



Manchester Essex Regional School District 2024 Benefits Guide



*For Plan Year
July 1, 2024 to June 30, 2025
(Fiscal Year 2025)*



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As an employee, the health and welfare benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare your options.

This benefit summary has been prepared to help you review the key factors that are associated with our benefit plans. This summary does not provide all the contractual provisions, limitations or exclusions included in our policies and should be considered only as a summary of our current benefits. If any differences exist between this summary and the official contracts, the contracts shall prevail.



EMPLOYEE CONTRIBUTION RATES:

Effective July 1, 2024:

Each pay period, Manchester Essex Regional School District will deduct your contribution to the benefits plans. The District contributes towards the cost of the medical plan. All other benefits, including dental, vision, life and disability insurance are available on a voluntary basis, and the employee pays 100% of the cost.

HARVARD PILGRIM HEALTH CARE HEALTH PLAN ILLUSTRATIONS

MERSD FY 24 HEALTH DEDUCTIONS

75% / 25% - FOR EMPLOYEES ENROLLED IN THE MERSD HEALTH PLAN PRIOR TO 7/1/2015

Best Buy HMO 1000 - Individual

Replacing Tuft's "Advantage HMO Plan"

	Total	MERSD (75%)	EE (25%)
Monthly Premium	\$1,049.36	\$787.02	\$262.34
Annual Premium	\$12,592.32	\$9,444.24	\$3,148.08

Deduction per Pay Period

Employee Type	Rate
10 month employee	22 deductions \$143.09
12 month employee	26 deductions \$121.08
Teachers	26 deductions \$121.08

PPO Plan - Individual

Replacing Tuft's "Premium PPO Plan"

	Total	MERSD	EE
Monthly Premium	\$1,618.64	\$787.02	\$831.62
Annual Premium	\$19,423.68	\$9,444.24	\$9,979.44

Deduction per pay period

Employee Type	Rate
10 month employee	22 deductions \$453.61
12 month employee	26 deductions \$383.82
Teachers	26 deductions \$383.82

Best Buy HMO 1000 - Family

Replacing Tuft's "Advantage HMO Plan"

	Total	MERSD (75%)	EE (25%)
Monthly Premium	\$2,833.35	\$2,125.01	\$708.34
Annual Premium	\$34,000.20	\$25,500.12	\$8,500.08

Deduction Per Pay Period

Employee Type	Rate
10 month employee	22 deductions \$386.37
12 month employee	26 deductions \$326.93
Teachers	26 deductions \$326.93

PPO Plan - Family

Replacing Tuft's "Premium PPO Plan"

	Total	MERSD	EE
Monthly Premium	\$4,369.81	\$2,125.01	\$2,244.80
Annual Premium	\$52,437.72	\$25,500.12	\$26,937.60

Deduction Per Pay Period

Employee Type	Rate
10 month employee	22 deductions \$1,224.44
12 month employee	26 deductions \$1,036.06
Teachers	26 deductions \$1,036.06

EMPLOYEE CONTRIBUTION RATES (CONTINUED)

Effective July 1, 2024:

Each pay period, Manchester Essex Regional School District will deduct your contribution to the benefits plans. The District contributes towards the cost of the medical plan. All other benefits, including dental, vision, life and disability insurance are available on a voluntary basis, and the employee pays 100% of the cost.

HARVARD PILGRIM HEALTH CARE HEALTH PLAN ILLUSTRATIONS

MERSD FY 24 HEALTH DEDUCTIONS

70% / 30% - FOR EMPLOYEES ENROLLED IN THE MERSD HEALTH PLAN ON OR AFTER 7/1/2015

Best Buy HMO 1000 - Individual

Replacing Tuft's "Advantage HMO Plan"

	Total	MERSD (70%)	EE (30%)
Monthly Premium	\$1,049.36	\$734.55	\$314.81
Annual Premium	\$12,592.32	\$8,814.62	\$3,777.70

Deduction per Pay Period

Employee Type		Rate
10 month employee	22 deductions	\$171.71
12 month employee	26 deductions	\$145.30
Teachers	26 deductions	\$145.30

Best Buy HMO 1000 - Family

Replacing Tuft's "Advantage HMO Plan"

	Total	MERSD (70%)	EE (30%)
Monthly Premium	\$2,833.35	\$1,983.35	\$850.01
Annual Premium	\$34,000.20	\$23,800.14	\$10,200.06

Deduction Per Pay Period

Employee Type		Rate
10 month employee	22 deductions	\$463.64
12 month employee	26 deductions	\$392.31
Teachers	26 deductions	\$392.31

PPO Plan - Individual

Replacing Tuft's "Premium PPO Plan"

	Total	MERSD	EE
Monthly Premium	\$1,618.64	\$734.55	\$884.09
Annual Premium	\$19,423.68	\$8,814.62	\$10,609.06

Deduction per pay period

Employee Type		Rate
10 month employee	22 deductions	\$482.23
12 month employee	26 deductions	\$408.04
Teachers	26 deductions	\$408.04

PPO Plan - Family

Replacing Tuft's "Premium PPO Plan"

	Total	MERSD	EE
Monthly Premium	\$4,369.81	\$1,983.35	\$2,386.47
Annual Premium	\$52,437.72	\$23,800.14	\$28,637.58

Deduction Per Pay Period

Employee Type		Rate
10 month employee	22 deductions	\$1,301.71
12 month employee	26 deductions	\$1,101.45
Teachers	26 deductions	\$1,101.45

EMPLOYEE CONTRIBUTION RATES:

Effective July 1, 2024:

Each pay period, Manchester Essex Regional School District will deduct your contribution to the benefits plans. The District contributes towards the cost of the medical plan. All other benefits including dental and vision are 100% employee paid.

