

OPEN ENROLLMENT

Guide to Employee Benefits

May 2019

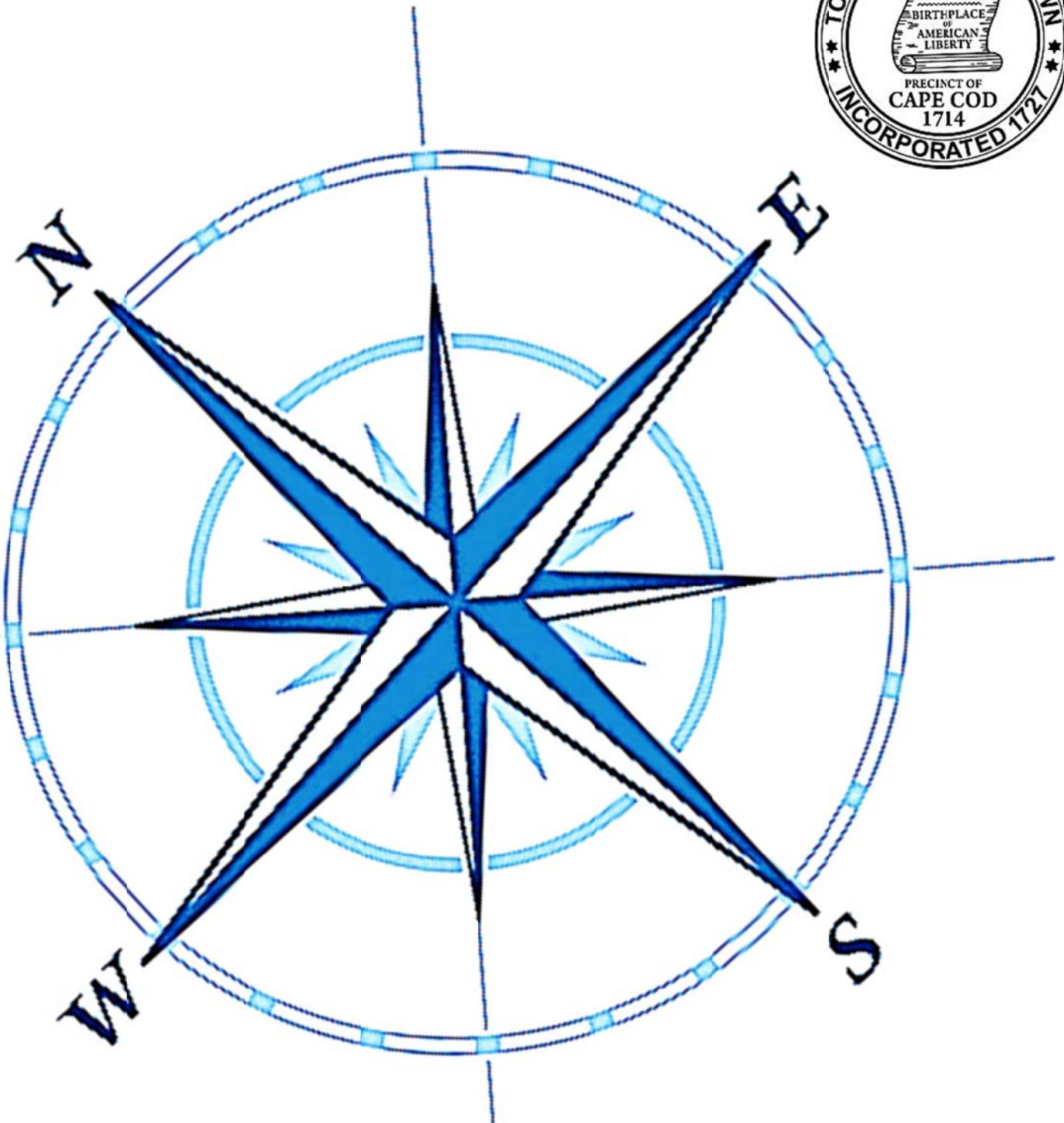


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Overview & Range of Benefits Offered

Welcome to Provincetown's **Open Enrollment Period!** During the month of May, all full-time regular employees are invited to sign up for, change, or cancel any of the benefits currently offered by the Town of Provincetown. These benefits include health insurance coverage, dental and vision coverage, the dependent care reimbursement program, and the health flexible spending account program. Other benefits included in this guide are life insurance programs, assurance reimbursement plans, and retirement savings options – all of which you can sign up for, change, or cancel at any time during the year.

HEALTH INSURANCE: Medical, Dental, and Vision Coverage

The Town of Provincetown is currently part of the Cape Cod Municipal Health Group, which is comprised of various municipal units of Barnstable County and the Islands. Pooling together into a joint purchase group allows the members of the CCMHG to utilize its size to its advantage, and reduce cost margins/administrative expenses to save their employee's money on health insurance costs. The Town subsidizes medical insurance costs, with the employee contributing either 30% or 20% of the total price depending on their date of hire.

There is no increase in rates for July '19 – June '20. Prices remain unchanged from the current year.

LIFE, ACCIDENTAL DEATH, AND DISABILITY INSURANCE

The Town of Provincetown currently partners with both Boston Mutual Life Insurance Company and Colonial Life Insurance Company who offer life, accidental death, and disability insurance (as well as other plans). For current employees, the Town will subsidize 50% of the cost of a \$2,000.00 life insurance policy from Boston Mutual. All other policies are fully paid for by the employee through payroll deductions.

HEALTH EQUITY ACCOUNTS: Flexible Spending and Dependent Care Reimbursement

For pre-tax savings related to health and dependent care expenses, the Town utilizes HealthEquity to provide both a Health Flexible Spending Account and a Dependent Care Reimbursement Account. These are not subsidized by the Town, and must be spent during the fiscal year (July – June*). Employees can select an amount of their choosing to contribute through payroll deductions spread throughout the year (annual limits exist). **Rollover may apply for FSA only.*

PIECE OF MIND & FUTURE PLANNING: AFLAC Reimbursement, Retirement Accounts

Provincetown also works with AFLAC to provide options for medical, dental, and other reimbursement programs that are not subsidized by the Town. Employees can work with our local AFLAC agent to establish a plan and authorize a payroll deduction for the monthly expense.

While all full time employees are covered by a pension plan, additional retirement savings options are offered (pre-tax) to assist with planning for the future. The Massachusetts SMART Plan is a deferred compensation 457 plan available to state and municipal employees, and allows employees to utilize payroll deductions to save for retirement. Contributions can be made utilizing a particular dollar amount each pay period or a percentage of total pay. Other supplemental retirement plans may be available.

What's New This Year?

✓ **Expanded Options** ✓ **Cost Savings**

HIGH DEDUCTIBLE HEALTH PLANS + 75% TOWN-FUNDED HEALTH SAVINGS ACCOUNT

We are expanding our offerings this year to include high deductible plans alongside our traditional deductible plans. High deductible plans have a lower monthly cost, and come equipped with a Health Savings Account. In order to offset the higher deductible, the Town will contribute **\$1,500.00** (Individual) or **\$3,000.00** (Family) to the employee's Health Savings Account for this fiscal year. These funds never expire, and the Town will continuously contribute *at least* 50% of the deductible each year of employment.

