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TAX COLLECTOR
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Town of Carlisle

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Office of
TOWN TREASURER
P.O. Box 624

March 23, 2020

TO: Benefits Eligible Employees

FROM: Anush Coates, Benefits Administrator

SUBJECT: Health Insurance Rate Changes, Plan Changes & Open Enrollment

Please read the following information carefully

The Town of Carlisle is pleased to offer a number of health plan options to benefit eligible employees for the upcoming health plan year. Employees may continue to enroll in the traditional HMO plans offered by Minuteman Nashoba Health Group, voluntarily enroll in the new HSA Qualified High Deductible plans or current health plan enrollees can choose to Opt Out of Health Insurance and receive a stipend for remaining off of the Town's health plan for the health plan year. Details of the Opt Out program can be found in the attached "Town of Carlisle Opt Out Program Administration Guidelines".

RATE CHANGES:

Traditional HMO and HSA premiums for the plan year beginning June 1, 2020 are increasing between 1.5% and 6.5% due to the group's claims experience during the past twelve months. The HSA Qualified Plans offer premium savings of 18% to 21% as compared to the traditional HMO plans. The biweekly payroll deduction rates shown on the following charts will go into effect as of the paychecks received May 1, 2020.

OFFERINGS

The Town purchases health benefits through Minuteman Nashoba Health Group (MNHG), a joint purchase, self-insured coalition. As of June 1, 2020 MNHG, will be offering ten plans. Six of the plans are traditional plans that have been offered in the past. Four of the plans are new HSA Qualified High Deductible Plans. In addition, a number of videos explaining the HSA Qualified plans and HSA accounts are available for viewing on demand via the following link:

<http://www.minuteman-nashoba.org/employees-retirees/hsa-qualified-health-plans-new/>

OPEN ENROLLMENT:

In conjunction with the new plans and rates, an open enrollment for all of the Town's health plans will be held from now through Monday, April 27, 2020.

Open enrollment is a period during which you can make changes to your health insurance coverage elections (e.g., enroll in a plan, change from individual to family coverage, or change from one plan to another) without any limitations on benefits. These changes in coverage are not allowed during any other time of the year unless you have a "qualifying event" such as loss of other coverage, marriage, birth of a dependent, etc. If you have a qualifying event, you must notify the Treasurer's Office of the desired change within 30 calendar days after the event. Otherwise, the change cannot be made until the next open enrollment period, scheduled for April 2021. If you have any questions regarding what constitutes a qualifying event and what changes could be made in such a case, please contact the Treasurer's Office.

PLAN INFORMATION:

Informational brochures and phone numbers for each of the health plans can be obtained at the Town Hall & You may also find the following web-sites helpful:

- www.minuteman-nashoba.org
- www.tuftshealth.com
- www.harvardpilgrim.org
- www.fchp.org

Attached please find the MNHG Benefit Comparison Chart which you should use when making your plan selection, and details of the Opt Out program.

IMPORTANT NOTE

The Out of Area HPHC PPO plan is only available to people who do not live in the Tufts, Fallon or Harvard Pilgrim service area.

IMPORTANT!

IF YOU WISH TO CHANGE HEALTH COVERAGE YOU MUST COMPLETE A NEW APPLICATION BY APRIL 27, 2020. Applications are available in the Treasurer's office from Anush Coates. Anush is available Mondays, Wednesdays, and Fridays between the hours of 9:00 am and 3:00 pm

There will NOT be a Health/Wellness Fair due to the Corona Virus. Open enrollment will be END on April 27, 2020.

Please examine your paycheck stub on May 1, 2020, to make sure that your payroll deduction matches the amount shown on this notice. If it does not, please contact the Treasurer's Office immediately.

ARE YOU OR YOUR SPOUSE NEARING AGE 65?

If you or your spouse will reach age 65 during the next twelve months, you should notify the Treasurer's Office at least 60 days prior to the birthday to discuss your insurance options. If you or your spouse has already turned 65 and you are not clear what your coverage rights and options are, please contact the Treasurer's Office.