HARVARD PILGRIM HEALTH CARE HEALTH PLAN

MERSD FY 24 HEALTH DEDUCTIONS

80% / 20% - FOR RETIREES ENROLLED IN MERSD HEALTH PLAN PRIOR TO 7/1/2018 (LEGACY PLAN)
NO NEW ENROLLEES

HMO Plan - Individual Replacing Tuft's "Premium HMO Plan"

	Total	MERSD (80%)	EE (20%)
Monthly Premium	\$1,295.95	\$1,036.76	\$259.19
Annual Premium	\$15,551.40	\$12,441.12	\$3,110.28

PPO Plan - Individual Replacing Tuft's "Premium PPO Plan"

	Total	MERSD	EE
Monthly Premium	\$1,618.64	\$1,036.76	\$581.88
Annual Premium	\$19,423.68	\$12,441.12	\$6,982.56

HMO Plan - Family Replacing Tuft's "Premium HMO Plan"

	Total	MERSD (80%)	EE (20%)
Monthly Premium	\$3,499.22	\$2,799.38	\$699.84
Annual Premium	\$41,990.64	\$33,592.56	\$8,398.08

PPO Plan - Family Replacing Tuft's "Premium PPO Plan"

	Total	MERSD	EE
Monthly Premium	\$4,369.81	\$2,799.38	\$1,570.43
Annual Premium	\$52,437.72	\$33,592.56	\$18,845.16



EMPLOYEE CONTRIBUTION RATES (CONTINUED)

Effective July 1, 2024:

Each pay period, Manchester Essex Regional School District will deduct your contribution to the benefits plans. The District contributes towards the cost of the medical plan. All other benefits, including dental, vision, life and disability insurance are available on a voluntary basis, and the employee pays 100% of the cost.

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MERSD FY 24 DENTAL DEDUCTIONS
VOLUNTARY - EMPLOYEE PAYS 100%
(No Changes)

With orthodontic coverage - Individual		
		Total
Monthly Premium		\$53.08
Annual Premium		\$636.96
Deduction per Pay Period		
Employee Type		Rate
10 month employee	22 deductions	\$28.95
12 month employee	26 deductions	\$24.50
Teachers	26 deductions	\$24.50

Without orthodontic coverage - Individual		
		Total
Monthly Premium		\$53.00
Annual Premium		\$636.00
Deduction per pay period		
Employee Type		Rate
10 month employee	22 deductions	\$28.91
12 month employee	26 deductions	\$24.46
Teachers	26 deductions	\$24.46

With orthodontic coverage - Family		
		Total
Monthly Premium		\$150.27
Annual Premium		\$1,803.24
Deduction Per Pay Period		
Employee Type		Rate
10 month employee	22 deductions	\$81.97
12 month employee	26 deductions	\$69.36
Teachers	26 deductions	\$69.36

Without orthodontic coverage - Family		
		Total
Monthly Premium		\$134.00
Annual Premium		\$1,608.00
Deduction Per Pay Period		
Employee Type		Rate
10 month employee	22 deductions	\$73.09
12 month employee	26 deductions	\$61.85
Teachers	26 deductions	\$61.85

Note: Orthodontic coverage only available to children up to age 19

EMPLOYEE CONTRIBUTION RATES (CONTINUED)

Effective July 1, 2024:

Each pay period, Manchester Essex Regional School District will deduct your contribution to the benefits plans. The District contributes towards the cost of the medical plan. All other benefits, including dental, vision, life and disability insurance are available on a voluntary basis, and the employee pays 100% of the cost.

EYEMED PLAN ILLUSTRATIONS

MERSD FY 24 HEALTH DEDUCTIONS
VOLUNTARY – EMPLOYEES PAYS 100%
(No Changes)

Individual			Employee + Spouse		
		Total			Total
Monthly Premium		\$7.27	Monthly Premium		\$13.81
Annual Premium		\$87.24	Annual Premium		\$165.72
Deduction Per Pay Period			Deduction Per Pay Period		
Employee Type		Rate	Employee Type		Rate
10 month employee	22 deductions	\$3.97	10 month employee	22 deductions	\$7.53
12 month employee	26 deductions	\$3.36	12 month employee	26 deductions	\$6.37
Teachers	26 deductions	\$3.36	Teachers	26 deductions	\$6.37
Employee + Child(ren)			Employee + Family		
		Total			Total
Monthly Premium		\$14.54	Monthly Premium		\$21.37
Annual Premium		\$174.48	Annual Premium		\$256.44
Deduction Per Pay Period			Deduction Per Pay Period		
Employee Type		Rate	Employee Type		Rate
10 month employee	22 deductions	\$7.93	10 month employee	22 deductions	\$11.66
12 month employee	26 deductions	\$6.71	12 month employee	26 deductions	\$9.86
Teachers	26 deductions	\$6.71	Teachers	26 deductions	\$9.86

GET MORE VALUE FROM YOUR PLANS

Minimize your out-of-pocket expenses

Many plans require a primary care physician (PCP) who will provide or direct your health care. Look for a Family Practice, Internal Medicine, General Practice, OB/GYN, and/or Pediatric physician. You will always save money by using providers in your medical plan's network.

