment
Loss of Insurance	Loss of Insurance	Moved from Area
Employment Status Change	Loss of Employer Premium contributions	No Longer Eligible (e.g. deceased, LOA, laid off, COBRA nonpayment)

Employer Section: Your Employer must fill out this section as well as the Reason for Submission in full for any transactions that this form is used for.

Member Section: Please complete all of the employee sections of this membership application in full. Failure to do so could delay enrollment. You will receive your ID card(s) and member benefit documents after your enrollment has been fully processed. If you are adding or removing a dependent(s), just include the details about the dependent(s) that you are adding or removing off the plan.

- ❖ **Product/Plan Name:** Please be sure to fill in the correct product code for the plan you have selected. Your options are HMO, POS, PPO and Access America. If your employer offers multiple Harvard Pilgrim Plans, please indicate the Plan name as listed on the enrollment materials to help clearly differentiate the plan you are choosing. If you know the Plan MD # (MD0000016670) the number to identify the plan/product please include the information.
- ❖ **Personal Information:** In addition to yourself, please include the personal information for every dependent that will be enrolled on the Plan. **IMPORTANT: Social security numbers (or personal tax identification number) for each member on the plan are needed to ensure that federal regulatory reporting requirements are met. Social security numbers are not displayed on the member's ID card.**
- ❖ **Primary Care Provider:** If your plan is an HMO or POS, you will need to select a primary care provider (PCP). If your plan requires one, it is important that you choose a PCP right away. Be sure to fill out this section for all members, including dependents. Write the Harvard Pilgrim PCP ID (not the phone number) and the full name of the doctor you have chosen to coordinate your health care without a PCP assignment, your in-network benefits may be limited to emergency services only. To find a PCP or lookup the PCP ID, visit www.harvardpilgrim.org, and use the doctor search feature available in the Member Section.
- ❖ **Relation Code:** Please use one of the following codes to designate the dependent's relationship to the Employee:
 - 02 Spouse/Civil Union
 - 03 Child up to age 26
 - 06 Disabled (verification required)
 - 07 Ex-spouse
 - DP Domestic Partner
 - SE Spousal Equivalent

When this application is complete: Please sign the enrollment form and provide it to your employer. Your employer will need to sign this form and will forward this application to Harvard Pilgrim Health Care for processing. If you need additional assistance completing this form or selecting a PCP, please call a member services coordinator at 1-888-333-4742.

Coverage underwritten or administered by Harvard Pilgrim Health Care. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Altus Dental Insurance Company, Inc.
PO Box 1557
Providence, RI 02901-1557
877-223-0588

GROUP INFORMATION			
<i>To be completed by Human Resources or Benefit Administrator.</i>			
Employer / Group Name			Group No.
Dental Division No.	Vision Division No.	Date of Hire	Location No. (if applicable)

I. SUBSCRIBER INFORMATION

Subscriber Name (First, Last)		Date of Birth (MM/DD/YYYY)	Social Security / I.D. #	
Street Address / P.O. Box No.	Apt. No.	City	State	Zip
Preferred Mobile Number		Preferred Email		

II. ENROLLMENT INFORMATION

Effective Date of Action (MM/DD/YYYY)	TYPE OF COVERAGE <i>Check all that apply.</i>			
	<input type="checkbox"/> Dental Low Plan	<input type="checkbox"/> Vision		
	<input type="checkbox"/> Dental High Plan			
QUALIFYING EVENT	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Marriage	<input type="checkbox"/> Birth or Adoption	<input type="checkbox"/> Return from Leave of Absence
	<input type="checkbox"/> New Hire/Re-hire	<input type="checkbox"/> Divorce	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Loss of Coverage
			<input type="checkbox"/> Full-Time/Part-Time Status	<input type="checkbox"/> Death of a Member
ACTION CODE <i>Check one.</i>	ADDITIONS	TERMINATION	STATUS CHANGE	COBRA
	<input type="checkbox"/> New Subscriber	<input type="checkbox"/> Remove Subscriber	<input type="checkbox"/> Name / Address Change	<input type="checkbox"/> Reinstatement of Subscriber
	<input type="checkbox"/> Add Dependent to Family	<input type="checkbox"/> Remove Dependent	<input type="checkbox"/> Transfer from Division # _____ to # _____	<input type="checkbox"/> Addition of Dependent
	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> <i>List name in Section III</i>	<input type="checkbox"/> Change Type of Coverage	<input type="checkbox"/> Prior ID # _____

III. DEPENDENT INFORMATION

First Name	Last Name (if different)	Date of Birth (MM/DD/YYYY)	Relationship	Enroll In:	
				Dental	Vision
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information is correct to the best of my knowledge. I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with underwriting guidelines. If my employer requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages periodically.