If you have any questions regarding your insurance benefits, contact Anush Coates in the Treasurer's Office

978-369-5557

Mondays, Wednesdays, and Fridays

9:00 am to 3:00 pm

HSA Qualified High Deductible Health Plans:

The Town will offer HSA Qualified High Deductible Health Plans, which employees may voluntarily enroll in. The Town will make HSA contributions in the amount of \$400 to employees who enroll in the Individual High Deductible Plans and \$800 to employees who enroll in the Family High Deductible Plans. One half of the Town's HSA contribution will be made up front in June of each plan year and one half of the Town's HSA contribution will be made in October of each plan year. Employees who enroll in the plan during the plan year will have a prorated Town contribution for the number of months they are enrolled in the plan. Town contributions for employees enrolling during the plan year will be made as follows, one half during the month of enrollment and one half no more than 4 months following the month of enrollment.

Flex Spending Accounts:

The Town will continue to offer both standard Medical and Dependent Care Flexible Spending Accounts.

Employees who enroll in the HSA Qualified High Deductible Plans **CAN NOT** have a standard Medical Flexible Spending Account.

Opt Out Program:

The Town will offer an Opt Out of Health Insurance Program beginning with the FY2019 Health Plan Year (June 1, 2018 – May 31, 2019). The Opt Out Program is available to employees who are enrolled in one of the Town of Carlisle's active employee health insurance plans as of March of 2018. Stipend payments will be made to employees via payroll in June after an employee withdraws from and remains off of the Town's health insurance for the full plan year. Details are available in the "Town of Carlisle Opt Out Program Administration Guidelines" document.

Town of Carlisle Opt Out Program Administration Guidelines

The Town of Carlisle is pleased to offer a Health Benefits Opt Out Program to employees. The Program is intended to reduce the Town's annual employee health insurance expense while offering an annual stipend to employees who voluntarily participate in the Program.

Application of the program

The Program and these guidelines apply to employees of the Town who are enrolled the Town's health insurance as of March 31, 2018.

Guidelines

1. Who is Eligible?

Any benefits eligible employee who is enrolled in one of the Town's group health insurance plans through the Minuteman Nashoba Health Group effective March 31, 2018 and subsequently terminates their health insurance with the Town and is able to provide proof of health insurance from another provider. This program is not available to employees who voluntarily opt out of the Town's health insurance at the time of initial employment which does not generate any health benefits budget savings to the Town. This program is not available to employees who change from one plan to another or from one type of enrollment to another (family to individual).

2. What is the Benefit to the Employee?

Employees participating in the Program will receive a portion of the Town's health insurance expense savings for voluntarily opting out of their enrollment in the Town's group health insurance plan. Employees opting out of Family enrollment will receive a Health Benefits Opt Out Stipend in the amount of \$3,000 annually and employees opting out of an Individual enrollment will receive a Health Benefits Opt Out Stipend of \$1,500 annually. A lump sum payment will be made via payroll in June following one plan year (June 1 – May 31) of opting out of health insurance.

3. How does an Employee Participate in this Program?

The Program is managed by the Treasurer's Office. Employees complete a Health Insurance Opt Out Application and provide proof of health insurance from another provider.

4. What Happens if I Lose Health Insurance from Another Provider?

Benefits eligible employees have the right to return to the Town's health benefits program at any time through a "qualifying event". The Opt Out Stipend payment will end upon re-enrollment in the Town's health benefits plan.

5. Can an Employee Voluntarily Re-enroll in the Town's Health Benefits?

Any benefits eligible employee may choose to enroll in the Town's health benefits program during the annual open enrollment period. Participants in this Program that voluntarily re-enroll will begin health benefits on June 1 of the benefit year and will no longer be eligible for the Opt Out stipend.

Town of Carlisle

Employees' Group Health Insurance Rates – Traditional Plans

Effective 6/1/2020

(Payroll deductions change as of May 2020)

Please note that to be eligible for coverage under any one of these plans, the employee and covered family members must live in the service area defined by that plan. If you move, you must contact the Treasurer's Office to record your address change and discuss how your move might affect your coverage options. To find out about the insurance option available to people who are ineligible for coverage under any of the plans listed here, please contact the Treasurer's Office.

