

CITY OF NEWTON
FREQUENTLY ASKED QUESTIONS AND FACT SHEET FOR
BENEFIT ELIGIBLE EMPLOYEES

General Benefit Information

1. ***Who is eligible to participate in benefits through Newton Public Schools (i.e. health, dental, life insurance, flexible spending, disability, 403b/457 retirement accounts)?***

In order to be eligible to participate in benefits, an employee must be either full-time or a regular part-time employee working 20 or more hours per week on a consistent basis.

2. ***What do I do if I want to enroll in benefits?***

Information and forms are available on the Newton Public Schools website at www.newton.k12.ma.us (click on Human Resources/ Benefits drop down).

You must complete and return enrollment forms to the Human Resources office **within 30 days of your date of hire (first day worked)** to enroll in a health/dental insurance plan or in a flexible spending account plan.

IMPORTANT: All employees of the City of Newton are required to present a marriage certificate for spouses and/or a birth certificate or legal document showing proof of adoption or custody for each child when enrolling or changing into a family health or dental insurance plan. Please attach a copy of each document with your completed enrollment form(s).

3. ***What is my share of the health and dental insurance premiums?***

Health Insurance

- Based on the collective bargaining agreements those employees hired prior to July 1, 2011 only pay **20%** of the premiums for Harvard and Tufts EPO, while the City pays 80% of the premiums. Employees pay 30% for Tufts PPO, while the City pays 70%.
- All Employees hired after June 30, 2011 pay **25%** of the premiums, while the City pays 75% of the premiums for Harvard and Tufts EPO. (*New Employees*)
- Based on the collective bargaining agreements, those employees hired after July 1, 2020 or any employee enrolling in the Tufts PPO plan after July 1, 2020 will pay 35% of the premiums, while the City pays 65%. (*New Employees*)

Dental Insurance

- All employees enrolled in the Basic Guardian plan will pay **50%** of the premiums while the City will pay 50% of the premiums.
- The Guardian High Option Plan enables City of Newton employees to receive enhanced dental coverage for an additional charge. By selecting the Guardian High Option plan, employees pay more (approximately 70%) to receive a more comprehensive dental plan than the basic plan. The City incurs no additional cost to provide this option to its employees.

4. What are the rates for health and dental benefits?

- Refer to the health and dental rate charts on the Newton Public Schools website under Human Resources/Benefits.

5. How can I change benefits outside of enrolling as a new employee?

- You must have a “qualifying event” or “family status change” if you wish to change your benefits more than 30 days after your day of hire, if you are outside the Open Enrollment period

6. What is a “qualifying event” or “family status change”?

A “qualifying event” or “family status change” allow you to make changes to your benefit elections DURING the plan year as long as it is within **30 days** of the event. The following are some examples of “qualifying events” or “family status changes”:

- Birth of a child, adoption or change in custody of child
- Marriage, divorce or legal separation
- Spouse’s involuntary loss of coverage
- Spouse’s open enrollment period
- Spouse is eligible for benefits due to a new job
- Retirement
- Death of a spouse or child
- Dependents loss of eligibility (Ex: health insurance if your child is over 26 years old)

7. Until what age can my dependent children remain on my health and dental insurance plans?

Health - Based on the Patient Protection and Affordable Care Act, dependent children can remain on your health insurance plan until the age of 26.

Dental - Dependent children can remain on dental insurance plans while they are a full-time student until the age of 26. Parents/guardians of full-time students beyond the age of 19 **MUST** complete the eligibility form **EACH YEAR** in order to remain active on the dental plan. Forms can be found on our website. Please note that once they graduate they may remain on the plan for an additional 4 months beyond graduation. Dependent children who are not full-time students can only remain on your plan until their 20th birthday.

8. Where do I return my completed materials?

All completed forms **including** a copy of a marriage license and copies of birth certificates for all dependent children, must be returned to the Human Resources Office, Room 201 at the Ed Center, 100 Walnut Street, Newtonville, MA 02460 **no later than 30 days from your date of hire (first day worked)**. You may send them through the interoffice mail system, fax them to (617) 559-6010, hand-deliver, or email to NPS_HR@newton.k12.ma.us.

Due to COVID-19 and limited physical coverage in the HR Office, the preferred method of returning materials is via email: NPS_HR@newton.k12.ma.us.

Information Regarding Health Plans

9. *What are the health plans that are being offered?*

Harvard Pilgrim HMO – Employees who choose this plan must use providers (doctors, hospitals, clinics, etc.) that are in the extensive Harvard Pilgrim network. This plan has contracts with all the providers, and the providers are limited in how much they can charge for their services. With this plan you cannot get services covered outside of the Harvard Pilgrim network except in the case of emergencies, or in rare situations with Harvard Pilgrim’s approval.

