

## Frequently Asked Questions

### 1. *What is Open Enrollment?*

Open Enrollment is a limited period of time, which occurs annually, that allows you to enroll, change, or terminate your health and dental insurance without a qualifying event. During open enrollment all benefit eligible employees (full-time and regular part-time employees working twenty or more hours per week on a consistent basis) may select an employer sponsored health and/or dental plan, switch health and/or dental plans (i.e. from Tufts PPO to Tufts EPO, Basic to High Option Guardian, etc.), change membership status (i.e. Individual to Family) or terminate your insurance benefits.

### 2. *What are the dates for the FY23 Open Enrollment?*

The FY23 Open Enrollment period will take place from **May 2, 2022 through May 31, 2022**. The deadline for submitting changes to your benefit elections is **May 31, 2022 at 5:00 p.m.** Requests for benefit election changes made after the deadline date will have to wait until the FY24 Open Enrollment period unless your change is considered a qualifying event (refer to question #12).

### 3. *Who is eligible to participate in a health and/or dental plan?*

In order to participate in a health and/or dental plan an employee must be either full-time or a regular part-time employee working twenty or more hours per week on a consistent basis.

### 4. *How do I know which health and/or dental plan do I presently have?*

Please look at your paystub; it will indicate if you are presently enrolled in a Harvard HMO, Tufts EPO or Tufts PPO health plan or in a Basic or High Option Guardian dental plan.

### 5. *If I am already enrolled in a health and/or dental plan and do not want to make a change, do I have to re-enroll?*

**No.** If you are presently enrolled in a Harvard Pilgrim HMO, Tufts EPO, or Tufts PPO health plan or in a Basic or High Option dental plan you will remain on the same plans.

### 6. *What do I do if I want to enroll, make a change, or terminate my health or dental benefits?*

Information and forms are available on the Newton Public Schools website at [www.newton.k12.ma.us](http://www.newton.k12.ma.us) (click on the Human Resources / Benefits links). You must complete a digital form in order to enroll, terminate, or to make a change in either your health and/or dental plans and email them to the Human Resources inbox by the May 31, 2022 deadline.

**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 to the email with your completed enrollment form.

**7. *Do I need to list all of my dependents on the enrollment form when I enroll, change or terminate a dependent?***

Yes. You must include all of your dependents even if they were already on your plan and you want them to continue with coverage.

**8. *When will the effective date be for new enrollments or if I change my health and/or dental coverage?***

- A. For any **24 or 52-pay** employee (i.e. Unit A-teachers, Unit B-administrators, 12-month NESAs members, Unit E and non-aligned, custodians etc.)

For any changes made to benefits and for new enrollees during open enrollment, the effective date will be **July 1, 2022**.

- B. For any **20-pay or 21-pay employee** (i.e. Unit C- Educational Support Professionals, 10-month NESAs members, Unit E and non-aligned, full-time ISS, etc.)

For any changes made to benefits during open enrollment, the effective date will be **July 1, 2022**. However, new enrollees to a health or dental plan will not become effective until **September 1, 2022**.

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

Health Insurance

- Employees hired prior to July 1, 2011, pay **20%** of the premiums for Harvard Pilgrim and Tufts EPO while the City pays 80% of the premiums.
- Employees hired after June 30, 2011, pay **25%** of the premiums for Harvard Pilgrim and Tufts EPO while the City pays 75% of the premiums.
- Employees enrolled in a Tufts PPO or OOA plan prior to 7/1/2020 pay **30%** of the premiums. Employees who enroll in a Tufts PPO or OOA plan after 6/30/2020 will pay **35%** of the premiums, while the City pays 65% regardless of date of hire.

Dental Insurance

- All employees enrolled in the Basic Guardian plan will continue to pay **50%** of the premiums while the City will continue to pay 50% of the premiums. The Guardian High Option Plan enables City of Newton employees to opt 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.