Simplified comparison of traditional and high deductible plan costs for a new individual employee:

	HP HMO Low Deductible	HP HMO High Deductible
Annual Employee Payroll Deductions	\$3,067.20	\$2,419.20
Required Deductible	\$300.00	\$2,000.00
Employer Contribution to HSA	-	(\$1,500.00)
Annual Cost for FY 2020*	\$3,367.20	\$2,919.20

**For a comprehensive analysis of the plans, please see the comparison charts from CCMHG.*

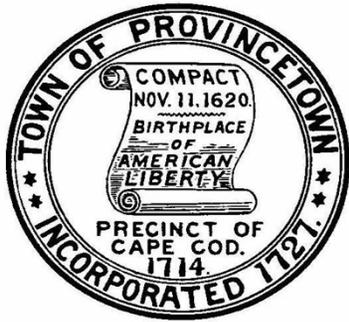
OPT-OUT OF INSURANCE FOR A STIPEND IN LIEU OF BENEFITS

Ensuring that Provincetown employees have proper health insurance is a priority of the Town. We realize that some of our employees are able to obtain health insurance coverage through other means, such as through their spouse, and this option may become financially beneficial for our employees this year. For fiscal year 2020 we are enacting a three-year trial period in which employees that voluntarily opt out of health insurance coverage will receive a stipend, paid biweekly, in lieu of health insurance.

Any current employee that can prove that they have obtained health insurance outside of the Town of Provincetown effective July 1, 2019, who has also had consistent coverage through the Town for the past two years, qualifies for the following stipend program:

- **\$2,000.00 per year** for anyone with a former Individual Plan
- **\$3,600.00 per year** for anyone with a former Single Parent/Single Child Plan
- **\$5,500.00 per year** for anyone with a former Family Plan

PLEASE CONTACT THE FINANCE DEPARTMENT FOR MORE INFORMATION



Health Plan Rates: July 2019 - June 2020

		Individual		Single Parent/Child		Family		
		Employee Monthly Cost		Employee Monthly Cost		Employee Monthly Cost		
		Hired Before July 1, 2014	Hired After July 1, 2014	Hired Before July 1, 2014	Hired After July 1, 2014	Hired Before July 1, 2014	Hired After July 1, 2014	
LOW	Deductible	Blue Cross Master Health Plus^	\$ 328.00	\$ 492.00	\$ 657.00	\$ 985.50	\$ 819.80	\$ 1,229.70
		Blue Cross Blue Care Elect PPO	\$ 224.20	\$ 336.30	\$ 449.80	\$ 674.70	\$ 561.60	\$ 842.40
		Blue Cross Network Blue HMO	\$ 171.60	\$ 257.40	\$ 346.20	\$ 519.30	\$ 460.60	\$ 690.90
		Harvard Pilgrim PPO	\$ 187.00	\$ 280.50	\$ 374.00	\$ 561.00	\$ 494.80	\$ 742.20
		Harvard Pilgrim HMO	\$ 170.40	\$ 255.60	\$ 340.80	\$ 511.20	\$ 455.80	\$ 683.70
HIGH*	Deductible	Blue Cross Blue Care Elect PPO	\$ 187.00	\$ 280.50	\$ 375.60	\$ 563.40	\$ 469.00	\$ 703.50
		Blue Cross Network Blue HMO	\$ 143.60	\$ 215.40	\$ 290.00	\$ 435.00	\$ 385.40	\$ 578.10
		Harvard Pilgrim PPO	\$ 148.00	\$ 222.00	\$ 299.80	\$ 449.70	\$ 398.20	\$ 597.30
		Harvard Pilgrim HMO	\$ 134.40	\$ 201.60	\$ 272.60	\$ 408.90	\$ 362.00	\$ 543.00
Delta Dental PPO Plus Premier		\$ 42.00	\$ 42.00	\$ 84.00	\$ 84.00	\$ 109.00	\$ 109.00	
EyeMed Vision Care		\$ 7.53	\$ 7.53	\$ 14.31	\$ 14.31	\$ 21.02	\$ 21.02	

^Blue Cross Master Health Plus Plan is Grandfathered & Not Available to New Members

**High Deductible Plans have a lower monthly cost with the possibility for higher out-of-pocket expenses. These plans come equipped with a Health Savings Account, and Provincetown will deposit 75% of the plan deductible into each account in fiscal year 2020. Deductibles are \$2,000.00 for Individual Plans and \$4,000.00 for Family & SP/C Plans. This guide contains additional information on these plans.*

Traditional Deductible Health Plans

Blue Cross Blue Shield

- HMO (Network Blue)
- PPO (Blue Care Elect)
- Indemnity Plan (Master Health Plus) *grandfathered, no new enrollments*

Harvard Pilgrim

- HMO (HPHC HMO)
- PPO (HPHC PPO)

What are the general differences between an HMO and a PPO?

HMO

- Traditionally lower cost
- Primary Care Physician & referrals to specialized care may be required
- Restricted to in-network medical services, no coverage out of network

PPO

- Traditionally higher cost
- Out of network services available at a higher cost

How do I make an informed decision?

The next few pages will provide a detailed comparison of the traditional deductible plans. While this comparison provides a lot of important information about the plans, it should not be considered completely comprehensive. The carrier documents, provided through Blue Cross Blue Shield and Harvard Pilgrim, are the only documents that coverage is based on and can be accessed through the contact information at the end of this guide.

For even more information, please visit the following CCMHG websites:

Blue Cross Plans: <http://ccmhg.com/blue-cross-blue-shield/>

Harvard Pilgrim Plans: <http://ccmhg.com/harvard-pilgrim-health-care/>

CONTINUE FOR PLAN COMPARISON CHART

CCMHG Health Plan Benefit Comparison - FY20

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.