FAMILY PLANS	Tufts		Harvard Pilgrim HMO	Fallon	
	Advantage PPO	Advantage HMO		SelectCare HMO	DirectCare HMO
Monthly Premium	\$6,416.00	\$2,370.00	\$2,471.00	\$1,999.00	\$1,863.00
Town Share	(50%) \$3,208.00	(50%) \$1,185.00	(50%) \$1,235.50	(50%) \$999.50	(50%) \$931.50
Employee Share	(50%) \$3,208.00	(50%) \$1,185.00	(50%) \$1,235.50	(50%) \$999.50	(50%) \$931.50
Biweekly Payroll Deduction	\$1,604.00	\$592.50	\$617.75	\$499.75	\$465.75

INDIVIDUAL PLANS	Tufts		Harvard Pilgrim HMO	Fallon	
	Advantage PPO	Advantage HMO		SelectCare HMO	DirectCare HMO
Monthly Premium	\$2,432.00	\$873.00	\$940.00	\$749.00	\$697.00
Town Share	(50%) \$1,216.00	(50%) \$436.50	(50%) \$470.00	(50%) \$374.50	(50%) \$348.50
Employee Share	(50%) \$1,216.00	(50%) \$436.50	(50%) \$470.00	(50%) \$374.50	(50%) \$348.50
Biweekly Payroll Deduction	\$608.00	\$218.25	\$235.00	\$187.25	\$174.25

Town of Carlisle

Employees' Group Health Insurance Rates

Effective for coverage as of 6/1/2020; payroll deductions change as of May 2020

The Out-of-Area Plan is the only option available to employees/spouses who are ineligible for any other Minuteman-Nashoba plan because they live outside of any plan's service area.

Out-of-Area

Harvard Pilgrim PPO Plan For Out of Area Members Only

	Family	Individual
Monthly Premium	\$5,447.00	\$2,063.00
Town Share	(50%) \$2,723.50	(50%) \$1031.50
Retiree Share	(50%) \$2,723.50	(50%) \$1031.50
Bi-Weekly Payroll Deduction	\$1,361.75	\$515.75

If you move, you must contact the Treasurer's Office to record your address change and discuss how your move might affect your coverage options.

MINUTEMAN NASHOBA HEALTH GROUP (MNHG)

IMPORTANT - PLEASE READ

The attached benefit comparison chart is a high level overview of the plans offered by MNHG.

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 Member Service number on your ID card for detail or visit the carrier website.

MNHG Health Plan Benefit Comparison

June 1, 2020 to May 31, 2021

Effective 06-01-2020
changes and/or clarifications in
red font

	ADVANTAGE HMO \$300 per member not to exceed \$800 per family	ADVANTAGE PPO \$400 per member \$800 per family	FALLON COMMUNITY HEALTH PLAN SELECT CARE & DIRECT CARE HMO PLANS \$300 per member not to exceed \$800 per family	HARVARD PLAIN HEALTH CARE PPO \$500 per member not to exceed \$800 per family	OUT-OF-NETWORK \$400 per member \$800 per family
BENEFIT Deductible - applies to: In-patient Admissions; 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 (June 1 to May 31) - See plan document for full details					
Out-of-Pocket (OOP) Maximum - Once your out-of- pocket expenses for applicable services reaches this amount, you pay \$0 for remainder of plan year. NOTE: prescription out-of- pocket maximums added effective June 1, 2015 as required by ACA (in-network only).	Medical: \$2,000 per member \$4,000 per family Prescription: \$3,000 per member \$6,000 per family	Medical only: \$3,000 per member \$6,000 per Family	Medical & Prescription Combined \$2,000 per member \$4,000 per family	Medical: \$2,000 per member \$4,000 per family Prescription: \$3,000 per member \$6,000 per family	Medical only: \$3,000 per member \$6,000 per family
Lifetime Benefit Maximum	None	None	None	None	None
INPATIENT General Hospital/Interal Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies	\$500 copay per admission	\$500 copay per admission	\$500 copay per admission, then deductible for medical inpatient substance abuse and mental health inpatient visits are covered in full	\$500 copay per admission then deductible for medical inpatient, substance abuse and mental health inpatient visits are covered in full	\$500 copay per admission 20% coinsurance*
Physician Services	Nothing	Nothing	Nothing	Nothing	20% coinsurance*
Skilled Nursing Facility - Deductible Applies	No copay to 100 days per plan year benefit maximum, when medically necessary	No copay to 100 days per plan year benefit maximum, when medically necessary	CIF after deductible, up to 100 days per plan year at a semi- private rate for each benefit	CIF after deductible, up to 100 days per Plan Year - \$500 copay per admission	20% coinsurance*
Rehabilitation Hospital - Deductible Applies	No copay to 100 days per plan year benefit maximum, when medically necessary	No copay to 100 days per plan year benefit maximum, when medically necessary	CIF after deductible, up to 100 days per plan year at a semi- private rate for each benefit	CIF after deductible, up to 100 days per Plan Year - \$500 copay per admission	20% coinsurance*