Tufts EPO Advantage – Exclusive Provider Option – Employees who choose this plan must use providers (doctors, hospitals, clinics, etc.) that are in the extensive Tufts network. This plan has contracts with all the providers, and the providers are limited in how much they can charge for their services. With this plan you cannot get services covered outside of the Tufts network except in the case of emergencies, or in rare situations with Tufts approval.

Tufts PPO/OOA Advantage – Preferred Provider Option – Employees who choose this plan may use providers (doctors, hospitals, clinics, etc.) who are not in the Tufts network. This plan costs more because Tufts does not have contracts with all the providers, and those providers who do not have contracts with Tufts can charge more for their services. You only get 80% coverage when you go outside of the Tufts network.

NOTE: Prior to enrolling into the Tufts PPO/OOA plan be sure the value of the services you will receive outside of the Tufts network is greater than the extra cost you will pay. All employees enrolled in Tufts PPO will pay 35% of the premium.

Please note: You can only enroll in a health or dental plan within 30 days from your date of hire, qualifying event, or during an open enrollment period (every mid-May with an effective date of July 1st for all 24-pay employees {NTA Unit A, B, E, and other 12-month employees} or September 1st for all 20-pay employees {NTA Unit C and other 10-month employees enrolling for the first time. Any 10-month employees making changes to an existing health or dental plan will see changes take effect July 1}).

10. *What should I expect in regard to these plans?*

- Preventative care tests or procedures are covered in full (refer to the pie chart attached)
- Co-pays (refer to question #15):
 1. Office visits –\$25
 2. Emergency room –\$100
 3. Specialists visits – \$40
 4. Prescription drugs:
 - Tier 1 - \$20.00
 - Tier 2 - \$35.00
 - Tier 3 - \$55.00
- Yearly cap on all out-of-pocket expenses – Once you reach the maximum of \$1,000/individual or \$2,500/family you will not be responsible for any more co-pays.

- You are responsible for deductibles – employees have up to \$250/plan year for an individual plan or \$500/plan year for a family plan (refer to question #16).
- Mandatory Prescription Mail-In Program – Employees must receive all maintenance 90-day prescriptions through either Optum for Harvard Pilgrim or CVS Caremark for Tufts EPO or PPO Advantage (refer to question #18).

11. What are the differences in the health coverage between the Harvard HMO, the Tufts EPO and the Tufts PPO?

Tufts	Maternity visits are 10 visits @ \$25/each, and then covered in full, Hospitalization for birth of child is subject to deductible. Durable Medical Equipment (DME), covered in full 1 eye exam per year
Harvard	Maternity visits are covered in full, Hospitalization for birth of child is subject to deductible. Nursery/newborn care, covered in full. Durable Medical Equipment (DME), subject to deductible 1 eye exam per year is subject to \$20 copay No coverage for chiropractic care

12. What are the differences between the Harvard HMO or the Tufts EPO and the more expensive PPO?

The **ONLY** difference is that if you are enrolled in the Tufts PPO plan you will not need:

- A Primary Care Physician (PCP)
- To stay in network
- A referral to see a specialist

When considering the PPO, please keep in mind that:

- The PPO plan is more expensive, but does not cover more services than the EPO or HMO.
- Since the coverage is essentially the same for all three plans (HMO, EPO or PPO), if a service is not covered under the HMO or EPO it will **not** be covered under the PPO.
- You must still pay the same amount for deductibles and co-pays. However, if you go out-of-network you may incur larger costs with the PPO. For example, you will be responsible for 20% of the total charges for visits outside of the network (in network visits are only subject to copays and deductibles). Please see summary of benefits for more information on the NPS website.
- The same emergency services are covered by all three plans, subject to the \$100 co-pay.
- Regardless of your date of hire, **effective July 1, 2020**, all benefit eligible employees who enroll in a PPO plan will pay 35% of the premiums. Employees already enrolled in a PPO plan *prior* to July 1, 2020 will continue to pay 30% of the premiums.

13. If I am enrolled in one of Newton's health plans am I covered in cases of emergency while out-of-state or out-of-country?

Yes, if it is diagnosed as a medical emergency, treatment will be covered at any hospital subject to the \$100 copay. However, you may have to pay out-of-pocket initially and then request a

reimbursement for your health plan provider. Please contact your health plan provider for any specific questions.