Effective 07-01-2019

BENEFIT	BLUE CROSS BLUE SHIELD				HARVARD PILGRIM HEALTH CARE		
	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		Master Health Plus Indemnity Plan	HPHC HMO	PPO	
		In-Network	Out-of-Network			IN-NETWORK	OUT-OF-NETWORK
Deductible - applies to: <i>In-patient Admission; Out-patient Surgery; ER, High Tech Imaging (MRI, CT, & PET) and Diagnostic Tests & Procedures. Does not apply to routine office visits or pharmacy. Per plan year (July 1 to June 30) - See plan document for full details</i>	\$300 per member \$900 per family	\$300 per member \$900 per family	\$400 per member \$800 per family	\$300 per member \$900 per family	\$300 per member \$900 per family	\$300 per member \$900 per family	\$400 per member \$800 per family
Out-of-Pocket (OOP) Maximum - <i>Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for remainder of plan year. NOTE: a separate out-of-pocket maximum for prescription copays added effective July 1, 2015 as required by ACA (in-network only).</i>	Medical: \$2,000 per member \$4,000 per family Prescription: \$3,000 per member \$6,000 per family	Medical: \$2,000 per member \$4,000 per family Prescription: \$3,000 per member \$6,000 per family	Medical: \$3,000 per member	Medical: \$2,000 per member \$4,000 per family Prescription: \$3,000 per member \$6,000 per family	Medical: \$2,000 per member \$4,000 per family Prescription: \$3,000 per member \$6,000 per family	Medical: \$2,000 per member \$4,000 per family Prescription: \$3,000 per member \$6,000 per family	Medical: \$3,000 per member
Lifetime Benefit Maximum	None	None	None	None	None	None	None
INPATIENT	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies	\$500 copay per admission	\$500 copay per admission	20% coinsurance* Nothing for emergency/accident admissions	\$700 copay per admission	\$500 copay per admission	\$500 copay per admission	20% coinsurance*
Physician Services	Nothing	Nothing	20% coinsurance* Nothing for emergency/accident admissions	Nothing	Nothing	Nothing	20% coinsurance*
Skilled Nursing Facility Deductible Applies	Nothing to 100 days per calendar year benefit maximum	Nothing to 100 days per calendar year benefit maximum	20% coinsurance* to 100 days per calendar year benefit maximum	Nothing	Limit to 100 days per Plan Year - \$500 copayper admission	Limit to 100 days per Plan Year - \$500 copayper admission	20% coinsurance*
Rehabilitation Hospital Deductible Applies	Nothing to 60 days per calendar year benefit maximum	Nothing to 60 days per calendar year benefit maximum	20% coinsurance* to 60 days per calendar year benefit maximum	Nothing	Limit to 60 days per Plan Year - \$500 copay per admission	Limit to 60 days per Plan Year - \$500 copay per admission	20% coinsurance*

CCMHG Health Plan Benefit Comparison - FY20

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Effective 07-01-2019

BENEFIT	BLUE CROSS BLUE SHIELD				HARVARD PILGRIM HEALTH CARE		
	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		Master Health Plus Indemnity Plan	HPHC HMO	PPO	
		In-Network	Out-of-Network			IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT HOSPITAL	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Emergency Room Visits for Emergency or Accident Care - Deductible Applies	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	Nothing for first treatment of accident; \$100 copay for emergency medical care	\$100 copay, (waived if admitted)	\$100 copay, (waived if admitted)	\$100 copay, (waived if admitted)
Emergency Room Visits for Medical Care - Deductible Applies	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay, (waived if admitted)	\$100 copay, (waived if admitted)	\$100 copay, (waived if admitted)
Surgery - Deductible Applies	\$250 copay	\$250 copay	20% coinsurance*	\$250 copay	\$250 copay	\$250 copay	20% coinsurance*
Radiation and Chemotherapy Deductible Applies	Nothing	Nothing	20% coinsurance*	Nothing	Nothing	Nothing	20% coinsurance*
Diagnostic X-ray and Lab - Deductible Applies	Nothing	Nothing	20% coinsurance*	Nothing	Nothing	Nothing	20% coinsurance*
Routine Colonoscopy (without surgery)	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay	\$0 copay	20% coinsurance*
High Cost Radiology (MRI, CT & PET) - Deductible Applies	\$100 copay	\$100 copay	20% coinsurance*	\$100 copay	\$100 copay	\$100 copay	20% coinsurance*
Hemodialysis - Deductible Applies	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay	\$0 copay	20% coinsurance*
Physical Therapy	\$20 copay to 60 visits per calendar year	\$20 copay to 100 visits per calendar year	20% coinsurance* to 100 visits per calendar year	\$20 Physician Office \$20 Hospital Setting	Copay Level 1 : \$20 copay per visit, 30 visits per Plan Year	Copay Level 1 : \$20 copay per visit, 30 visits per Plan Year	20% coinsurance*
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Surgery - NO DEDUCTIBLE	\$20/35 co-pay	\$20/35co-pay	20% coinsurance*	\$20 co-pay	Copay Level 1 provider : \$20 copay per visit Copay Level 2 provider : \$35 per visit	Copay Level 1 provider : \$20 copay per visit Copay Level 2 provider : \$35 per visit	20% coinsurance*

CCMHG Health Plan Benefit Comparison - FY20

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Effective 07-01-2019

BENEFIT	BLUE CROSS BLUE SHIELD				HARVARD PILGRIM HEALTH CARE		
	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		Master Health Plus Indemnity Plan	HPHC HMO	PPO	
		In-Network	Out-of-Network			IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Adult Preventative Exam <i>(includes preventative lab tests)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay	\$0 copay	20% coinsurance*
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	\$20 copay	\$20 copay	20% coinsurance*	\$20 copay	Copay Level 1 :\$20 copay	Copay Level 1 :\$20 copay	20% coinsurance*
Well Child Care <i>(includes preventative lab tests)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay (including routine physical exams, immunizations, school, camp, sports)	\$0 copay (including routine physical exams, immunizations, school, camp, sports)	20% coinsurance*
Routine GYN Exam <i>(one per calendar year, includes preventative lab tests)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay	\$0 copay	20% coinsurance*
Routine Mammogram	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay	\$0 copay	20% coinsurance*
Routine Vision Exam	\$0 copay (once every 12 months)	\$0 copay (once per calendar year)	20% coinsurance* (once per calendar year)	\$0 copay (once every 24 months)	Limited 1 visit per Plan Year - No Charge	Limited 1 visit per Plan Year - No Charge	20% coinsurance*
Specialist Office Visit	\$45 copay	\$45 copay	20% coinsurance*	\$45 copay	Copay Level 2 : \$45 copay	Copay Level 2 : \$45 copay	20% coinsurance*
OTHER OUTPATIENT	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Visiting Nurse Home Health Care Deductible Applies	Nothing	Nothing	20% coinsurance*	Nothing	Nothing	Nothing	20% coinsurance*
Durable Medical Equipment - Deductible Applies	After deductible, member pays 20%, plan pays 80% with no limit. Wigs are covered in full when needed as a result of any form of cancer, leukemia, alopecia areata, alopecia totalis, or permanent hair loss due to injury.	After deductible, member pays 20%, plan pays 80% with no limit. Wigs are covered in full when needed as a result of any form of cancer, leukemia, alopecia areata, alopecia totalis, or permanent hair loss due to injury.	After deductible, member pays 40%, plan pays 60% with no limit. Wigs are covered in full when needed as a result of any form of cancer, leukemia, alopecia areata, alopecia totalis, or permanent hair loss due to injury.	20% coinsurance*	After deductible, member pays 20% until member has paid \$1,000 out of pocket, then plan pays in full. Wigs are covered in full when needed as a result of any form of cancer, leukemia, alopecia areata, alopecia totalis, or permanent hair loss due to injury.	After deductible, member pays 20% until member has paid \$1,000 out of pocket, then plan pays in full. Wigs are covered in full when needed as a result of any form of cancer, leukemia, alopecia areata, alopecia totalis, or permanent hair loss due to injury.	After deductible, member pays 20% coinsurance.
Ambulance- Deductible Applies	Nothing	Nothing	Nothing for accident or emergency; 20% coinsurance* other medically necessary ambulance transport	20% coinsurance*	Nothing	Nothing	Nothing
Routine Pediatric Dental	Nothing	All charges	All charges	All charges	Covered in full: Preventive care for children up to age 13 2 visits per member per plan year including exam, cleaning, x-rays, & fluoride treatment.	Covered in full: Preventive care for children up to age 13. 2 visits per member per plan year including exam, cleaning, x-rays, & fluoride treatment.	All charges

CCMHG Health Plan Benefit Comparison - FY20

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.