Employee Signature

Date

Benefits Administrator Authorization

Date

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY

Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-223-0588.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.



CAFETERIA PLAN ADVISORS

Tel.: 781-848-9848

New Hire / Change in Status Form

Flexible Spending Pre-Tax Payroll Reduction Authorization

Town of Webster

INSTRUCTIONS: Complete & return this form to **Courtney Friedland, Town of Webster, within 30 days** of date of hire or date of qualified event.

H.R. Use Only:

First P/R Deduction Date: _____

Per Pay-Period Amount: \$ _____

1 Personal Information:

Participant Name: _____

Mailing Address: _____

City/Town, State: _____ ZIP: _____

E-Mail: _____

Date of Hire -or- Date of Qualified
Change Event **through 6/30/2026**

(Expenses must be incurred between these dates.)

Social Security No.: _____

Date of Birth: _____

Daytime Phone: _____

☐ personal
☐ work

2 I work for (check one): ☐ Town ☐ Schools → **I am paid (check one):** ☐ Weekly 52 ☐ Weekly 39 ☐ Bi-weekly w/Lump

3 Date of Hire or Qualified Change Event: _____

4 Eligibility Event (check one): ☐ New Hire ☐ Marriage ☐ Divorce ☐ Birth/Adoption
☐ Return from Leave of Absence ☐ Other: _____

5 New Benefit Elections for REMAINDER of the Plan Year:

☐ FSA Health Care Account (\$3,300 annual maximum)

For eligible non-cosmetic health, dental, and vision expenses. Any unspent balance for the plan year—**up to \$660**—can roll over to the next plan year provided you re-enroll in the Health Care FSA for that new plan year. *Benefit card included.*

Ineligibility Notice: If you or your spouse have a Health Savings Account (HSA), you are not eligible to participate in the Health Care FSA plan.

Election for **Remainder of Plan Year:** \$ _____

☐ FSA Dependent Care Account (\$5,000 annual max. per family)

For qualified **day care** expenses for eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Confirm eligibility prior to enrolling. *Claim-based reimbursement plan (no benefit card); participants must submit claim(s) each plan year to receive accrued funds.*

Election for **Remainder of Plan Year:** \$ _____

6 Certification. I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:

- Cafeteria Plan Advisors will hold these funds until eligible expenses are incurred and a claim is submitted. Funds may be forfeited in accordance with Internal Revenue Service (IRS) Publication 969 if eligible expenses are not spent or submitted for reimbursement by plan year deadline or purchased utilizing the provided debit card (if applicable) within the plan year or the date upon which employment ends, whichever comes first.
- FSA expenses must be consistent with allowable deductions under IRS Publication 969.
- This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- Participants must re-enroll each plan year; re-enrollment is not automatic.** Similarly, Dependent Care claims must be submitted each plan year.
- Health Care FSA cards reload** at the start of each plan year each time you re-enroll; to avoid a new card fee do not discard your cards until they expire, even if you take a break from the plan.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year when you re-enroll in the Health Care FSA for the new plan year, and the rollover occurs after the current plan year's 90-day run-out/claim submission period has ended.
- All claims for the Plan Year must be submitted within ninety (90) days following the end of the Plan Year.
- Additional certification for Dependent Care Plan Participants: I understand that the Dependent Care Reimbursement Plan Guidelines can be found at CPA125.com and I qualify to participate in the FSA Dependent Care plan. I agree to notify the plan administrator in writing within 30 days should I experience a change in need or no longer meet the IRS's eligibility criteria. Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.

➤ **Signature:** _____

Date: _____

Human Resources: Send completed form to Caf. Plan Advisors via fax (781-848-8477) or e-mail (info@cpa125.com).



CAFETERIA PLAN ADVISORS
 – An Alera Group Company –
 120 Longwater Dr., Suite 102
 Norwell, MA 02061
 Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Open Enrollment is May 5 – 16, 2025.