Use the Emergency Room ONLY for emergencies

What are your options? You may want to consider the following the next time you need care:

For Life Threatening Emergencies:

- In a true medical emergency – such as an apparent heart attack, serious injury, or other life-threatening situation – always call 911 or your local emergency number right away!

For Less Critical Issues, if the emergency is NOT life threatening:

- Call your primary care physician's office (even after hours, someone is typically on call to answer questions). Your physician will know you and your medical history and may be able to schedule you for a visit the same (or next) day.
- If your condition starts or worsens on the weekend, or after your physician's office has closed for the day, you may want to consider a visit to an Urgent Care facility. These clinics have physicians and nurses on staff and are open in the evenings and on weekends.

If You are Traveling and You Need Emergency Care

- Your medical plan covers emergency care. An emergency condition is one that requires immediate care. If you seek emergency care while traveling, you or someone acting on your behalf should notify your physician within 48 hours of the onset of the emergency condition.

Take advantage of the fact the medical plan covers 100% of scheduled annual physical exams and screening tests related to the physical exam when you use an in-network provider. There's no copay or deductible. However, keep in mind that if your physician orders a test that isn't part of the scheduled preventative care exam/test, those procedures may be subject to a copay. It's always a good idea to check with your physician's office before your visit, to see what tests or exams are planned. Then, call your health plan to make sure you understand if and how those tests will be covered.



Annual physical exams and cancer screening tests are 100% covered!

Telehealth

Provided by Doctor On Demand

Access virtual health care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world^{1,2} and in less than 15 minutes. Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

Access confidential therapy your way

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription³ at your local pharmacy when medically necessary.



95% case resolution rate



4.5 min average wait time



4.9 out of 5 stars average rating



Providers with 17+ years average experience and diverse background



60%
Female



69%
Parents

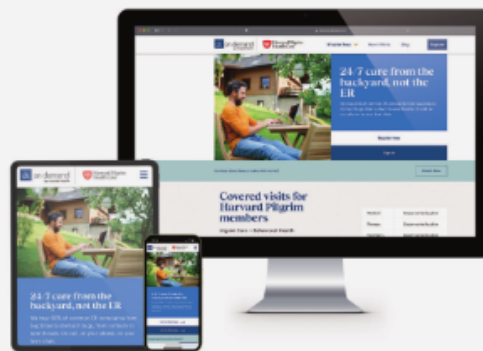


20%
LGBTQ+

What our members are saying:

"With Doctor On Demand I don't have rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

-Harvard Pilgrim Health Care Member



Set up your account at doctorondemand.com/harvard-pilgrim

¹In case of emergency, please call 9-1-1 or visit the nearest emergency department.

²This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

³Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

MEDICAL BENEFITS

Everyone has different medical benefit needs. Manchester Essex Regional School District offers medical benefits through Harvard Pilgrim Health Care. You have two plans to choose from.



Harvard Pilgrim
HealthCare

Best Buy HMO 1000

Replacing Tuft's "Advantage HMO Plan"

Everyone must choose a primary care physician (PCP) to deliver or refer your care. Choose a PCP from within the Harvard Pilgrim Health Plan Network. There is no coverage for health care services delivered by health care providers outside the network.

Annual Deductible: \$1,000 Individual / \$2,000 Family
Annual Out-of-Pocket Maximum: \$1,250 Individual / \$2,500 Family* (refer to Summary of Benefits Coverage for further information)

Services	In-network only
Primary care preventive visit (annual physical) including: <ul style="list-style-type: none">Preventive immunizationsAnnual mammogramsAnnual gynecological examsMost Preventive screenings (lab work, etc.)	Covered in full
Primary care visit to treat an illness or injury	\$20 copay/visit (some services may be subject to deductible)
Specialist visit	\$35 copay/visit (some services may be subject to deductible)
Diagnostic test (x-ray, blood work)	Covered in full after deductible
Imaging (CT/PET scans, MRIs)	Covered in full after deductible
Outpatient Surgery	Covered in full after deductible
Emergency room services	Covered in full after deductible
Emergency medical transportation	Covered in full after deductible
Urgent care	\$20 copay/Visit - PCP \$35 copay/Visit - Specialist
In-patient hospital facility fee	Covered in full after deductible
In-patient hospital physician/surgeon fees	Covered in full after deductible
Prenatal and postnatal care	Covered in full after deductible
Delivery and all inpatient services	Covered in full after deductible
Mental/Behavioral Health Outpatient	\$20 copay/visit
Mental/Behavioral Health Inpatient	Covered in full after deductible
Home health care	Covered in full after deductible
Rehabilitation and habilitation services	Covered in full after deductible
Skilled nursing	Covered in full after deductible
Durable medical equipment	30% coinsurance after deductible
Hospice service	Covered in full after deductible
Prescription Drug Tier 1	\$10 Copay Retail Pharmacy/\$20 Copay Mail order
Prescription Drug Tier 2	\$25 Copay Retail Pharmacy/\$50 Copay Mail order
Prescription Drug Tier 3	\$45 Copay Retail Pharmacy/\$90 Copay Mail order

HEALTH REIMBURSEMENT ACCOUNT (HRA)



MERSD offers a Health Reimbursement Arrangement (HRA) to help those members **enrolled in the Harvard Pilgrim Health Care Best Buy** HMO 1000 pay for eligible expenses associated with the health plan's deductible.