Effective 07-01-2019

BENEFIT	BLUE CROSS BLUE SHIELD				HARVARD PILGRIM HEALTH CARE		
	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		Master Health Plus Indemnity Plan	HPHC HMO	PPO	
		In-Network	Out-of-Network			IN-NETWORK	OUT-OF-NETWORK
Chiropractor Visits	All charges	\$20 copay	20% coinsurance*	\$20 copay	All charges	All charges	All charges
Prescription Drugs	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay Non-formulary drugs All charges	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay
Fitness Benefit	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan details. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan details. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan details. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.	No Fitness Benefit	Up to \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.	Up to \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.	Up to \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.

*After Deductible

High Deductible, Health Savings Account Qualified Health Plans

Blue Cross Blue Shield

- HMO (Blue New England Saver)
- PPO (Blue Care Elect Saver)

Harvard Pilgrim

- HMO (HPHC HMO)
- PPO (HPHC PPO)

How does a high deductible plan work?

With a high deductible plan, your full deductible must be reached (paid for by you/your health savings account) before your insurance coverage kicks in. **There are certain preventative services, such as annual physicals and some prescriptions, which are covered before the deductible.** High deductible plans come with a Health Savings Account, which receives funding from the Town as well as optional funding (pre-tax) from the employee. The funds in an HSA never expire, accrue interest, and can be used for a wide variety of health purposes. **HSA INFORMATION INCLUDED AFTER RATE COMPARISON.**

How do I make an informed decision?

The next few pages will provide a detailed comparison of the high deductible plans. While this comparison provides a lot of important information about the plans, it should not be considered completely comprehensive. The carrier documents, provided through Blue Cross Blue Shield and Harvard Pilgrim, are the only documents that coverage is based on and can be accessed through the contact information at the end of this guide.

For even more information, please visit the following CCMHG websites:

Blue Cross Plans: <http://ccmhg.com/blue-cross-blue-shield/>

Harvard Pilgrim Plans: <http://ccmhg.com/harvard-pilgrim-health-care/>

CONTINUE FOR PLAN COMPARISON CHART

CCMHG HSA Qualified High Deductible Plan Benefit Comparison - FY20

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.

Effective 07-01-2019 CIF = Covered In Full	BLUE CROSS BLUE SHIELD			HARVARD PILGRIM HEALTH CARE		
BENEFIT	HMO Blue New England Saver	BLUE CARE ELECT PPO Saver		HPHC HMO	PPO	
		In-Network	Out-of-Network		IN-NETWORK	OUT-OF-NETWORK
Deductible - Deductible to be satisfied, then Covered in Full, except prescription copays and out-of-network services. Per plan year (July 1 to June 30) - Single Parent/Single Child (SP/SC) plan design is the same as the Family plan. <i>Note</i> - the family plan Deductible must be satisfied before the plan begins to pay. See plan document for full details	\$2,000 per Individual plan \$4,000 per Family plan					
Single Parent/Single Child (SP) Out-of-Pocket (OOP) Maximum - Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for the remainder of plan year.	Medical & Rx Combined: \$5,000 per member \$10,000 per family	Medical & Rx Combined: \$5,000 per member \$10,000 per family	Medical & Rx Combined: \$5,000 per member \$10,000 per family	Medical & Rx Combined: \$5,000 per member \$10,000 per family	Medical & Rx Combined: \$5,000 per member \$10,000 per family	Medical & Rx Combined: \$5,000 per member \$10,000 per family
Lifetime Benefit Maximum	None	None	None	None	None	None
INPATIENT	YOU PAY					
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies	Deductible then Covered in Full (CIF)	Deductible then Covered in Full (CIF)	Deductible, then 20% coinsurance	Deductible then Covered in Full (CIF)	Deductible then Covered in Full (CIF)	Deductible, then 20% coinsurance
Physician Services	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Skilled Nursing Facility	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then 20% coinsurance to 100 days per calendar year benefit maximum	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then 20% coinsurance - limit to 100 days per plan year
Rehabilitation Hospital	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then 20% coinsurance to 60 days per calendar year benefit maximum	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then 20% coinsurance - limit to 60 days per plan year

CCMHG HSA Qualified High Deductible Plan Benefit Comparison - FY20

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.

Effective 07-01-2019 CIF = Covered In Full	BLUE CROSS BLUE SHIELD			HARVARD PILGRIM HEALTH CARE		
BENEFIT	HMO Blue New England Saver	BLUE CARE ELECT PPO Saver		HPHC HMO	PPO	
		In-Network	Out-of-Network		IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT HOSPITAL	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Emergency Room Visits for Emergency or Accident Care	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF
Emergency Room Visits for Medical Care	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF
Surgery	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Radiation and Chemotherapy	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Diagnostic X-ray and Lab	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Routine Colonoscopy <i>(without surgery)</i>	\$0 copay	\$0 copay	Deductible, then 20% coinsurance	\$0 copay	\$0 copay	Deductible, then 20% coinsurance
High Cost Radiology (MRI, CT & PET)	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Hemodialysis	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Physical Therapy	Deductible then Covered in Full (CIF) - up to 60 visits per calendar year	Deductible then Covered in Full (CIF) - up to 100 visits combined per calendar year	Deductible, then 20% coinsurance - up to 100 visits combined per calendar year	Deductible then Covered in Full (CIF) - up to 30 visits per calendar year	Deductible then Covered in Full (CIF) - up to 30 visits per calendar year	Deductible, then 20% coinsurance up to 30 visits combined per calendar year
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Surgery	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance

CCMHG HSA Qualified High Deductible Plan Benefit Comparison - FY20

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.

Effective 07-01-2019 CIF = Covered In Full	BLUE CROSS BLUE SHIELD			HARVARD PILGRIM HEALTH CARE		
BENEFIT	HMO Blue New England Saver	BLUE CARE ELECT PPO Saver		HPHC HMO	PPO	
		In-Network	Out-of-Network		IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Adult Preventative Exam <i>as defined by the ACA</i>	CIF	CIF	Deductible, then CIF	CIF	CIF	Deductible, then CIF
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Well Child Care <i>as defined by the ACA</i>	CIF	CIF	Deductible, then 20% coinsurance	CIF	CIF	Deductible, then 20% coinsurance
Routine GYN Exam (As <i>defined by the ACA- one per calendar year , includes preventative lab tests</i>)	CIF	CIF	Deductible, then 20% coinsurance	CIF	CIF	Deductible, then 20% coinsurance
Routine Mammogram <i>As defined by the ACA</i>	CIF	CIF	Deductible, then 20% coinsurance	CIF	CIF	Deductible, then 20% coinsurance
Routine Vision Exam	CIF (once every 12 months)	CIF (once per calendar year)	20% coinsurance (once per calendar year)	CIF (1 visit per year)	CIF (1 visit per year)	20% coinsurance (1 visit per year)
Specialist Office Visit	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
OTHER OUTPATIENT						YOU PAY
Visiting Nurse Home Health Care Deductible Applies	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Durable Medical Equipment	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Ambulance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Routine Pediatric Dental	Nothing	All charges	All charges	Covered in full: Preventive care for children up to age 13. 2 visits per member per plan year including exam, cleaning, x-rays, & fluoride treatment.	Covered in full: Preventive care for children up to age 13. 2 visits per member per plan year including exam, cleaning, x-rays, & fluoride treatment.	All charges

CCMHG HSA Qualified High Deductible Plan Benefit Comparison - FY20

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.