**10. *What are the premium rates for the health/dental plans?***

Please refer to the “FY23 Health Insurance Rates” and “FY23 Dental Insurance Rates” documents on the NPS website at [www.newton.k12.ma.us](http://www.newton.k12.ma.us) (Human Resources / Benefits). In addition, be sure to verify that the proper deductions are being withheld by reviewing your paycheck stub on a regular basis.

**11. *How can I change benefits outside of open enrollment?***

You must have a “qualifying event” or “family status change.” Refer to question #12 for definition of a qualifying event.

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

A “qualifying event” or “family status change” allows 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, adoption, or change in custody of a child
- Marriage, divorce or legal separation
- Death of a spouse or child
- Spouse’s involuntary loss of coverage
- Spouse’s open enrollment period
- Dependent’s loss of insurance (dependents must be under the age of 26)

**13. *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 received by the Human Resources Office **no later than Friday, May 31, 2022**. Please submit all forms via email to [hrsupport@newton.k12.ma.us](mailto:hrsupport@newton.k12.ma.us). All forms have been made writeable for convenience, or you may print them out to complete: for this year only, we will also accept scanned images or photographs taken from home devices, as long as the forms are legible.

***Information Regarding Health Plans***

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

- Harvard Pilgrim HMO
- Tufts EPO Advantage
- Tufts PPO/OOA Advantage

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

- Preventative care tests or procedures are covered in full
- Co-pays (refer to question #20 for the full list of co-pays):
  1. PCP Office visits –\$25.00
  2. Emergency room –\$100.00
  3. Specialists visits – \$40.00
  4. Prescription drugs (Retail/Mail Order):
    - Tier 1 - \$20.00/\$40.00
    - Tier 2 - \$35.00/\$70.00
    - Tier 3 - \$55.00/\$110.00
- 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 #21).

- Mandatory Prescription Mail-In Program – Employees must receive all maintenance 90-day prescriptions through either OptumRx (Harvard Pilgrim) or CVS Caremark (Tufts EPO or PPO/OOA). Refer to question #23 for additional information.
- Any dependent children under the age of 26 are eligible to remain on your plan.

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

Tufts

Routine outpatient prenatal and postpartum office visits are covered in full.  
Non-routine outpatient maternity office visits subject to cost share depending of type of service  
Inpatient maternity services are subject to the deductible  
Durable Medical Equipment (DME), covered in full  
1 eye exam per year, covered in full  
12 spinal manipulation exams/per year, subject to deductible  
Surgical extractions in an office setting, prior authorization will likely apply  
Vaccinations in retail setting Routine Preventive: Covered in Full  
All other Immunizations: subject to deductible  
Allergy injections: \$5 copay  
*Tufts Plan Enhancements:* Surgical Extractions in office setting, Vaccinations in retail setting, Telehealth \$0 copay, Expansion of Child and Adolescent Mental Health Benefits

Harvard

Maternity visits are covered in full, Hospitalization for birth of a 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 chiropractic services are covered  
*Harvard Plan Enhancements:* Telehealth \$0 copay, Expansion of Child and Adolescent Mental Health Benefits. Harvard Pilgrim already allows vaccines in a retail setting and extractions in an oral surgeon's office.

**17. *What are the differences between the Harvard HMO or the Tufts EPO and the more expensive PPO/OOA?***

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

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

When considering the PPO/OOA, please keep in mind that:

- The 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), (Refer to question #16 for minor differences), 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.

- The same emergency services are covered by all three plans, subject to the \$100 co-pay.
- Employees enrolled in a PPO plan *prior* to 7/1/2020 will pay **30%** of the PPO Premiums. Any employee who enrolls in a PPO plan *after* 7/1/2020 will pay **35%** of the PPO premiums.

**18. *If I am enrolled in the Harvard Pilgrim HMO, Tufts EPO or Tufts PPO/OOA plan am I covered in cases of emergency?***

If it is diagnosed as a medical emergency, treatment will be covered at any hospital subject to the \$100 copay.