MNHG Health Plan Benefit Comparison June 1, 2020 to May 31, 2021

Effective 06-01-2020
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BENEFIT	TUFTS HEALTH PLAN		FALCON COMMUNITY HEALTH PLAN		HARVARD PLACER HEALTH CARE	
	ADVANTAGE HMO YOU PAY	ADVANTAGE PPO YOU PAY	SELECT CARE & DIRECT CARE HMO PLANS - see Appendix YOU PAY	SELECT CARE & DIRECT CARE HMO PLANS - see Appendix YOU PAY	SELECT CARE & DIRECT CARE HMO PLANS - see Appendix YOU PAY	SELECT CARE & DIRECT CARE HMO PLANS - see Appendix YOU PAY
PHYSICIAN'S OFFICE Surgery - NO Deductible	\$20 PCP copay and \$45 Specialist copay	\$20 PCP copay and \$45 Specialist copay	\$20 PCP copay and \$45 Specialist copay	\$20 PCP copay and \$45 Specialist copay	Copay Level 1 provider: \$20 per visit Copay Level 2 provider: \$35 per visit	Copay Level 1 provider: \$20 per visit Copay Level 2 provider: \$35 per visit
Adult Preventative Exam (includes preventative lab tests)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Well Child Care (includes preventative lab tests)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine GYN Exam (one per calendar year; includes preventative lab tests)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Mammogram	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Vision Exam	\$20 copay (once per plan year)	\$20 copay (once per plan year)	Covered in full (once every 12 months)	Covered in full (once every 12 months)	Limited 1 per Plan Year No Charge	Limited 1 per Plan Year No Charge
Routine Maternity Care Office Visits	Prenatal and Postpartum care covered in full	Prenatal and Postpartum care covered in full	Prenatal: Covered in full; Postpartum: Covered in full after deductible	Prenatal: Covered in full; Postpartum: Covered in full after deductible	\$20 copay (initial copay only)	\$20 copay (initial copay only)
Specialist Office Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay
OTHER OUTPATIENT	COVERED YOU PAY	COVERED YOU PAY	COVERED YOU PAY	COVERED YOU PAY	COVERED YOU PAY	COVERED YOU PAY
Durable Medical Equipment - Deductible applies where noted	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)
Ambulance	\$0 copay	\$0 copay	Nothing for accident or emergency, Non Emergency Transport - 20% Coinsurance*	\$0 copay	\$0 copay	\$0 copay
Routine Pediatric Dental	Children under age 12: Periodic oral exam, cleaning, fluoride, bitewing x- rays; once every 6 mos. Must choose a dentist from directory	Children under age 12: Periodic oral exam, cleaning, fluoride, bitewing x-rays; once every 6 mos. Must choose a dentist from directory	No coverage	\$10 copay for exam, cleaning, x- rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canal, orthodontics and dentures. Must use participating dentists.	Covered in full: Preventive care for children under age 12 visits per member per calendar year including exam, cleaning, x-rays, & fluoride treatment.	Covered in full: Preventive care for children under age 12 visits per member per calendar year including exam, cleaning, x-rays, & fluoride treatment.
Chiropractor Visits - Deductible applies where noted	Covered in full after deductible, 12 visit limit per plan year	Covered in full after deductible, 12 visit limit per plan year	20% coinsurance after deductible, 12 visit limit per plan year	\$20 copay, maximum of 12 visits per plan year	No coverage	No coverage