What is an HRA?

The MERSD HRA provides first dollar coverage for eligible expenses associated with the Harvard Pilgrim Best Buy HMO 1000 health plan's deductible. The employer funded portion of the medical deductible under the HRA can be used prior to the member spending out-of-pocket dollars. Once the HRA funds are depleted, members are responsible for medical expenses as described under the Harvard Pilgrim Health Care Best Buy HMO 1000 medical plan. London Health Administrators, an independent third-party, will manage the HRA and process claims in combination with Harvard Pilgrim Health Care Plan.

What is a deductible?

A deductible is a portion of the health care claim that must be paid before the health insurance carrier begins to pay. Employees should never pay deductible expenses at the time of service. Providers should bill Harvard Pilgrim - who will process eligible claims. Harvard Pilgrim will send Best Buy HMO 1000 members and providers a claim summary when services received are subject to the deductible. After the deductible is met, most remaining in network charges are covered 100% by Harvard Pilgrim (excluding copays and coinsurance).

How does the HRA work?

MERSD will fund the HRA for those members enrolled in the Harvard Pilgrim Health Care Best Buy HMO 1000 medical plan. The HRA will be administered by London Health Administrators, an independent third-party, who is authorized by MERSD to pay the first \$500 of the individual deductible or the first \$1,000 of the family deductible. Once HRA funds are used, the member is responsible for the remaining deductible expenses.



London Health's HRA is focused on helping your employer to offer high quality coverage at an affordable rate. Your HRA is an employer-funded employee benefit that coincides with your high-deductible health plan (HDHP) and helps pay for portions of the health plan's expenses. The main goal of your HRA is to help control health care costs while maintaining quality coverage.

High-Deductible Health Plan : **QUALITY COVERAGE.**

- ✓ Health insurance plan that has a higher deductible responsibility, which must be met before carrier begins paying towards your medical expenses.
- ✓ Although your health plan's deductible is higher, your employer has setup a reimbursement plan (HRA) to help pay for portions of the higher out-of-pocket expense.

HRA: **EVEN MORE COVERAGE**

- ✓ Employer funded plan that pays for your eligible health plan out-of-pocket expenses.
- ✓ Eligible HRA expenses include services applied toward your in-network deductible.
- ✓ Funds paid by your employer for your health care services are a non-taxable employee benefit.



Plan Features



PORTAL/MOBILE

- ✓ To access your member portal, go to:
londonhealth.wealthcareportal.com
- ✓ To download your mobile application search for the following in your smart phone store:
[London Health](#)
- ✓ To login to your portal and mobile app you will need two key IDs:

ER Name = Type Company Name
EE ID = Your Tufts ID #



RESOURCES

Within the London Portal you will have access to many innovative and valuable resources within the **MY TOOLS** tab:

- ✓ For education resources click on **ACCOUNT RESOURCES**
- ✓ For helpful account links, click **HELPFUL LINKS**
- ✓ For a member in-depth guide click **FORMS AND DOCUMENTS**



CLAIM CONCEIRGE

London's claim concierge team can help with all claim and service needs for you and your dependents. To contact please use the following:

- ✓ Email:
customerservice@londonhealthusa.com
- ✓ Phone:
800-343-2236, option #3
- ✓ Fax:
401-435-3937



HRA Plan Design

Plan Year Deductible (7/1/24-6/30/25)	In-Network Deductible	HRA Pays (Aggregate Ded)	You Pay
Individual Plans	\$1,000	First \$500	Remaining \$500
Family Plans	\$2,000	First \$1,000	Remaining \$1,000



HRA Payment Options

A

E-Claim From Carrier



- ❖ Patient shows insurance ID card and does not pay at the point of service.
- ❖ Provider sends major medical claim to insurance carrier
- ❖ Carrier automatically sends HRA claim to London
- ❖ London pays HRA amount to provider and sends a statement to the member stating any patient responsibility

B

Additional Claim Submission Options if Necessary

Online Claim Submission:

- ❖ Login to London Health's member portal, at **LONDONHEALTHUSA.COM** click **CLAIMS**, then select **SUBMIT CLAIM**.
- ❖ Enter information about the claim you want to submit online and select **SUBMIT** when finished.

Mobile Application:

- ❖ Download London's mobile application in your app store titled **LONDONHEALTH MOBILE**.
- ❖ When you have logged into the application, click **CLAIMS**, then tap the plus sign in the upper right hand corner, and choose to **SUBMIT A CLAIM FOR IMMEDIATE REIMBURSEMENT**.
- ❖ Enter your claim information, upload receipt if necessary, and when finished select **SUBMIT**.