Effective 07-01-2019 CIF = Covered In Full	BLUE CROSS BLUE SHIELD			HARVARD PILGRIM HEALTH CARE		
BENEFIT	HMO Blue New England Saver	BLUE CARE ELECT PPO Saver		HPHC HMO	PPO	
		In-Network	Out-of-Network		IN-NETWORK	OUT-OF-NETWORK
Chiropractor Visits (limited to 20 visits per year)	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Prescription Drugs - IMPORTANT NOTE - Deductible applies, once deductible is met, copays will apply - NOTE - the drugs on the preventative list are not subject to the deductible. The lists are available at http://ccmhg.com/high-deductible-hsa-qualified-health-plans/	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay
Fitness Benefit	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan details. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan details. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan details. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.	Up to \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.	Up to \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.	Up to \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.

WINNING WITH AN HSA

Health savings accounts (HSAs)



HSAs: *the new*
RETIREMENT STRATEGY

SAVE NOW AND FOR THE FUTURE



HealthEquity®

HSA's ARE AN EASY WIN

in today's complex healthcare system



How an HSA works

An HSA paired with an HSA-qualified health plan allows you to make tax-free¹ contributions to an federally-insured² savings account. Balances earn tax-free interest and can be used to pay for qualified medical expenses. HSA-qualified health plans typically cost less than traditional plans and the money saved can be put into your HSA.

HSA's empower savings:

- Lower monthly health insurance premiums
- Money put into your HSA is not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed
- You can invest your HSA funds for increased tax-free earning potential³

HSA funds remain yours to grow

With an HSA, you own the account and all contributions. Unlike flexible spending accounts (FSAs), the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave your employer.

You can win with an HSA

Regardless of your personal medical situation, an HSA can empower you to maximize savings while building a reserve for the future. Contrary to what many may think, healthy individuals aren't the only users who benefit from an HSA.

¹ HSA's are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

² Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

³ Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and are not federally-insured or guaranteed by HealthEquity, Inc.. HealthEquity, Inc. does not provide financial advice. HSA holders making investments should review the applicable fund's prospectus. Investment options and thresholds may vary and are subject to change. Consult your advisor or the IRS with any questions regarding investments or on filing your tax return. Before making any investments, review the fund's prospectus.

HSAs: THE NEW RETIREMENT STRATEGY

Supplement your retirement

The average American couple will need \$265,000¹ to cover out-of-pocket health care costs in retirement. An HSA can help fill this Medicare gap as well as dental, hearing and vision expenses. Qualified medical expenses remain tax-free,² even into retirement. In addition, after age 65, you can use your HSA much like a 401(k) and withdraw funds for any purpose.³



Invest your HSA to maximize your tax-free² earning potential

Once your account balance reaches \$2,000,⁴ you can increase your earning potential by investing any funds over that amount in mutual funds. A comprehensive line-up of mutual funds is offered with options designed to fit your individual needs.



Take the guesswork out of investing with AdvisorTM (Powered by: HealthEquity ADVISORS, LLC)

You can manage investments on your own or let Advisor⁵ do all of the work. Advisor by HealthEquity Advisors, LLC can provide web-based guidance designed to diversify your portfolio and can even manage the trading of mutual funds for you. Investment advice and portfolio management is based on your personal risk preferences, age profile and financial goals. Additional fees apply.



For more information about investing with Advisor, visit:
[HealthEquity.com/Advisor](https://www.healthequity.com/Advisor)

¹ The average American couple will need \$265,000 to have a 90 percent chance of having enough money to cover out-of-pocket health care costs in retirement. Based on median prescription drug expenses. Source: Employee Benefit Research Institute (https://www.ebri.org/pdf/notespdf/EBRI_Notes_Hlth-Svgs.v38no1_31Jan17.pdf)

² HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

³ If you withdraw funds from your HSA in retirement for non-qualified medical expenses you must pay income tax, but there is no tax penalty after the age of 65.

⁴ Thresholds may vary.

⁵ Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and are not federally-insured or guaranteed by HealthEquity, Inc.. HealthEquity, Inc. does not provide financial advice. HealthEquity Advisors, LLCTM, a wholly owned subsidiary of HealthEquity, Inc. and an SEC-registered investment adviser, does provide web-based investment advice to HSA holders that subscribe for its services (minimum thresholds and additional fees apply). HealthEquity Advisors, LLC also selects the mutual funds offered to HSA holders through the HealthEquity, Inc. platform. Registration does not imply endorsement by any state or agency and does not imply any level of skill, education or training. HSA holders making investments should review the applicable fund's prospectus. Investment options and thresholds may vary and are subject to change. Consult your advisor or the IRS with any questions regarding investments or on filing your tax return.

GET STARTED WITH AN HSA TODAY

1 Select an HSA-qualified health plan

Enroll in an HSA-qualified plan. These plans typically cost less than traditional plans and provide tax saving opportunities. HealthEquity will work with your employer or health plan to automatically set up your account and supply a HealthEquity Visa® Health Account Card¹ to conveniently pay for eligible expenses.

2 Add money to your HSA

Fund your HSA through pre-tax payroll deductions or transfer money into your account through the HealthEquity member portal. To take full advantage of tax savings and to build a reserve for the future, it is suggested that you maximize your contributions as set by the IRS:

HSA eligibility

To make tax-free² contributions to an HSA, the IRS requires that:

- you are covered by an HSA-qualified health plan.
- you have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSAs).
- you cannot be claimed as a dependent on another person's tax return.

HSA CONTRIBUTION LIMITS

2018 **INDIVIDUAL**
\$3,450

2019 **INDIVIDUAL**
\$3,500

2018 **FAMILY**
\$6,900

2019 **FAMILY**
\$7,000

At age 55, an additional **\$1,000** is allowed annually.

¹ This card is issued by The Bancorp Bank, pursuant to a license from U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

² HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

3 Watch your HSA grow

Your federally-insured HSA earns tax-free¹ interest. Maximize your tax-free earning potential by investing HSA funds using the convenient online investment tool.²

4 Use your HSA for qualified medical expenses

HSA funds can be used for a variety of qualified medical, dental and vision expenses, including:

- Acupuncture
- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- Fertility enhancement
- Hearing aids
- Lab work
- Medical supplies
- Physical exams
- Prescriptions
- Orthodontia
- Radiology
- Stop-smoking programs
- Surgery (non-cosmetic)
- Therapy
- and more...



You will receive a HealthEquity debit card³ for easy access to your funds.



For an expanded list of qualified medical expenses, visit:
HealthEquity.com/qme

¹ HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

² Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and are not federally-insured or guaranteed by HealthEquity. HealthEquity does not provide financial advice.