MNHG Health Plan Benefit Comparison

June 1, 2020 to May 31, 2021

Effective 06-01-2020
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BENEFIT OUTPATIENT	TUFTS HEALTH PLAN		FALLOON COMMUNITY HEALTH ELECTIVE & DIRECT CARE PRO PLAN		HARVARD PILGRIM HEALTH CARE	
	ADVANTAGE HMO YOU PAY	ADVANTAGE EPO Out-of-Network YOU PAY	ADVANTAGE HMO YOU PAY	ADVANTAGE EPO Out-of-Network YOU PAY	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Emergency Room Visits for Emergency or Accident Care - Deductible Applies	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$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	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$100 copay, then deductible, waived if admitted	\$100 copay, waived if admitted	\$100 copay, waived if admitted
Surgery - Deductible Applies	\$250 copay	20% coinsurance*	\$250 copay	\$250 copay	\$250 copay	20% coinsurance*
Radiation and Chemotherapy Deductible Applies	Covered in full (after the deductible has been met)	20% coinsurance*	Covered in full (after the deductible has been met)	Covered in full	Covered in full	20% coinsurance*
Diagnostic X-ray and Lab - Deductible Applies	Covered in full (after the deductible has been met)	20% coinsurance*	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	20% coinsurance*
Routine Colonoscopy (without surgery)	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay	\$0 copay	20% coinsurance*
High Cost Radiology (MRI, CT & PET) - Deductible Applies	\$100 co-pay	20% coinsurance*	\$100 co-pay	\$100 co-pay, then deductible	\$100 co-pay	20% coinsurance*
Hemodialysis - Deductible Applies	Covered in full (after the deductible has been met)	20% coinsurance*	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	20% coinsurance*
Physical Therapy	Covered in full after deductible, 30 visit limit per plan year.	20% Coinsurance * 30 visit limit per plan year.	Covered in full after deductible, 30 visit limit per plan year.	\$20 co-pay up to 60 visits per benefit policy	30 visits per Plan Year - \$20 copay per visit	20% coinsurance* 30 visits per plan year
Visiting Nurse Home Health Care - Deductible applies where noted	Covered in full (after the deductible has been met)	20% coinsurance*	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	20% coinsurance*
Dental Benefits	No coverage	No coverage	\$10 copay for exam, cleaning, x- rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for partials, crowns and inlays, bridges, root canals, implants and dentures. Must use participating dentists.	No coverage	No coverage	No coverage