Email Claim Submission:

- ❖ Email copy of invoice or receipt from provider and explanation of benefits (EOB) from insurance carrier to:
London Health Administrators, customerservice@londonhealthusa.com, Subject: Claims

Fax Claim Submission:

- ❖ Fax copy of invoice or receipt from provider and explanation of benefits (EOB) from insurance carrier to:
London Health Administrators, 401-435-3937, Attn: Claims

PPO PLAN

Replacing Tuft's "Premium PPO Plan"

Annual In-Network Deductible: \$0
Annual Out-of-Network Deductible: \$250 Individual / \$500 Family
Annual Out-of-Pocket Maximum: \$1,000 Individual / \$2,000 Family *(refer to SBC for further information)

Service	In-network	Out-of-Network
Primary care preventive visit (annual physical) including: <ul style="list-style-type: none"> Preventive immunizations Annual mammograms Annual gynecological exams Most Preventive screenings (lab work, etc.) 	Covered in full	20% Coinsurance
Primary care visit to treat an illness or injury	\$10 copay/visit	20% Coinsurance
Specialist visit	\$10 copay/visit	20% Coinsurance
Diagnostic test (x-ray, blood work)	Covered in full	20% Coinsurance
Imaging (CT/PET scans, MRIs)	Covered in full	20% Coinsurance
Outpatient Surgery	Covered in full	20% Coinsurance
Emergency room services	\$50 Copay/Visit	20% Coinsurance
Emergency medical transportation	Covered in full	20% Coinsurance
Urgent care	\$10 Copay/Visit	20% Coinsurance
In-patient hospital facility fee	Covered in full	20% Coinsurance
In-patient hospital physician/surgeon fees	Covered in full	20% Coinsurance
Prenatal and postnatal care	Covered in full	20% Coinsurance
Delivery and all inpatient services	Covered in full	20% Coinsurance
Mental/Behavioral Health Outpatient	\$10 copay/Visit	20% Coinsurance
Mental/Behavioral Health Inpatient	Covered in full	20% Coinsurance
Home health care	Covered in full	20% Coinsurance
Rehabilitation and habilitation services	\$10 copay/visit	20% Coinsurance
Skilled nursing	Covered in full	20% Coinsurance
Durable medical equipment	30% Coinsurance	30% Coinsurance
Hospice service	Covered in full	20% Coinsurance
Prescription Drug Tier 1	\$10 Copay Retail Pharmacy/ \$10 Copay Mail order	20% Coinsurance
Prescription Drug Tier 2	\$15 Copay Retail Pharmacy/ \$15 Copay Mail order	20% Coinsurance
Prescription Drug Tier 3	\$30 Copay Retail Pharmacy/ \$30 Copay Mail order	20% Coinsurance

MEDICAL BENEFITS

Everyone has different medical benefit needs. Manchester Essex Regional School District offers medical benefits through Harvard Pilgrim Health Care. You have two plans to choose from.



HMO Plan (Legacy Plan)

Replacing Tuft's "Premium HMO Plan"

Everyone must choose a primary care physician (PCP) to deliver or refer your care. Choose a PCP from within the Harvard Pilgrim Network. There is no coverage for health care services delivered by health care providers outside the network.

Annual Deductible: \$0

Annual Out-of-Pocket Maximum: \$6,350 Individual / \$12,700 Family* (refer to SBC for further information)

Services	In-network only
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Primary care preventive visit (annual physical) including:	Covered in full
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- Preventive immunizations
- Annual mammograms
- Annual gynecological exams
- Most preventive screenings (lab work, etc.)

Primary care visit to treat an illness or injury	\$10 copay/visit
Specialist visit	\$10 copay/visit
Diagnostic test (x-ray, blood work)	Covered in full
Imaging (CT/PET scans, MRIs)	Covered in full
Outpatient Surgery	Covered in full
Emergency room services	\$50 copay (waived if admitted)/visit
Emergency medical transportation	Covered in full
In-patient hospital facility fee	Covered in full
In-patient hospital physician/surgeon fees	Covered in full
Prenatal and postnatal care	Covered in full
Delivery and all inpatient services	Covered in full
Mental/Behavioral Health Outpatient	\$10 copay/visit
Mental/Behavioral Health Inpatient	Covered in full
Home health care	Covered in full
Rehabilitation and habilitation services	\$10 copay per visit
Skilled nursing	Covered in full
Durable medical equipment	30% coinsurance
Hospice service	Covered in full
Prescription Drug Tier 1	\$10 Copay Retail Pharmacy/ \$10 Copay Mail order
Prescription Drug Tier 2	\$15 Copay Retail Pharmacy/ \$15 Copay Mail order
Prescription Drug Tier 3	\$30 Copay Retail Pharmacy/ \$30 Copay Mail order

DENTAL BENEFITS



Manchester Essex Regional School District provides you with an opportunity to purchase Dental coverage through Delta Dental of Massachusetts. You pay 100% of the premium for this plan.