³ This card is issued by The Bancorp Bank, pursuant to a license from U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

YOU CAN WIN WITH AN HSA

An HSA can benefit Americans from all walks of life and empower savings now and for the future. Contrary to popular belief, you do not have to be healthy or wealthy to benefit from an HSA – just wise! To see how different types of healthcare consumers win, see the link below.

See how you can personally benefit from an HSA:
HealthEquity.com/Me

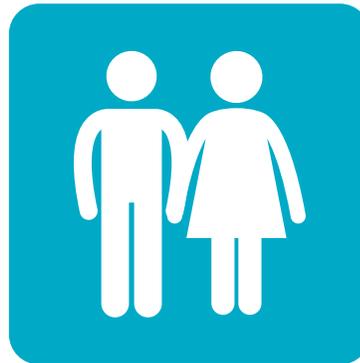
SAVER



SHOPPER



SURVIVOR



MINIMALIST



Who are you?

Dental and Vision Insurance Plans

Dental

- Delta Dental Premier

Vision

- EyeMed

How do I make an informed decision?

The following pages provide benefit summaries of the Dental and Vision benefits offered by the Town. These two plans are not subsidized; they are fully paid for by the employee. Please note that eye exams are covered through your medical plan, not through EyeMed. AFLAC also offers a dental reimbursement program that is outlined later in the guide.

For even more information, please visit the following CCMHG websites:

Dental: <http://ccmhg.com/delta-dental/>

Vision: <http://ccmhg.com/eyemed-vision-care/>

CONTINUE FOR PLAN SUMMARIES

Visit deltadentalma.com for detailed benefit information

**Coverage Summary for
Cape Cod Municipal Group
Voluntary
Group #000143
Effective 7/1/2019**

**Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories
Calendar Year Maximum: \$1,000 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Exam Panoramic or Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice per calendar year.. Once every 60 months. Twice per calendar year . As needed.	100%	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants	Twice per calendar year. Twice per calendar year for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.	100%	100%
Restorative Silver Fillings White Fillings (Front Teeth) Inlays and White Fillings (Back Teeth) Protective Restorations Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings. Once per tooth. Once every 24 months per tooth (on primary teeth only).	80%	80%
Oral Surgery Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).	80%	80%
Periodontics (on natural teeth only) Periodontal Surgery Scaling and Root Planing Periodontal Cleaning Bone Grafts/GTR	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.	80% 100% 80%	80% 100% 80%
Endodontics Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment Limited to deciduous teeth.	80%	80%
Prosthetic Maintenance Bridge or Denture Repair Crown or Onlay Repair Rebase or Reline of Dentures Recement of Crowns & Onlays, Bridges	Once per bridge/denture per 12 months, after 24 months of initial insertion. Once per tooth per 12 months after 24 months of initial placement Once per denture within 36 months. Once per crown, onlay or bridge.	80%	80%
Emergency Dental Care Palliative Treatment	Three occurrences in 12 months.	80%	80%
Prosthodontics Dentures Fixed Bridges Implants (only in lieu of a 3-unit bridge) Implant Abutments	Once within 60 months (age 16 and older). Once within 60 months (age 16 and older). Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimate recommended). Once per implant only when surgical implant is benefitted.	50%	50%
Major Restorative Crowns or Onlay Cast Posts/Buildups	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown.	50%	50%
Orthodontics: Covered at 50% of Maximum Plan Allowance charges to age 19. \$1,000 separate LIFETIME maximum. Orthodontic treatment must be administered/ supervised by a licensed dentist.			

Dependent Eligibility Eligible dependents are covered until the last day of the month of the member's 26th birthday.

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.



Cape Cod Municipal Health

More,
for less...

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Hello,
Neighbor

- You're on the ACCESS Network
- For a complete list of providers near you, use our Provider Locator on eyemed.com or call 1-866-723-0596.
- For Lasik providers, call 1-877-5LASER6, or visit eyemedlasik.com.

Vision Care Services

In-Network Member Cost

Out-of-Network Reimbursement

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Frames	\$0 Copay, \$150 Allowance, 80% of charge over \$150	Up to \$75
Standard Plastic Lenses		
Single Vision	\$20 Copay	Up to \$42
Bifocal	\$20 Copay	Up to \$78
Trifocal	\$20 Copay	Up to \$130
Standard Progressive Lens	\$20 Copay	Up to \$140
Premium Progressive Lens	\$20, 80% of charge less than \$120	Up to \$140
Lens Options (paid by the member in addition to the price of the lenses)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$12
Standard Polycarbonate	\$0	Up to \$32
Standard Polycarbonate-Kids under 19	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only. Benefit allowance provides no remaining balance for future use within the same benefit year.)		
Conventional	\$0 Copay, \$150 Allowance, 15% off balance over \$150	Up to \$120
Disposable	\$0 Copay, \$150 Allowance, balance over \$150	Up to \$120
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	

*Frame, Lens & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

Pre-Tax Expense Savings Programs

HealthEquity

- Flexible Spending Account (FSA)
- Dependent Care Reimbursement Account (DCRA)

How do I make an informed decision?

The optional programs listed above provided through HealthEquity can deliver cost savings to our employees by using pre-tax dollars to pay for qualified health and dependent care purchases and services. These funds expire, so it is important to ensure that contributions to the accounts will not surpass expenses incurred for the year. The following pages provide information related to the benefits of these programs to assist with deciding whether or not they are right for you. The Town does not subsidize these programs.

Please be advised that an HSA (Health Savings Account) and an FSA (Flexible Spending Account) are different. Please refer back to the high deductible plan comparisons for information related to Health Savings Accounts.

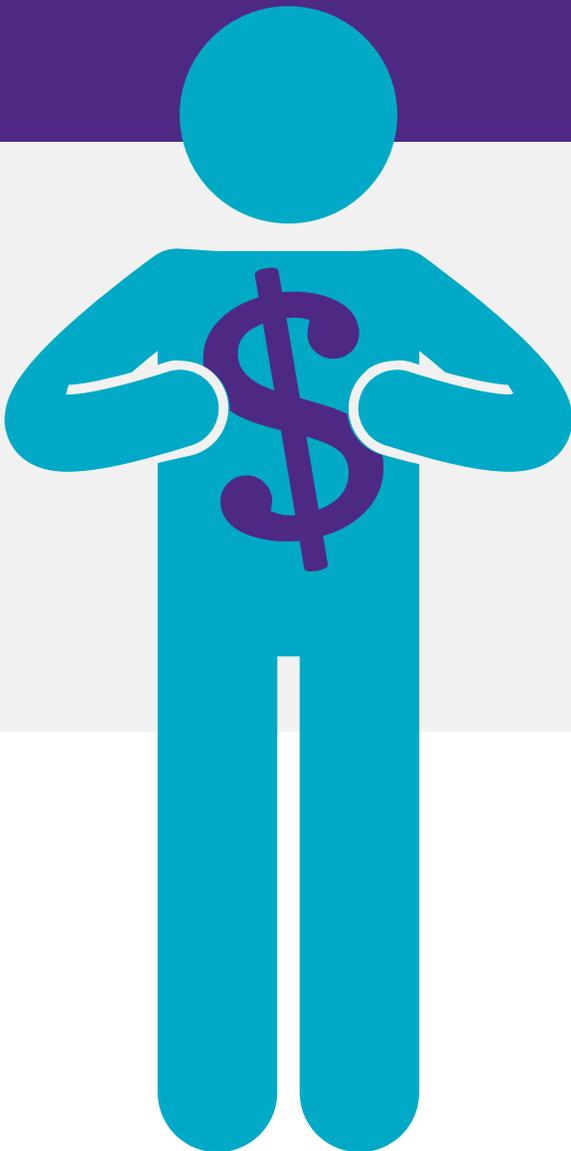
For even more information, please visit the following website:

HealthEquity: <https://healthequity.com/>

CONTINUE FOR PROGRAM DESCRIPTIONS

FSA's: A SIMPLE WAY TO SAVE

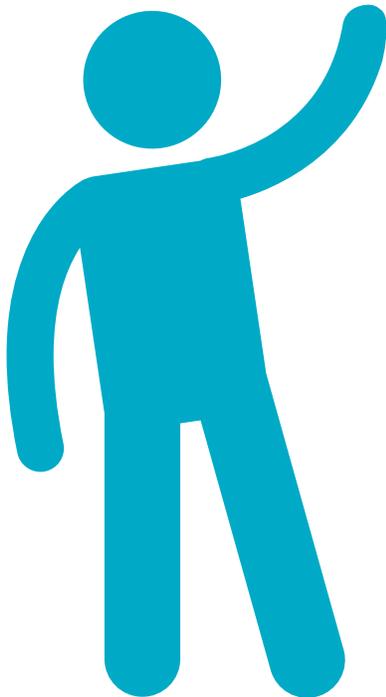
Flexible spending accounts (FSAs)



It's *easy* to save
WITH AN FSA



HealthEquity[®]



Why FSAs?

A simple way to save

Take advantage of tax savings by participating in a flexible spending account (FSA). You can elect to have a portion of your paycheck contributed pre-tax to pay for qualified medical expenses such as deductibles, copayments, dental and vision. A dependent care FSA (DCRA) may also be offered for similar tax savings on qualified dependent care expenses.

Significant savings

The example scenarios below provide estimated savings if an FSA is used (assuming a 20% combined federal and state tax rate).

FSA ONLY	\$1000 out-of-pocket medical expenses	\$500 out-of-pocket vision expenses	\$500 out-of-pocket dental expenses	\$400 tax savings
FSA + DCRA	\$1000 out-of-pocket medical expenses	\$1000 vision and dental expenses	\$5000 child care expenses	\$1400 tax savings
DCRA ONLY	\$5000 child care expenses	\$1000 tax savings		

(Examples only)

FSA OPTIONS

You may be offered one or more types of FSAs, designed to maximize your savings and address your personal needs:

Healthcare FSA

Funds from a healthcare FSA can be used for qualified expenses including medical, dental and vision. For information on qualified expenses visit www.HealthEquity.com/QME.¹ With healthcare FSAs, the entire elected amount is available to you on the first day of the health plan year. You don't have to wait for payroll deductions before paying expenses with your FSA.

Healthcare FSA limits

The IRS has set the limit for healthcare FSA contributions to \$2,700 per person (see publication 969). However, employers may decide to decrease this limit.

Dependent care FSA or DCRA

A dependent care FSA enables you to set aside pre-tax dollars to pay for qualified dependent care expenses. Funds can be used to pay for day care, preschool, elderly care or other dependent care. To qualify for a DCRA, the IRS requires that the dependent care is necessary for you and your spouse to work, look for work or attend school full-time, along with other requirements.

Limited-purpose FSA (LPFSA)

Used in conjunction with a health savings account (HSA), an LPFSA allows you to contribute additional pre-tax dollars to use for dental and/or vision expenses. This allows you to maximize your pre-tax HSA contributions and contribute additional pre-tax dollars to an LPFSA.

¹ Premiums and prepayment for long term care are not eligible for FSA. Your employers may further limit the types of expenses that may be reimbursed.

It is the member's responsibility to ensure eligibility requirements as well as if they are eligible for the plan and expenses submitted. One should consult a tax advisor as individual factors and situations vary.

HOW AN FSA WORKS

1 Sign up

During eligible enrollment periods, sign up to participate in an FSA. Select the option that best meets your needs and then determine the amount you would like to contribute from your pre-tax earnings. Get help estimating your expenses at www.HealthEquity.com/FSAworksheet.

2 Contribute

Your employer will arrange to have the determined amount of your pre-tax earnings contributed to your FSA. Typically the amount withheld from your paycheck is equal each pay period.

3 Use your funds

When you incur a qualified expense, you can either pay with the HealthEquity Visa[®] Reimbursement Account Card¹ provided by some plans or submit the expenses through the HealthEquity online tool for reimbursement. Remember to save all receipts; you'll need them for reimbursements and to validate your expenses with your employer or administrator.

¹ This card is issued by The Bancorp Bank, pursuant to a license from U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.



USE IT OR LOSE IT

FSAs are generally use it or lose it plans. This means that amounts in the FSA at the end of the plan year generally cannot be carried over to the next year. However, the plan can provide for either a grace period or a carryover. Additionally, if an account holder leaves an employer or retires, unused funds are forfeited. For more details, see IRS publication 969 or consult a tax advisor.

LIMITED CARRYOVER

Some plans may allow up to \$500 of unused FSA funds remaining at the end of a plan year to be carried over to the next year. Ask your benefits team for details about your plan's FSA carryover and/or grace period policy.

FSA INSIGHT

FSA eligibility

Typically anyone whose employer offers an FSA can participate, including employees not covered under the employer's health plan. Your employer may exclude certain types of employees, such as part-time, seasonal or temporary. Ask your employer benefits team to verify eligibility.

Other qualified users

In addition to your own qualified expenses, you can use your FSA funds to pay for those of your spouse and tax dependents.¹ You can also cover the expenses of your children who are under the age of 27 at the end of the tax year.

Dental expenses

FSA funds don't have to be used just for medical expenses. You can use them for qualifying dental expenses, including exams, x-rays, cleanings and dental work. You can even use your FSA to pay for orthodontic services.

Vision expenses

You can also use your FSA funds for vision expenses such as exams, prescription eyeglasses, contacts and even corrective eye surgery.

Archive your receipts online

HealthEquity's easy-to-use online portal allows you to upload and store receipts. If your FSA is integrated with your health plan, you can even link your receipts to claims. Your receipts will remain stored in a safe, secure place, available for future reference and documentation.



¹ As of June 26, 2015, the Supreme Court of the US has ruled that same-sex marriage is considered legal throughout the US.