MNHG Health Plan Benefit Comparison

June 1, 2020 to May 31, 2021

Effective 06-01-2020
changes and/or clarifications in
red font

	ADVANTAGE HMO In-House	TURTLE HEALTH PLAN Out-of-Network	ADVANTAGE PPO Out-of-Network	FALCON COMMUNITY HEALTH PLAN SELECTCARE & DIRECTCARE HMO PLANS - See Network	ADVANTAGE PPO Out-of-Network	SELECTCARE & DIRECTCARE HMO PLANS - See Network	ADVANTAGE PPO Out-of-Network	SELECTCARE & DIRECTCARE HMO PLANS - See Network
BENEFIT Prescription Drugs	<p>Retail: (30 day supply) Tier 1: \$10.00 copy Tier 2: \$30.00 copy Tier 3: \$65.00 copy Mail Order: (90 day supply) Tier 1: \$25.00 copy Tier 2: \$75.00 copy Tier 3: \$165.00 copy</p>	<p>Retail: (30 day supply) Tier 1: \$10.00 copy Tier 2: \$30.00 copy Tier 3: \$65.00 copy Mail Order: (90 day supply) Tier 1: \$25.00 copy Tier 2: \$75.00 copy Tier 3: \$165.00 copy</p>	<p>Retail: (30 day supply) Tier 1: \$10.00 copy Tier 2: \$30.00 copy Tier 3: \$65.00 copy Mail Order: (90 day supply) Tier 1: \$25.00 copy Tier 2: \$75.00 copy Tier 3: \$165.00 copy</p>	<p>Retail: (30 day supply) Tier 1: \$10.00 copy Tier 2: \$30.00 copy Tier 3: \$65.00 copy Mail Order: (90 day supply) Tier 1: \$25.00 copy Tier 2: \$75.00 copy Tier 3: \$165.00 copy</p>	<p>Retail: (30 day supply) Tier 1: \$10.00 copy Tier 2: \$30.00 copy Tier 3: \$65.00 copy Mail Order: (90 day supply) Tier 1: \$25.00 copy Tier 2: \$75.00 copy Tier 3: \$165.00 copy</p>	<p>Retail: (30 day supply) Tier 1: \$10.00 copy Tier 2: \$30.00 copy Tier 3: \$65.00 copy Mail Order: (90 day supply) Tier 1: \$25.00 copy Tier 2: \$75.00 copy Tier 3: \$165.00 copy</p>	<p>Retail: (30 day supply) Tier 1: \$10.00 copy Tier 2: \$30.00 copy Tier 3: \$65.00 copy Mail Order: (90 day supply) Tier 1: \$25.00 copy Tier 2: \$75.00 copy Tier 3: \$165.00 copy</p>	
Fitness & Wellness Benefits	<p>Fitness reimbursement up to \$150 per subscriber as a Fitness club or facility per plan year. Eligibility after 4 consecutive months of membership with both THP and the fitness club. The reimbursement criteria will be expanded to include organized group exercise classes. Classes must be provided within a studio or fitness facility. This expansion includes dance classes, and any classes received in a home or resident setting. Discounts also available at participating health clubs. See plan materials for details.</p>	<p>Fitness reimbursement up to \$150 per subscriber as a Fitness club or facility per plan year. Eligibility after 4 consecutive months of membership with both THP and the fitness club. The reimbursement criteria will be expanded to include organized group exercise classes. Classes must be provided within a studio or fitness facility. This expansion includes dance classes, and any classes received in a home or resident setting. Discounts also available at participating health clubs. See plan materials for details.</p>	<p>Fitness reimbursement up to \$150 per subscriber as a Fitness club or facility per plan year. Eligibility after 4 consecutive months of membership with both THP and the fitness club. The reimbursement criteria will be expanded to include organized group exercise classes. Classes must be provided within a studio or fitness facility. This expansion includes dance classes, and any classes received in a home or resident setting. Discounts also available at participating health clubs. See plan materials for details.</p>	<p>Fitness reimbursement up to \$400 per family contract (\$200 for individual contract) to use toward health club memberships, Pilates, Yoga classes, Weight Watchers® programs, and local, school sports programs and new fitness related equipment. WELLNESS: The Healthy Health Plan - An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit health.ourhealthyhealthplan.com to take the health assessment, and if eligible, they will receive up to \$100. Members that need a little help getting healthier may participate in interactive health tools, health coaching, and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.</p>	<p>Fitness reimbursement up to \$500 per family contract (\$250 for individual contract) to use toward health club memberships, Pilates, Yoga classes, Weight Watchers® programs, and local, school sports programs and new fitness related equipment. WELLNESS: The Healthy Health Plan - An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit health.ourhealthyhealthplan.com to take the health assessment, and if eligible, they will receive up to \$100. Members that need a little help getting healthier may participate in interactive health tools, health coaching, and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.</p>	<p>Fitness reimbursement up to \$400 per family contract (\$200 for individual contract) to use toward health club memberships, Pilates, Yoga classes, Weight Watchers® programs, and local, school sports programs and new fitness related equipment. WELLNESS: The Healthy Health Plan - An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit health.ourhealthyhealthplan.com to take the health assessment, and if eligible, they will receive up to \$100. Members that need a little help getting healthier may participate in interactive health tools, health coaching, and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.</p>	<p>Fitness reimbursement up to \$400 per family contract (\$200 for individual contract) to use toward health club memberships, Pilates, Yoga classes, Weight Watchers® programs, and local, school sports programs and new fitness related equipment. WELLNESS: The Healthy Health Plan - An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit health.ourhealthyhealthplan.com to take the health assessment, and if eligible, they will receive up to \$100. Members that need a little help getting healthier may participate in interactive health tools, health coaching, and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.</p>	
After Deductible								
AFCHIP SELECTCARE AND DIRECTCARE PROVIDER NETWORKS - SEE BELOW								
<p>Select Care is an expansive network that includes physician practices, community-based hospitals and medical facilities across Massachusetts and southern New Hampshire. Select Care offers greater choice of a competitive price. The Select Care network area includes all of Barnstable, Bristol, Essex, Franklin, Hampshire, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties. With more than 35,000 providers, Select Care meets more options and choices for you and your family.</p>								
<p>Direct Care is a limited provider network, including premier provider groups and community hospitals offering high-quality care at an affordable premium. These providers are chosen for their medical excellence, patient access and innovation. There are more than 22,000 participating providers in the Direct Care network. As a Direct Care member, if you ever should need a second opinion or the specialized expertise of Boston research and teaching hospitals, Fallon Direct Care offers access through our exclusive Passes of Inland Program™.</p>								
<p>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.</p>								