*** Deadline is 5/16/2025. Late enrollments not accepted. ***

INSTRUCTIONS: If Already in Plan: *Re-enrollment is **NOT** automatic!* To enroll for the new plan year via your online account portal, go to cpaemployee.lh1ondemand.com—*not the app*. Log-in on the left side of the sign-in screen. Once on your account homepage, click the blue **ENROLL/RE-ENROLL** button and follow the steps to enroll; click *Submit* at the end. (We recommend printing or saving your enrollment confirmation.)

New Enrollees: Complete & return this form to **Courtney Friedland** (e-mail: ctyrrell@webster-ma.gov).

1 Personal Information:

Participant Name: _____

Employer: **Town of Webster**

Mailing Address: _____

Plan Year: **7/1/2025 to 6/30/2026**

(Expenses must be incurred between these dates)

City/Town, State: _____

ZIP: _____

SSN: _____

DOB: _____

E-Mail: _____

Daytime Phone: _____

☐ personal
☐ work

2 I work for (check one): ☐ Schools ☐ Town → **I am paid** (check one): ☐ Weekly 52 ☐ Weekly 39 ☐ Bi-weekly lump

3 Flexible Spending Account (FSA) Benefit Selections:

☐ **Health Care FSA Election:** \$_____ for the plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. *Benefit card included.*

Max. Annual Election: \$3,300.

Rollover Option: Any unspent Health Care balance—**up to \$660**—will roll over to the next plan year if you re-enroll for that next plan year. (Note: The maximum rollover for the 2024-2025 plan year is **\$640**; re-enrollment is required for funds to roll over.)

Ineligibility Note: You are **NOT** eligible for this plan if you or your spouse have a Health Savings Account ("HSA").

☐ **Dependent Care FSA Election:** \$_____ for the plan year for qualified **day care** expenses of eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs.

Max. Annual Election: \$5,000 per family.

Claim-based reimbursement plan (no benefit card); participants must submit claim(s) to receive accrued funds.

See Open Enrollment flyer for more plan information.

4 Direct Deposit Info. Direct deposit is our preferred method of expense reimbursement. Unless your banking info. is already on file with Cafeteria Plan Advisors, please set up direct deposit online via your account portal once you receive enrollment confirmation.

5 Certification. *I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:*

- Cafeteria Plan Advisors will hold these funds until eligible expenses are incurred and a claim is submitted. Funds may be forfeited in accordance with Internal Revenue Service (IRS) Publication 969 if eligible expenses are not spent or submitted for reimbursement by plan year deadline or purchased utilizing the provided debit card within the plan year or the date upon which employment ends, whichever comes first.
- All claims for the Plan Year must be submitted within ninety (90) days following the end of the Plan Year.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year when you re-enroll in the Health Care FSA for the new plan year and the rollover occurs after the current plan year's 90-day claim submission ("runout") period ends.
- **This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- **Current participants must enroll each plan year; re-enrollment is not automatic.**
- **Health Care FSA cards will reload** at the start of each plan year for which you have re-enrolled; keep until they expire.
- Additional certification for Dependent Care Plan Participants: I understand that the Dependent Care Reimbursement Plan Guidelines can be found at CPA125.com and I qualify to participate in the FSA Dependent Care plan. I agree to notify the plan administrator in writing within 30 days should I experience a change in need or no longer meet the IRS's eligibility criteria. Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- **Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.



Signature: _____

Date: _____

A system-generated e-mail confirmation will be sent once your enrollment is processed.

Who is the Mass Strategic Health Group (MSHG) ?

Mass Strategic Health Group (MSHG) provides an inclusive environment where each community can choose solutions for their individual needs, while still being part of a larger group that ensures the best service and costs for you.

What do we offer ?

Your health and wellbeing is important, so MSHG is pleased to offer a comprehensive health benefits package to all eligible employees. Our benefits are designed to support you when you need it most. Some benefits are fully paid by MSHG, while others have a cost to the member, which allows you to create a benefits package that suits your individual needs.



DEFINITIONS



Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum: Total dollar amount a plan pays during a plan year toward the covered expenses of each person enrolled.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance: A percentage of the medical costs based on the allowed amount; you must pay for certain services after you meet your annual deductible.

Conversion: An Associate changes or "converts" her / his Group Life coverage to an Individual Life Insurance policy without having to answer any medical questions. Conversion is for an Associate who is leaving her / his job, reducing hours, or has reached the age when coverage may be reduced or eliminated, and still wants to maintain the protection that life insurance provides.