QUALIFIED EXPENSES

- Acupuncture
- Alcoholism (rehab, transportation for medically advised attendance at AA)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs/teeth
- Birth control pills/prescription contraceptives
- Body scans
- Breast reconstruction surgery following mastectomy for cancer
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Prescription eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed, not imported from other countries)
- Nursing home medical care
- Nursing services
- Optometrist
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment and repair for hearing-impaired
- Therapy
- Transplants
- Weight-loss program (if prescribed by a physician for a specific disease)
- Wheelchairs
- Wigs (if prescribed)

Visit: HealthEquity.com/QME

NON-QUALIFIED EXPENSES

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums other than those explicitly included
- International medicines
- Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician
- Teeth whitening

Over-the-counter medicine (OTC)

The IRS no longer allows FSA funds to be used for OTC medicines without a prescription. Consider obtaining a prescription for OTC medicines or supplies that you frequently use. You can use your FSA to pay for these items.



DEPENDENT CARE REIMBURSEMENT ACCOUNTS

With a DCRA, employees are able to make pre-tax payroll contributions to pay for dependent care expenses. To qualify, the dependent care must be essential for the employee and a spouse (if applicable) to work, look for work or attend school full-time.

The maximum annual DCRA contribution allowed is \$5,000 per household. Unlike medical flexible spending accounts, annual DCRA funds are not available up front. Funds are only accessible as they are deposited with each payroll deduction. Employees pay for dependent care costs out-of-pocket then submit documentation for reimbursement through the HealthEquity member portal.

DCRA FEATURES

Use it or lose it

DCRA funds do not roll over from year to year. Employees must use DCRA dollars within the plan year or they will be forfeited.

Qualified dependents

To be considered qualified; dependents must meet one of the following criteria:

- Children under the age of 13
- A spouse who is physically or mentally unable to care for him/herself
- Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him/herself

Eligible expenses

- Babysitter inside or outside household
- Before and after school or extended day programs
- Custodial childcare or eldercare expenses
- Day camps, Daycare centers, Summer Day Camps
- Household employee whose services include care of a qualifying person
- Late pick-up fees, Nanny Expenses
- Looking for work-expenses
- Preschool/nursery school for pre-kindergarten
- Sick-child care center

Ineligible expenses

- Educational/tuition expenses
- Expenses paid to child of participant
- Field trip expenses, Overnight Camp
- Food, clothing, education or entertainment expenses
- Household services, Incidental expenses
- Payments for care where you are not the custodial parent
- Payments for care while on a leave of absence, maternity or other medical leave
- Payments for care while you are on vacation or due to illness
- Payment for services not yet provided

External Offerings and Options

Life, Accidental Death, and Disability Insurance

- Colonial Life (Life, Accidental Death, Disability, more)
- Boston Mutual (Life)

Reimbursement Programs

- AFLAC (Dental)

How do I make an informed decision?

These services are completely optional and are not subsidized by the Town (other than a 50% subsidy for \$2,000 in life insurance through Boston Mutual). All of the above listed services can be paid for through payroll deductions. For additional information, please contact the following sales representatives who work closely with the Town:

Colonial Life

Gordy Jones

Gordy.Jones@coloniallifesales.com

(617) 438-2749

AFLAC (Dental)

Theresa Whelan

Theresa.Whelan@us.aflac.com

(855) 782-5850

For information on Boston Mutual subsidized or voluntary life insurance, please contact the Provincetown Finance Department.

For more information, please visit the following websites:

Boston Mutual: <https://www.bostonmutual.com>

Colonial Life: <https://www.coloniallife.com>

AFLAC: <https://www.aflac.com>

External Offerings and Options

Additional Retirement Savings

- Massachusetts Deferred Compensation SMART Plan

How do I make an informed decision?

The Massachusetts Deferred Compensation SMART Plan allows employees to contribute pre-tax dollars into a retirement investment fund that will supplement their pension. Saving for the future is always a wise idea, and this fund pools the resources of the Commonwealth to take the stress out of investing. Employees can contribute a particular dollar amount every pay check, or a percentage of their total pay.

Empower Retirement (Facilitator of SMART Plan)

Mike Richardson

Michael.Richardson@empower-retirement.com

For more information, please visit the following website:

SMART Plan: <https://www.mass.gov/smart-plan-for-public-employees>

QUESTIONS OR CONCERNS?

Please visit www.CCMHG.com (Cape Cod Municipal Health Group) for additional information, tutorials, and facts related to the health insurance offerings described in this guide.

ENROLLMENT FORMS:

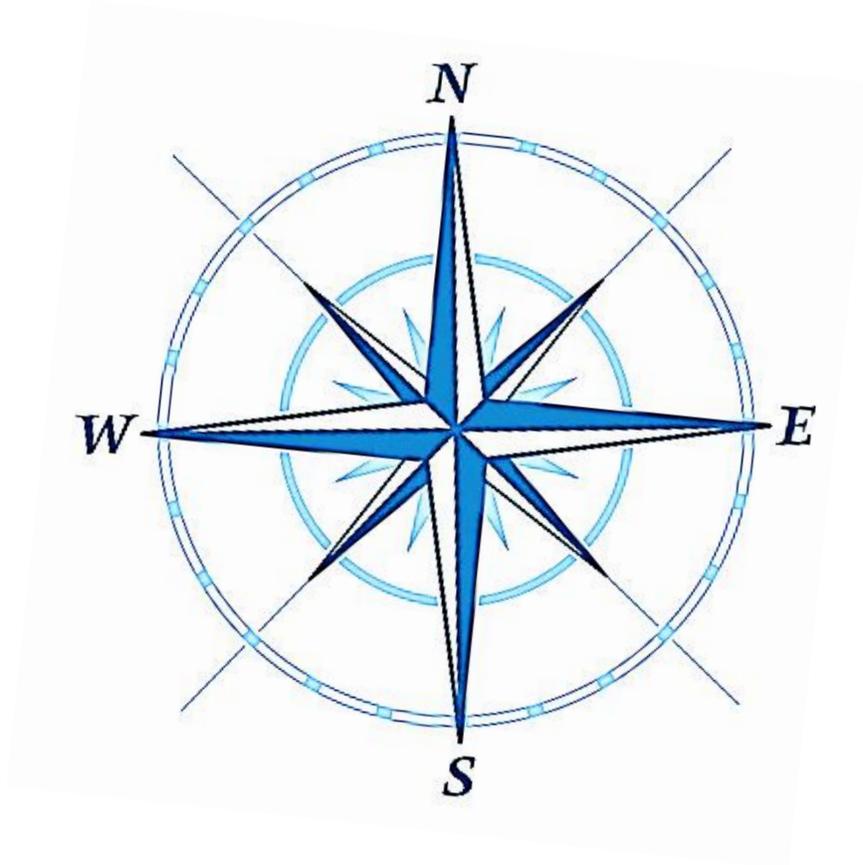
All enrollment forms are available through the Town's website:
<http://www.provincetown-ma.gov/1137/PayrollHuman-Resources>

Or through the Treasurer's Office (Town Hall)

(508) 487-7000 x521

AWilliams@Provincetown-MA.gov

This document is intended to provide general information only. The plan documents available to registered users on the carrier websites are the documents that describe full and complete plan details. The carrier documents are the only documents that coverage is based on. Should you have a question about specific coverage, you will need to contact the carrier directly.



OPEN ENROLLMENT – GUIDE TO EMPLOYEE BENEFITS

Town of Provincetown, Massachusetts

MAY 2019