Town of Carlisle

Employees' Group Health Insurance Rates --HSA Qualified Plans

Effective 6/1/2020

(Payroll deductions change as of May 2020)

Please note that to be eligible for coverage under any one of these plans, the employee and covered family members must live in the service area defined by that plan. If you move, you must contact the Treasurer's Office to record your address change and discuss how your move might affect your coverage options. To find out about the insurance option available to people who are ineligible for coverage under any of the plans listed here, please contact the Treasurer's Office.

FAMILY PLANS

	Tufts HSA Qualified	Harvard Pilgrim HSA Qualified	SelectCare HSA Qualified	Fallon DirectCare HSA Qualified	Fallon DirectCare HSA Qualified
Monthly Premium	\$1,943.00	\$1,952.00	\$1,639.00	\$1,527.00	\$1,527.00
Town Share	(50%) \$971.50	(50%) \$976.00	(50%) \$819.50	(50%) \$763.50	(50%) \$763.50
Employee Share	(50%) \$971.50	(50%) \$976.00	(50%) \$819.50	(50%) \$763.50	(50%) \$763.50
Biweekly Payroll Deduction	\$485.75	\$488.00	\$409.75	\$381.75	\$381.75

INDIVIDUAL PLANS

	Tufts HSA Qualified	Harvard Pilgrim HSA Qualified	SelectCare HSA Qualified	Fallon DirectCare HSA Qualified	Fallon DirectCare HSA Qualified
Monthly Premium	\$716.00	\$742.00	\$613.00	\$571.00	\$571.00
Town Share	(50%) \$358.00	(50%) \$371.00	(50%) \$306.50	(50%) \$285.50	(50%) \$285.50
Employee Share	(50%) \$358.00	(50%) \$371.00	(50%) \$306.50	(50%) \$285.50	(50%) \$285.50
Biweekly Payroll Deduction	\$179.00	\$185.50	\$153.25	\$142.75	\$142.75

MINUTEMAN NASHOBA HEALTH GROUP (MNHG)

IMPORTANT - PLEASE READ

The attached benefit comparison chart is a high level overview of the plans offered by MNHG.

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 Member Service number on your ID card for detail or visit the carrier website.

MNHG Health Plan Benefit Comparison

HSA-Qualified Health Plans - June 1, 2020 to May 31, 2021

Effective 06-01-2020

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS and Selectcare	HMO
BENEFIT <i>Deductible applies to all services (except preventative services described under the ACA) until it is satisfied. After that, only prescription co-pays will apply. Per plan year (June 1 to May 31) - See plan document for full details</i>	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family
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.	Combined Medical & Prescription \$6,550 Individual \$13,100 Family	Combined Medical & Prescription \$6,550 Individual \$13,100 Family	Combined Medical & Prescription \$6,550 Individual \$13,100 Family
Lifetime Benefit Maximum	None	None	None
INPATIENT	YOU PAY	YOU PAY	YOU PAY
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Physician Services	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Skilled Nursing Facility - Deductible Applies	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary
Rehabilitation Hospital - Deductible Applies	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 80 days per plan year benefit maximum, when medically necessary
OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Emergency Room Visits for Emergency or Accident Care - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Emergency Room Visits for Medical Care - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Surgery - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Radiation and Chemotherapy Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Diagnostic X-ray and Lab - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Routine Colonoscopy (without surgery)	\$0 copay	\$0 copay	\$0 copay
High Cost Radiology (MRI, CT & PET) - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*