14. If I am enrolled in the Harvard Pilgrim HMO or Tufts EPO plan, what would happen if I went to an out-of-network provider?

Treatment will not be covered unless services are performed in cases of an emergency at an Emergency Room or approved urgent care center.

15. Will I still be responsible for co-pays?

Yes. The health insurance co-pays are as follows:

1. Office visits – \$25
2. Emergency room – \$100
3. Specialists visits – \$40
4. Urgent care visits – \$10
5. Prescription drugs (refer to question #18):

30-Day Supply at the Pharmacy is:	90-Day <u>MANDATORY</u> Mail-Order Supply is:
Tier 1 - \$20.00	Tier 1 - \$40.00
Tier 2 - \$35.00	Tier 2 - \$70.00
Tier 3 - \$55.00	Tier 3 - \$110.00

- Co-Pays **WILL** apply to exams for illness or injuries, hearing exams, outpatient behavioral health or substances abuse services, consult with a specialist, etc.
- Co-Pays **WILL NOT** be applied for any preventative tests and services (however deductibles may apply if there is a diagnostic procedure).

16. What are the deductibles?

For an individual plan or for a family with two persons, the deductible is \$250/each per plan year (July 1st through June 30th). For a family of three or more it is \$500/family per plan year (July 1st through June 30th).

Information regarding deductibles:

- Deductibles do not include co-payments.
- Deductibles **WILL** be applied to diagnostic tests or procedures. For example: strep tests, occupational, speech and physical therapy, all inpatient hospital services including maternity, ambulance services, etc.
- If during a routine preventative test or service, a diagnostic procedure becomes necessary these services maybe subject to a deductible. For example: if during a mammogram or colorectal cancer screening and a biopsy becomes necessary, that portion of the test or service is subject to a deductible.
- Once the deductibles are exhausted for the plan year you will no longer be subject to further deductibles for that year.

- The most one person can contribute toward the yearly family deductible is equal to the individual deductible or \$250. **NO INDIVIDUAL** person in a family plan will be subject to pay more than \$250/plan year.

17. *When do I have to pay the deductible?*

You should not pay the deductible until you receive a bill from your provider/physician. Tufts or Harvard will send you an **Explanation Of Benefits (EOB)**. This is not a bill. The EOB will list the services received and the amount you will owe your provider. If the amount on the EOB does not match the bill received from your provider, you should call either Tufts' or Harvard's customer service. See page #9 for contact information.

18. *Do I have to purchase prescriptions other than through my local pharmacy?*

Yes and No. Per the Memorandum of Agreement **ALL MAINTENANCE** 90-day prescriptions (daily prescriptions, for example: blood pressure, cholesterol, birth control, etc.) must be purchased through either "CVS Caremark" Mail Order Drugs (Tufts EPO or PPO) or Optum Rx (Harvard Pilgrim HMO).

The cost for a 90-day supply of mail order prescriptions are as follows (note: the cost of purchasing a 90-day supply of prescriptions is what a 60-day supply would cost at your local pharmacy):

- Tier 1 - \$40.00
- Tier 2 - \$70.00
- Tier 3 - \$110.00

ALL NON-MAINTENANCE prescriptions (for example: antibiotics, steroids, etc.) can still be purchased through your local pharmacy. The cost of a 30-day supply is:

- Tier 1 - \$20.00
- Tier 2 - \$35.00
- Tier 3 - \$55.00

19. *How do I request mail order prescriptions?*

Optum Rx (for Harvard members) and **CVS Caremark** (for Tufts EPO or PPO members) order forms are located either through our website at <http://www.newton.k12.ma.us> (click on the "Benefits" link).

20. *Do I have any other option to receive prescriptions other than through Optum Rx or CVS Caremark, and will I have to pay for these prescriptions?*

You may also obtain your mail order prescriptions through CanaRx. The cost to you for these prescriptions via CanaRX is **\$0** if the prescription is on the approved list (which is subject to change). For additional information and an updated list of prescriptions covered by CanaRX, refer to the Newton Public Schools website. Allow 15-20 business days to receive the prescriptions. If you have additional questions about this program, please see their website at www.NewtonCanaRx.com.

Information Regarding Dental Plans

Both the Guardian Basic and High Option Plans allow you the freedom of choice to see any licensed dentist. However, going to a dentist in the Guardian DentalGuard Preferred Provider Network (PPO), will result in lower out-of-pocket expenses and will stretch your calendar year maximum allowable dollars further. See question #22 for more information.