Copayment: A set dollar amount you pay for in-network doctor's office visits, emergency room services, and prescription drugs.

Deductible: The total dollar amount you must pay out-of-pocket for covered medical expenses each plan year before the plan pays for services applicable to the deductible. The deductible does not apply to network preventive care and any services where you pay a copayment. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

DEFINITIONS

Generic Drugs: These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than purchasing formulary or non-formulary brand-name drugs.

In-Network: A group of health care providers, including dentists, physicians, hospitals, and other health care providers, that agrees to accept pre-determined rates when serving members.

Out-of-Network: A group of health care providers, including dentists, physicians, hospitals, and other health care providers, who do not participate in a health plan's provider network.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma, and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found in the formulary. You may purchase brand-name medications that are not on the recommended list but cost significantly more out-of-pocket.

Out-of-Pocket Maximum: The maximum amount a Plan member must pay towards covered medical expenses in a plan year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire amount for covered services for the remainder of the plan year.

Deductibles and copays apply to the annual out-of-pocket maximum. You may be balance billed for services rendered out-of-network.

PDP Fee: PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing, and benefits maximums.

Portability: An Associate carries or "ports" her / his current Group Life coverage after employment ends without having to answer any medical questions. Portability is for an Associate who is leaving her / his job but still wants to maintain the protection that life insurance provides.

Pre-tax Plan: A plan for active employees that is paid for with pre-tax money. The IRS allows for certain expenses to be paid for with tax-free dollars. The state takes premiums out of your check before taxes are calculated, increasing your spendable income and reducing the amount you owe in income taxes. Consequently, the IRS has tax laws that require you to stay in the plans you select for a full plan year (January through December). You can only make changes during Open Enrollment or if you have a qualifying event.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Provider: Any type of health care professional or facility that provides services under your plan.

Qualifying Event: An occurrence that qualifies the Subscriber to change insurance coverage outside of the Open Enrollment.

Usual and Customary Charge (U&C): U&C fee refers to the Usual and Customary (U&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services.

Specialty Drugs: Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.

FLSA EXCHANGE NOTICE



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2023)

PART A: General Information

When key parts of the healthcare law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover, you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about the coverage offered by your employer, please check your summary plan description or contact the Treasurer's Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MEDICAID / CHIP CONTACT INFORMATION

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit

www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or

www.insurekidsnow.gov

to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023.

Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

ALABAMA– Medicaid

<http://myalhipp.com> | 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program:

<http://myakhipp.com> | 1-866-251-4861

CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS– Medicaid

<http://myarhipp.com> | 1-855-MyARHIPP (1-855-692-7447)

CALIFORNIA– Medicaid

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp> | 1-916-445-8322

hipp@dhcs.ca.gov

COLORADO– Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

<https://www.healthfirstcolorado.com>

Health First Colorado Member Contact Center:

1-800-221-3943 / State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHIP+ Customer Service: 1-800-359-1991 / State Relay 711

Health Insurance Buy-In Program (HIBI):

<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA– Medicaid

<https://www.flmedicaidtprrecovery.com/>

flmedicaidtprrecovery.com/hipp/index.html

1-877-357-3268

GEORGIA– Medicaid

HIPP: Health Insurance Premium Payment Program (HIPP)

[Georgia Medicaid](http://GeorgiaMedicaid.com)

1-678-564-1162, Press 1

GACHIPRA: <https://medicaid.georgia.gov/programs/%20third-party-liability/childrens-health-insurance-program-%20reauthorization-act-2009-chipra>

<https://medicaid.georgia.gov/programs/%20third-party-liability/childrens-health-insurance-program-%20reauthorization-act-2009-chipra>

1-678-564-1162, Press 2

INDIANA– Medicaid

Healthy Indiana Plan for low-income adults 19-64:

<http://www.in.gov/fssa/hip> | 1-877-438-4479

All other Medicaid:

<https://www.in.gov/medicaid> | 1-800-457-4584

IOWA– Medicaid and CHIP (Hawki) Medicaid:

<https://dhs.iowa.gov/ime/members> | 1-800-338-8366

Hawki: <http://dhs.iowa.gov/Hawki> | 1-800-257-8563

HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

1-888-346-9562

KANSAS– Medicaid

<https://www.kancare.ks.gov> | 1-800-792-4884

MEDICAID / CHIP CONTACT INFORMATION

KENTUCKY– Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

I-855-459-6328

KIHIPPPROGRAM@ky.gov

KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx>

I-877-524-4718

Medicaid: <https://chfs.ky.gov>

LOUISIANA– Medicaid

www.medicaid.la.gov or www.ldh.la.gov/la hipp

I-888-342-6207 (Medicaid hotline) or I-855-618-5488 (LaHIPP)

MAINE – Medicaid

<https://www.maine.gov/dhhs/ofi/applications-forms>

I-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium:

<https://www.maine.gov/dhhs/ofi/applications-forms>

I-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS– Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>

I-800-862-4840 TTY: (617) 886-8102

MINNESOTA – Medicaid

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> | I-800-657-3739

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

I-573-751-2005

MONTANA– Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

I-800-694-3084 | HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>

I-855-632-7633 | Lincoln: I-402-473-7000 | Omaha: I-402-595-1178

NEVADA– Medicaid

<http://dhcfp.nv.gov> | I-800-992-0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program> |

I-603-271-5218

HIPP program toll free: I-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>

I-609-631-2392

CHIP: <http://www.njfamilycare.org/Default.aspx>

I-800-701-0710

NEWYORK– Medicaid

https://www.health.ny.gov/health_care/medicaid

I-800-541-2831

NORTHCAROLINA– Medicaid

<https://medicaid.ncdhhs.gov> | I-919-855-4100

NORTHDAKOTA– Medicaid

<http://www.nd.gov/dhs/services/medicalserv/medicaid>

I-844-854-4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org> | I-888-365-3742

OREGON– Medicaid

<http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

I-800-699-9075

PENNSYLVANIA– Medicaid

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx> | I-800-692-7462

RHODE ISLAND– Medicaid and CHIP

<http://www.eohhs.ri.gov>

I-855-697-4347, or I-401-462-0311 (Direct Rlte Share Line)

SOUTHCAROLINA– Medicaid

<https://www.scdhhs.gov> | I-888-549-0820

SOUTHDAKOTA- Medicaid

<http://dss.sd.gov> | I-888-828-0059

TEXAS– Medicaid

<http://gethipptexas.com> | I-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>

CHIP: <http://health.utah.gov/chip> | I-877-543-7669

VERMONT – Medicaid

<http://www.greenmountaincare.org> | I-800-250-8427

VIRGINIA – Medicaid and CHIP

<https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid: I-800-432-5924 **CHIP:** I-800-432-5924

WASHINGTON– Medicaid

<https://www.hca.wa.gov> | I-800-562-3022

WESTVIRGINIA – Medicaid

<https://dhhr.wv.gov/bms>

<http://mywvhipp.com>

Medicaid: I-304-558-1700

CHIP Toll-free: I-855-MyWVHIPP (I-855-699- 8447)

WISCONSIN– Medicaid and CHIP

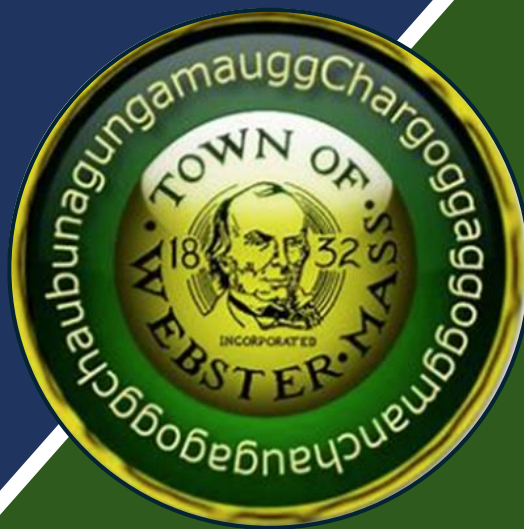
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

I-800-362-3002

WYOMING– Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>

I-800-251-1269



Information in this benefits guide and booklet is not guaranteed to be accurate or complete. If you have questions regarding benefits, consult with Webster's HR and Benefits team. Further, NFP and its subsidiaries and affiliates do not provide legal or tax advice, compliance, regulatory, and related contents for general informational purposes only. You should consult an attorney or tax professional regarding the application or potential implications of laws, regulations, or policies to your specific circumstances.