MNHG Health Plan Benefit Comparison

HSA-Qualified Health Plans - June 1, 2020 to May 31, 2021

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	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS - see below	
OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Hemodialysis - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Physical Therapy	Deductible, then CIF. 30 visit limit per plan year.	Deductible, then CIF. 60 visit limit per plan year.	Deductible, then CIF. 30 visit limit per plan year.
Visiting Nurse Home Health Care - Deductible applies where noted	Covered in full (after the deductible has been met)	Deductible, then CIF	Covered in full (after the deductible has been met)
Dental Benefit	No coverage	Deductible, then: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	No coverage
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY
Surgery	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Adult Preventative Exam (includes preventative lab tests as defined by ACA)	CIF*	CIF*	CIF*
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Well Child Care (includes preventative lab tests)	CIF*	\$0 copay (including routine physical exams, immunizations, annual eye exam, school, camp, sports)	\$0 copay (including routine physical exams, immunizations, school, camp, sports)
Routine GYN Exam (one per calendar year, includes preventative lab tests)	CIF*	CIF*	CIF*
Routine Mammogram	CIF*	CIF*	CIF*
Routine Vision Exam	Deductible, then CIF* (one exam per year)	Covered in full (once every 12 months)	Deductible, then CIF* (one exam per year)
Routine Maternity Care Office Visits	Prenatal and Postpartum care covered in full	Prenatal: Covered in full; Postnatal: Cover in full after deductible	\$20 copay (initial copay only)
Specialist Office Visit	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
OTHER OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Durable Medical Equipment - Deductible applies where noted	Covered in full (after the deductible has been met)	Deductible, then CIF	Covered in full (after the deductible has been met)
Ambulance	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Routine Pediatric Dental	Children under age 12: Periodic oral exam, cleaning, fluoride, bitewing x-rays, once every 6 mos. Must choose a dentist from directory	Deductible, then: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	Covered in full: Preventive care for children under age 12 2 visits per member per calendar year including exam, cleaning, x-rays, & fluoride treatment.
Chiropractor Visits - Deductible applies where noted	Deductible, then CIF*. 12 visit limit per plan year	Deductible, then CIF* 12 visit limit per plan year	No coverage

MNHG Health Plan Benefit Comparison

HSA-Qualified Health Plans - June 1, 2020 to May 31, 2021

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	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS* see footnote	HMO
Prescription Drugs - Deductible, then copays apply. <i>See carrier lists of preventative drugs, which are not deductible applicable - member pays copays immediately.</i>	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 & Wellness Benefits	Fitness reimbursement up to \$150 per subscriber at a Fitness club or facility per plan year. Eligibility after 4 consecutive months of membership with both THP and the qualifying health and fitness club. The reimbursement criteria will be expanded to include organized group exercise classes. Classes must be provided within a studio or fitness facility. This expansion excludes dance classes, and any classes received in a home or resident setting. Discounts also available at participating health clubs. See plan materials for details	SELECTCARE - \$200 - Individual / \$400 Family - Reimbursement for Gyms, School and Town Sports to name a few. DIRECTCARE - \$250 - Individual / \$500 Family - Reimbursement for Gyms, School and Town Sports to name a few. WELLNESS - The Healthy Health Plan - An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit fallonhealth.org/healthyhealthplan , fill out the health assessment, and if eligible, they will receive up to \$100. Members that need a little help getting healthier may participate in a customized health plan that includes interactive health tools, health coaching and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.	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

^FCHP SELECTCARE AND DIRECTCARE PROVIDER NETWORKS - SEE BELOW

Select Care is an expansive network that includes physician practices, community-based hospitals and medical facilities across Massachusetts and southern New Hampshire. Select Care offers greater choice at a competitive price. The Select Care service area includes all of Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties. With more than 35,000 providers, Select Care means more options and choices for you and your family.

Direct Care is a limited provider network, including premier provider groups and community hospitals offering high-quality care at an affordable premium. These providers are chosen for their medical excellence, patient access and innovation. There are more than 22,000 participating providers in the Direct Care network.

As a Direct Care member, if you ever should need a second opinion or the specialized expertise of Boston research and teaching hospitals, Fallon Direct Care offers access through our exclusive Peace of Mind Program™.

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.