You can only choose between either the Guardian basic or high option plan. You can only enroll in a health or dental plan within 30 days from your date of hire, qualifying event, or during an open enrollment period (every mid-May with an effective date of July 1st for all 24-pay employees {NTA Unit A, B, E, and other 12-month employees} or September 1st for all 20-pay employees {NTA Unit C and other 10-month employees}). Below is a comparison of the Guardian Dental Plans:

<u>Guardian Basic Plan</u>	Employee Cost: 50%	City Cost: 50%
<u>Guardian High Option Plan</u>	Employee Cost: 70%	City Cost: 30%

21. *What happens if I visit a non-participating member of the Guardian DentalGuard Preferred Provider Network?*

If dental services are received from a non-participating dentist, you will be responsible for paying the difference between the maximum allowable amount and what the dentist charges. Some non-network dentists will submit claims directly to Guardian. However, some may require that you pay for services at the time they are rendered and require you to complete a simple claim form to be forwarded to Guardian with a copy of your payment receipt.

22. *How do I find out if my dentist is a member of the Guardian DentalGuard Preferred Provider Network?*

To find out if your dentist is part of the Guardian network, call customer service 888-600-1600 or refer to the following website:

- www.guardiananytime.com
- In the far right hand corner under “Resources” click on the “*Provider Online Search*” link.
- Click on the “*Find a Dentist*” box.
- In the drop down menu “Select your Dental Plan” click on “*PPO.*”
- Complete the required search information based on your criteria.
- Click the “*Continue*” button.
- In the drop down menu “Select your Dental Network” click on “*DentalGuard Preferred.*”
- Complete additional required search information based on your criteria.

23. *If my dentist is not a member of the Guardian DentalGuard Preferred Provider Network, can they become a member?*

Yes. If you would like to nominate your dentist for inclusion in the DentalGuard Preferred Provider Network you may do so by completing a nomination form. A representative from Guardian will contact your dentist directly.

24. *Until what age can my dependents remain on my dental insurance plan?*

Please refer to question #7 above.

25. *What are the differences between the Guardian Basic Plan and the Guardian High Option Plan?*

1.) The Calendar Year Maximum:

Basic Plan: \$750 per member per calendar year.

High Option Plan: \$1,500 per member per calendar year plus Maximum Rollover benefit. This benefit allows qualifying members to carry forward a portion of their unused annual maximum dollars into future years.

2.) Calendar Year Deductible:

Basic Plan: Type I Services – No Deductible
Type II Services – \$25 per member, \$75 per family

High Option Plan: Type I Services – No Deductible
Type II and Type III Services - \$50 per member, \$150 per family

3.) Fillings:

Basic Plan:

Silver Fillings: Once every 24 months per surface per tooth

White Fillings: Once every 24 months per surface per tooth on front teeth; single surface only on back teeth

High Option Plan:

Silver Fillings: Once every 24 months per surface per tooth

White Fillings: Once every 24 months per surface per tooth

4.) Type III – Major Restorative Coverage (each service covered once every 60 months at 50% of the cost):

Basic Plan: No Type III Services

High Option Plan:

Prosthodontics – Dentures, fixed bridges and crowns

Major Restorative - Crowns

26. *Can I sign-up for both the basic and high option dental plans?*

No. You can only choose between the basic or the high option plan. Once enrolled, you can only change or cancel your plan during an open enrollment period or due to a qualifying event (see question #6).

Health and Dental Contact Information

All of the carriers offer user-friendly websites hosting a tremendous amount of information. Some of the websites are also designed for interactive on-line use, allowing members to view their benefits summary, order new ID cards, request reimbursement forms, change or find your PCP or dentist, view physician profiles and pharmacy information, choose a fitness center or link to a medical library:

Tufts Health Plan:

Locations: 705 Mt. Auburn Street
Watertown, MA 02471

Phone #'s: Member Service Coordinators for both PPO and EPO 1-800-843-1008.

Website: <http://www.tufts-health.com/members/>

Harvard Pilgrim Health Care:

Locations: 93 Worcester Street
Wellesley, MA 02481

1600 Crown Colony Drive
Quincy, MA 02169

Phone #'s: Main Number 1-888-888-4742
Member Services 1-888-333-4742
TTY Service 1-800-637-8257

Website: <http://www.harvardpilgrim.org>

Information Regarding Disability Insurance

Disability Insurance: Allows eligible employees to replace a portion of your income if you are unable to work due to an accident or illness for qualifying disabilities.