- | | |
|-------------------------------|--|
| In-network vs. out-of-network | <ul style="list-style-type: none"> This plan offers 2 networks to choose from: The Delta Dental PPO network with 116,000 providers nationwide, and the Delta Dental Premier network which is the largest network in the country with 194,000 providers. This plan does offer coverage inside and outside of the Delta networks. For the best savings, use a Delta Dental PPO participating dentist or specialist. You can find a dentist by visiting www.deltadental.com or you can also call 1-800-872-0500. Just show your dental plan card when you visit the dentist. |
| Be prepared and plan ahead | <ul style="list-style-type: none"> If you choose a dentist who does not participate in the Delta Dental Plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service. Deductible: \$50 individual / \$150/family – Waived for Preventive Care
Calendar Year Maximum: \$1,000 per person (eligible for up to \$250 Rollover Max Benefit)
Dependent eligibility to age 26 |

Type of Service	In-network	Out-of-network
Preventive Care/Diagnostic	Plan Pays 100%	Plan Pays 100%
<ul style="list-style-type: none"> Prophylaxis – Cleanings: 1 in 6 months Comprehensive Oral Examinations: 1 in 6 months Topical Fluoride Application: 2 in 1 year for children up to 19th birthday Full Mouth X-Rays: 1 in 60 months Bitewing x-rays: 1 in 6 months Space Maintainers: Children up to 14th birthday Sealants: 1 per tooth in 48 months (per permanent 1st and 2nd non-restored molar) children up to 15th birthday. Limited coverage for children age 16 up to age 19 with recent cavities to prevent decay Periodontal Maintenance: 4 in 1 year 		
Basic Restorative	Plan Pays 80%	Plan Pays 80%
<ul style="list-style-type: none"> Restorative (silver, white, and temporary fillings)—once per tooth every 24 months Oral surgery (simple extractions) in the dentist's office Oral surgery (surgical extractions) in the dentist's office Periodontal scaling and root planning: 1 in 24 months per quadrant Emergency Palliative treatment and Prefabricated Endodontics—Root canal once per tooth Prosthetic Maintenance—bridge or denture repair, re-cement of crowns and on-lays 		
Major Restorative	Plan Pays 50%	Plan Pays 50%
<ul style="list-style-type: none"> Bridges, Dentures, Crowns / Inlays / Onlays: 1 per tooth in 60 months Crowns: 1 per 60 months per tooth 		
Orthodontia* if elected	Plan Pays 50%	Plan Pays 50%
<ul style="list-style-type: none"> Dependent children are covered up to 19th birthday. Separate Lifetime maximum is \$1,000 		

VISION BENEFITS



Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

The vision plan is administered by Eyemed Vision Care which offers a Preferred Provider Network for you to choose a vision care provider.

To access a listing of providers (private practice and retail centers) logon to EyeMed Vision Care website.

The benefits are below. Look them over. If they seem fuzzy, it might be time to sign up and utilize them!

Vision Care Services

	In-network	Out-of-network member Reimbursement up to:
Exams With Dilation as necessary	\$10 copay	Up to \$57
Retinal Imaging	Up to \$39	-
Frames Any available frame at provider location	\$0 copay; \$130 allowance, 20% off balance over \$130	Up to \$104
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$130
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$130
Medically Necessary	\$0 copay, Paid-In-Full	Up to \$300
Standard Contact Lens Fit & Follow-Up	\$40	-
Premium Contact Lens Fit & Follow-Up	10% off Retail Price	-
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$47
Bifocal	\$25 copay	Up to \$79
Trifocal	\$25 copay	Up to \$130
Lenticular	\$25 copay	Up to \$140
Standard Progressive	\$25 copay	Up to \$196
Premium Progressive Tier 1	\$45 copay	Up to \$196
Premium Progressive Tier 2	\$55 copay	Up to \$196
Premium Progressive Tier 3	\$70 copay	Up to \$196
Premium Progressive Tier 4	\$25 copay, 20% off retail less \$120 allowance	Up to \$196
Covered Lens Options		
UV Treatment	\$15	-
Tint (Solid and Gradient)	\$15	-
Standard Plastic Scratch Coating	\$15	-
Standard Polycarbonate - age 26 and over	\$40	-
Standard Polycarbonate - under age 26	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	-
Premium Anti-Reflective Coating	\$57 - \$68	-
Tier 1	\$57	-
Tier 2	\$68	-
Tier 3	20% off Retail Price	-
Photochromic/Transitions	\$75	-
Polarized	20% off Retail Price	-
Other Add-Ons and Services	20% off Retail Price	-

Other Discounts

Laser Vision Correction	
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price
Hearing Care	
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids

*For additional discounts please visit the Eyemed website or call the customer service number. (See page 15)

FREQUENCY

Exams	12 months
Lenses (in lieu of contact lenses)	12 months
Contacts (in lieu of lenses)	12 months
Frame	24 months

PLAN EXCLUSIONS

No benefits will be paid for services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- medical and/or surgical treatment of the eye, eyes or supporting structures;
- any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
- services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- plano (non-prescription) lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided by any other group benefit plan providing vision care;
- services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order; or
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

HEALTH AND DEPENDENT CARE SPENDING ACCOUNTS

We are pleased to offer you the opportunity to participate in an FSA administered by Cafeteria Plan Advisors. You can fund your out-of-pocket health care expenses with pre-tax money through a Flexible Spending Account (FSA).

SUMMARY OF MEDICAL FLEXIBLE SPENDING ACCOUNT

A Medical Flexible Spending Account (FSA) allows you to set money aside, up to **\$3,200** (\$300 minimum), deducted pre-tax from your paycheck, into an account to reimburse you for qualified medical, dental, and vision expenses for yourself and your eligible dependents that are not reimbursed from insurance or any other source. The money you put into your account is not considered taxable income, allowing you to save money by paying less Federal, State and FICA taxes.