**19. *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.

**20. *Will I still be responsible for co-pays?***

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

1. PCP Office visits – \$25.00
2. Emergency room – \$100.00
3. Specialists visits – \$40.00
4. Urgent Care - \$40.00
5. Retail Urgent Care (minute clinic) - \$5.00
6. Outpatient Surgery - \$150.00 deductible applies before the co-payment
7. Prescription drugs (refer to question #23 for additional information):

30-Day Supply at the Pharmacy:	90-Day <b>MANDATORY</b> Mail-Order supply:
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).

**21. *What are the deductibles?***

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

**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 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.

## **22. *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. Refer to Question #26 for telephone numbers.

## **23. *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 if you are on Tufts EPO or PPO or OptumRx Mail Order Drugs if you are on 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

## **24. *How do I request mail order prescriptions?***

The OptumRx (Harvard members) and CVS Caremark (Tufts members) order forms are located either through our website at <http://www.newton.k12.ma.us/> then Human Resources / Benefits.

**25. *Do I have any other option to receive prescriptions other than through OptumRx or CVS Caremark and will I have to pay for these prescriptions?***

You may also obtain your mail order prescriptions through NewtonCanaRx. The cost to you for these prescriptions is **\$0** if the prescription is on the approved list (subject to change). For additional information and a list of prescriptions covered refer to the Newton Public Schools website under Human Resources/Benefits. Allow 15-20 business days to receive the prescriptions. If you have additional questions about this program, please see their website at <http://www.newtoncanarx.com/>.

**26. *Do Harvard and Tufts have websites where I can get more information?***

Yes. Both Harvard and Tufts 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 primary care physician (PCP), view physician profiles and pharmacy information, choose a fitness center or link to a medical library:

Tufts EPO/PPO:

*Location(s):* 705 Mt. Auburn Street  
Watertown, MA 02471

*Phone Number(s):* 1-800-843-1008  
(Member Service Coordinators for EPO and PPO/OOA)

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

Harvard Pilgrim HMO:

*Location(s):* 93 Worcester Street  
Wellesley, MA 02481

1600 Crown Colony Drive  
Quincy, MA 02169

*Phone Number(s):* 1-888-888-4742 (Main Number)  
1-888-333-4742 (Member Services)  
1-800-637-8257 (TTY Service)

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

***Information Regarding Dental Plans***

**27. *May I go to any dentist even if they are not a member of the Guardian DentalGuard Preferred Provider Network?***

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, will result in lower out-of-pocket expenses and will stretch your calendar year maximum allowable dollars further.

**28. *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. Claim forms are located on the Newton Public Schools website at <http://www.newton.k12.ma.us/hr> then click on the “Benefits” link.

**29. *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. The nomination form is located on the Newton Public Schools website at <http://www.newton.k12.ma.us/hr> then click on the “Benefits” link.

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

Refer to website: [www.glic.com](http://www.glic.com)

- In the far right hand corner under “Resources” click on “*Provider Online Search.*”
- 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.

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

1. 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

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

**32. *Up to what age can my dependent child(ren) be covered under my dental plan?***

Dependent children can be covered up to the age of 19, or 26 if they are a full-time student. If they are a full-time student, you must complete a Guardian Dependent Eligibility Form **each year** and send it directly to Guardian.

**33. *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.

**Open Enrollment Dates to Remember:**

Open Enrollment: **May 2, 2022 – May 31, 2022**

Deadline to make ANY changes: **May 31, 2022**

**Submit Forms:**

Submit open enrollment forms to the Human Resources office through email: [hrrsupport@newton.k12.ma.us](mailto:hrrsupport@newton.k12.ma.us)

**Questions?**

You may contact the HR Office by emailing:  
[hrrsupport@newton.k12.ma.us](mailto:hrrsupport@newton.k12.ma.us)

## Words to Know:

**CoPay** – Amount you pay for a doctor’s office visit, prescriptions, day surgery, emergency services, etc.

**Deductible** – Fixed dollar amount paid during the plan year that an insured person pays before the insurer starts to make payments for covered medical services.

**HMO** – A Health Maintenance Organization (HMO) is an association of health care providers offering convenient, 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 Organization (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. HMO and EPO 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 and dental coverage is based on a 12-month period from July 1<sup>st</sup> to June 30<sup>th</sup>.