Eligible Newton Public Schools employees may enroll in Unum's Disability Income Protection insurance or Aflac's Disability insurance. You may choose short-term and/or long-term disability insurance (Unit E long-term only). Employees eligible for disability Insurance:

- Unum Disability Insurance:
 - a member of the Massachusetts Teachers Association (Units A, B, C, and E) and are actively working 20 hours or more per week, OR
 - Employed by a Board of Education or school committee in the Commonwealth of Massachusetts; which allows your premium to be remitted, post tax, on a salary reduction basis.
 - Unit E and non-aligned employees are eligible for long-term disability insurance only.
- Aflac Disability Insurance:
 - NESAs members

For more information contact UNUM: 877-401-4083 or Aflac: 800-992-3522

For enrollment forms, please contact the Human Resources Office: NPS_HR@newton.k12.ma.us

Information Regarding Flexible Spending Accounts

Flexible Spending Accounts: Allows you to set aside a portion of your paycheck **tax free** to pay for certain health, dependent care, and commuter spending (transit and parking) expenses. Contributions are deducted from your paycheck prior to federal, state, and social security taxes. **No tax on your contribution saves you money.** Examples of out-of-pocket health and dependent care expenses: co-pays for doctor visits and prescriptions, over the counter medicines, contacts and eyeglasses, daycare, after-school programs, summer camp, etc.

Please visit the Benefits website for additional information and enrollment forms.

Open Enrollment

Open Enrollment is a limited period of time which occurs annually that allows you to make changes to your benefit elections (medical and dental insurance) without a qualifying event (see question #6). During open enrollment all benefit eligible employees (full-time and permanent part-time employees working twenty or more hours per week on a consistent basis) may select a City sponsored health and/or dental plan, switch health plans, change current membership health plan level (i.e. Tufts POS [Point of Service Plan - High Option] to Tufts EPO [Exclusive Provider Option - Low Option], or change membership status (i.e. Individual to Family).

Health Insurance:	Annually during the month May*
Dental Insurance	Annually during the month May *
Flexible Spending	Annually around mid-October*
403(b)/457 Tax Sheltered Annuity	Anytime throughout the year
Direct Deposit	Anytime throughout the year
UNUM Disability Insurance	As a new hire and during the month of April*

***These time frames are approximate months in which they may occur and refer to active employees. New hires must enroll within 30 days of hire.**

COBRA

This is a Federal Law which allows those who would normally lose their health or dental insurance to continue the coverage for eighteen months and in some cases thirty-six months provided they pay 102% of the premium. Instances in which COBRA may apply include:

1. If an employee leaves employment (and does not retire from the City).
2. If a child reaches age 19 or a student graduates from college.
3. If a divorced employee or the former spouse of a divorced employee remarries, then the divorced spouse is entitled to COBRA.

For more information regarding COBRA see the initial COBRA information in your orientation packet or on the Newton Public Schools website.

Words to Know

CoPay – You will be responsible to pay a minimal co-payment for a doctor’s office visit.

Deductibles – A fixed dollar amount that an insured person pays before the insurer starts to make payments.

HMO – A Health Maintenance Organization (HMO) is an association of health care providers offering cost-effective medical care. As a member of an HMO, you use doctors within the HMO network.

EPO – An Exclusive Provider Organization. As in an HMO, you must select a primary care physician and use providers within the EPO network.

PPO – A Preferred Provider Option (PPO) managed medical care plan is one that gives you the freedom to receive care in or out of the network. There may be additional charges including a deductible for services provided outside of the network.

Network – Networks are made up of providers, both doctors and hospitals, in your geographical area who are approved by your plan carrier.

Preferred Drug – a generic drug or a brand-name drug that is therapeutically equivalent and more cost-effective than another drug.

Non-preferred formulary drug – a brand-name drug that is less cost-effective than a generic drug or therapeutically equivalent brand-name drug.

PCP – You select a **Primary Care Physician** from your medical plan network to coordinate your care. Your PCP knows your medical background and keeps track of your records. When you need to consult a specialist, first visit your PCP who will recommend a specialist within your network. EPO, HMO and PPO plans require you to select a PCP.

Plan Year – Any medical or dental plan in which you enroll has a set plan date for the plan year. Your medical coverage is based on a 12-month period from July 1st to June 30th. Your dental coverage is based on a 12-month period from January 1st to December 30th.

Pretax – Section 125 of the Internal Revenue code allows for your contributions for group health, dental, and life insurance to be made on a pretax basis. Your contributions will be deducted from your gross pay prior to the application of the tax tables. Participation in this plan is voluntary; if you do not wish to participate please put your request in writing to Human Resources.

(Revised 08/2020)