Examples of eligible expenses include: doctor visits, dentist visits, prescription medicines and drugs, hearing aids, orthopedic goods, eyeglasses, etc.

Use-it or lose-it benefit FSA contributions are a use-it or lose-it benefit. If you do not use all of your elected funds by June 30 it will be forfeited. All expenses must be incurred between July 1 and June 30. The only exception is that you may rollover \$640 of unused funds into the subsequent plan year, if you re-enroll in the plan.

IRS regulations require that Flexible Spending Account elections be made each year.

Example of tax savings



	No FSA	FSA
Annual Income	\$30,000	\$30,000
FSA Contributions	\$0	\$1,000
Taxable Pay	\$30,000	\$29,000
(Based on 30%)		
Minus Taxes	\$9,000	\$8,700
Take Home Pay	\$21,000	\$20,300
Minus	\$1,000	\$0
(Medical/Dental/Vision/Costs)		
Total Take Home Pay	\$20,000	\$20,300
What You Saved	\$0	\$300

Debit Card As a new benefit to MERSD employees, when you sign up for the medical FSA, you will receive a debit card which will contain the full amount you elected for the plan year ready to use on July 1st. You may use the debit card to pay for eligible expenses at the point of sale: the pharmacy, the doctor’s office, dentist office, eye wear retailer, etc. This will mean real time use of your money without having to submit receipts for reimbursement.

SUMMARY OF DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

All Employees are eligible to elect to set aside a portion of their salary, up to \$5,000, to pay for eligible dependent care expenses for children under age 13 or children who are physically or mentally incapable of self-care and, in some cases, elder care, so that you and your spouse, if you are married – can work, look for work, or attend school full-time.

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

If something were to happen to you, how financially secure would you and your loved ones be? Through Boston Mutual, Manchester Essex offers Basic Life, and Accidental Death and Dismemberment (AD&D) with premium shared 50%/50%. Voluntary Life Insurance and Voluntary Long-Term Disability insurance is also available.

SUMMARY OF BENEFITS

Basic Life and AD&D/Active Employee \$5,000

Group Life Benefit includes;

Waiver of premium for total disability
Conversion Privilege
Portability
Bereavement Counseling

Group AD&D Includes;

24 hour AD&D
Seat Belt Benefit
Education Benefit
Repatriation Benefit



Cost of Basic Life and AD&D - Active Employees			
	Total	MERSD	EE
Monthly Premium	\$1.90	\$0.95	\$0.95
Annual Premium	\$22.80	\$11.40	\$11.40



VOLUNTARY TERM LIFE INSURANCE

SUMMARY OF COVERAGE FOR VOLUNTARY TERM LIFE INSURANCE

SCHEDULE OF BENEFITS

Employee Life and AD&D:

An employee may elect units of \$10,000 to a maximum of the lesser of 5 times the salary or \$500,000 (\$10,000 - \$500,000)

Spouse Life and AD&D:

An employee may elect units of \$5,000 to a maximum of \$125,000, not to exceed 50% of the employee's account. (\$5,000-\$125,000)

Dependent Child(ren) Life Insurance Only:

Age 14 days to 1 year:	\$1,000
Age 1 year 10 - 19 years (age 25 if full-time student):	\$10,000

GUARANTEED ISSUE AMOUNTS

	Under Age 60	Ages 60-69	Ages 70 and Over
Employee:	\$130,000	\$50,000	\$10,000
Spouse:	\$50,000	\$20,000	Not Eligible

**All Dependent Child(ren) coverage is Guaranteed Issue*

Amounts in excess of the Guaranteed Issue Amount are subject to Evidence of Insurability satisfactory to Boston Mutual Life Insurance Company

VOLUNTARY INSURANCE REDUCTION SCHEDULE

Employee insurance is reduced to 65% of the original benefit at age 70, to 50% at age 75, and to 25% at age 80.

Spouse's insurance shall terminate upon the attainment of age 70.

Dependent child(ren) coverage shall terminate upon notice to Boston Mutual that all dependent children are no longer eligible.



VOLUNTARY TERM LIFE INSURANCE (CONTINUED)

VOLUNTARY TERM LIFE INSURANCE RATE TABLE

Age	Life	AD&D	Total Life/AD&D
Less than 30	\$.06	\$.03	\$.09
30-34	\$.08	\$.03	\$.11
35-39	\$.10	\$.03	\$.13
40-44	\$.15	\$.03	\$.18
45-49	\$.24	\$.03	\$.27
50-54	\$.41	\$.03	\$.44
55-59	\$.75	\$.03	\$.78
60-64	\$1.12	\$.03	\$1.15
65-69	\$1.81	\$.03	\$1.84
70-74	\$3.19	\$.03	\$3.22
75 & over	\$7.51	\$.03	\$7.54

*Monthly cost per \$1,000 of benefits.



VOLUNTARY LONG-TERM DISABILITY INSURANCE

SUMMARY OF BENEFITS

Long Term Disability (LTD)	Up to 60% of your monthly covered earnings – to a maximum of \$5,000 per month.
LTD waiting period	<p>Before collecting LTD benefits, you must satisfy the benefit waiting period following your date of disability. For your plan, this period is 90 days or after the end of sick leave, whichever is greater. LTD benefits starts after 90 days of Continuous Disability.</p> <p>If you are eligible for other income benefits during your disability, benefits payable to you under this policy may be reduced by the amount of such other income benefits. Please refer to your employee certificate for a complete list of what payments qualify as other income benefits.</p>

LTD Benefit Summary:

- Elimination Period: 90 days or end of sick leave, whichever is greater.
- Benefit Percentage: 60%
- Maximum Benefit: \$5,000
- Minimum Monthly Benefit:: \$100 or 10%
- Social Security Integration: Full Family
- Own Occupation: 2 Years
- Survivor Benefit: 3X
- Employee Contribution: Employee pays 100% of the cost

Disability Insurance Rates	
Per \$100 of Covered Payroll	
Age	Current Employee
<25	.06
25-29	.08
30-34	.11
35-39	.18
40-44	.26
45-49	.35
50-54	.46
55-59	.53
60 and older	.56



Why won't they pay my claim?

Services denied?!

How can my claim still be "in process"? It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?



Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

BRCEast@usi.com | Toll Free: 855-874-6699

Monday through Friday 8:00am to 5:00pm Eastern & Central
Standard Time

REQUIRED NOTIFICATIONS

Newborns' Act Disclosure – Federal

Under the Newborns' and Mothers' Health Protection Act of 1996, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact the person listed at the end of this summary.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Deductibles, copays, or coinsurance may apply. If you would like more information on WHCRA benefits, call your Plan Administrator.

Patient Protection Disclosure

The Harvard Pilgrim Health Plan HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Harvard Pilgrim Health Care at 1-888-333-4742 or www.harvardpilgrim.org.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Harvard Pilgrim Health Care or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Harvard Pilgrim Health Care at 1-888-333-4742 or www.harvardpilgrim.org.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MASSACHUSETTS – Medicaid and CHIP	VERMONT – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
RHODE ISLAND – Medicaid	
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor
Employee Benefits Security Administration**
www.dol.gov/ebsa
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services**
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice from Manchester Essex Regional School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MESRD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. MESRD has determined that the prescription drug coverage offered by Harvard Pilgrim is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current MESRD/Harvard Pilgrim coverage will not be affected. If you elect part D, this plan will coordinate with Part D coverage. If you, a spouse or dependent are a Medicare eligible individual, you should review the prescription drug plan provisions/options that are available when you become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current MESRD/Harvard Pilgrim coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with MESRD/Harvard Pilgrim and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	07/01/2024
Name of Entity/Sender:	Manchester Essex Regional School District
Contact--Position/Office:	District Office – Benefits Administrator
Address:	36 Lincoln Street, Manchester-by-the-Sea, MA 01944
Phone Number:	(978) 526-4919

CONTACT NUMBERS & WEBSITE LINKS

We encourage all of our employees and their families to become familiar with and use the resources offered. Below is a list of websites and telephone numbers where you can obtain information about your benefit plan coverage. In most

MEDICAL

HARVARD PILGRIM HEALTH CARE

Customer Service: 888-333-4742

Website: www.harvardpilgrim.org

To Find a PCP or specialist in the HMO service area, please visit
www.harvardpilgrim.org

HRA

LONDON HEALTH ADMINISTRATORS

Customer Service Number: 401-435-4700, Option #3

Website: www.londonhealthusa.com/index.html

DENTAL

DELTA DENTAL

Customer Service Number: 800-872-0500

Website: www.deltadentalma.com

VISION

EyeMed

Customer Service Number: 866-804-0982

Website: www.eyemed.com

LIFE/DISABILITY

BOSTON MUTUAL LIFE INSURANCE COMPANY

Customer Service Number: 877-213-8644

Website: www.bostonmutual.com

FLEXIBLE SPENDING ACCOUNT

CAFETERIA PLAN ADVISORS

Customer Service Number: 781-848-9848

Website: www.cpa125.com

BENEFIT RESOURCE CENTER

BRC

Customer Service Number: 855-874-6699

Email: BRCEast@usi.com

403(b) ADMINISTRATION

U.S. OMNI & TSACG COMPLIANCE SERVICES

Customer Service Number: 850-362-6840

Website: www.tsacg.com



If you have any questions, please contact the following:



Manchester Essex Regional School District Human Resources

Tom Landry

Human Resources Manager

Manchester Essex Regional School District

978-526-4919 Ext. 1007

You can obtain benefit enrollment forms in the Human Resources office.

In addition to your other benefits, MERSD also provides options for **tax-sheltered annuities (TSAs)**, also referred to as a tax-deferred annuity (TDA) plan, 403(b) retirement plan, or 457b plan. These additional retirement savings plans provide tax advantages and are for employees of public education organizations and non-profit organizations. A TSA is an election that may be added at any time throughout the year - not just during Open Enrollment - by contacting Human Resources.

MERSD's 403(b) retirement plan vendors include: American Funds, Equitable, Fidelity, Galic, Great American, Horace Mann, Mass Mutual, Met Life, Valic, and Vanguard.

MERSD employees can also save for retirement on a before - or after - tax basis through the Massachusetts state-sponsored 457 "Smart Plan" for government employees, which is offered in partnership with Empower Financial Services. Contact Human Resources for more information.



UNDERSTAND. SERVICE. INNOVATE.

This guide is provided to you by Manchester Essex Regional School District and USI Insurance Services, LLC.

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