

# NEW EMPLOYEE BENEFIT INFORMATION



Go to [www.WellesleyMA.gov/OpenEnrollment](http://www.WellesleyMA.gov/OpenEnrollment) for all the information you need to make an informed choice!

You have 30 days from your start date to enroll in benefits and insurance starts the first of the month following your start date

## 1 Choose your health plan

Take the time to research which plan is best for you and your family. Compare overall costs, deductibles, how often you use services, co-pays and other additional benefits before making a decision.

## 2 Decide how much money to save

Depending on the health plan you choose, you will have one of two great money saving options available to you! These plans will help you save money pre-tax for upcoming medical expenses.

**Flexible Spending Account:** If you choose a Benchmark health plan you can enroll in a Flexible Spending Account (FSA). The Town offers a matching contribution for an FSA of up to \$150 for an individual and up to \$450 for a family each year. You can only enroll in an FSA if you have a Benchmark plan.

**Health Savings Account:** If you choose a High Deductible health plan you will be enrolled in a Health Savings Account (HSA). The Town will contribute \$1,000 for an individual and \$2,000 for a family each year and you can decide to make additional contributions. You can only enroll in an HSA if you have a High Deductible plan.

## 3 Pick your additional insurances and benefits

Wellesley employees have great choices for additional benefits! You will have an allowance to help purchase additional insurances, including dental insurance, life insurance, EyeMed vision, and accident, critical illness, and hospital indemnity insurances through Aflac. You also have the option to purchase additional long-term disability insurance.

## 4 How to enroll

Once your new hire paperwork is complete, you will be set up in the online benefit tool located at [www.aflacatwork.com/enroll](http://www.aflacatwork.com/enroll). You will receive a letter from Human Resources with your employee ID and password so you can log in. If you do not receive a letter within 2 weeks of your start date, please email [benefits@wellesleyma.gov](mailto:benefits@wellesleyma.gov).

# 1

## Choose your health plan

### Benchmark or High Deductible

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All benefit eligible employees will have two options for health insurance, a “Benchmark” plan and a “High Deductible” plan.

When considering which plan is right for you and your family, compare how much each will cost per year. Some things to ask yourself are questions like; how often I will or will not have a co-pay, how many times do I see a specialist or use prescriptions in a month, or do I have any upcoming medical procedures?

Go online to the Human Resources website for more information about the fantastic services, network coverage, available hospitals and doctors, and other great benefits that you receive with the plans!

You can choose from two plan options:

1. **Benchmark:** this is a low deductible plan with a deductible of \$300 for an individual and \$900 for a family that has co-pays.

Benchmark Health Insurance Monthly Employee Rates					
	Fallon Select	Fallon Direct	Harvard Pilgrim	Tufts	Blue Cross Blue Shield
Individual	\$173.80	\$161.92	\$391.40	\$433.60	\$480.60
Family	\$468.38	\$435.60	\$1,019.54	\$1,135.20	\$1,288.35

2. **High Deductible:** this is a high deductible plan with a deductible of \$2,000 for an individual and \$4,000 for a family with no initial co-pays.

High Deductible Health Insurance Monthly Employee Rates					
	Fallon Select	Fallon Direct	Harvard Pilgrim	Tufts	Blue Cross Blue Shield
Individual	\$146.30	\$136.40	\$255.04	\$302.04	\$362.04
Family	\$394.90	\$367.62	\$665.60	\$791.28	\$972.30

For more information, plan design comparisons, statement of benefits, network coverage, and additional benefits, please go to the Open Enrollment website:

[www.WellesleyMA.gov/OpenEnrollment](http://www.WellesleyMA.gov/OpenEnrollment)

# 2

## Decide how to save money

Take advantage of these tax saving options

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**If you choose the Benchmark health insurance plan, you can enroll in a Flexible Spending Account and a Health Reimbursement Account:**

### Flexible Spending Account

- You can only enroll in a **Flexible Spending Account (FSA)** option if you choose a Benchmark plan
- The Town will match all contributions up to \$150 for an individual, and \$450 for a family
- In addition to the Town's matching contribution, you can still put in up to \$2,650 of your own money depending on your medical needs
- The FSA plan year is July 1<sup>st</sup> through June 30<sup>th</sup>
- You can roll over up to \$500 into the next plan year if you don't use all your funds by June 30<sup>th</sup>
- The amount you choose to put into an FSA will be 100% available for use right away
- Estimate your expenses carefully, you will lose any money that you can't roll over

### Health Reimbursement Account

- You are also eligible for the **Health Reimbursement Account (HRA)** that the Town offers
- An HRA will reimburse you for certain co-pays and expenses
- A full list of reimbursable co-pays is available on the Human Resources website

**If you choose the High Deductible health insurance plan, you can only enroll in a Health Savings Account:**

### Health Savings Account

- You can only enroll in a **Health Savings Account (HSA)** option if you choose a High Deductible plan
- The Town will contribute \$1,000 for an individual and \$2,000 for a family towards your HSA per year
- You can still put in your own money into the HSA on a pre-tax basis in addition to the Town's contribution up to the IRS maximum
- The Town's contribution towards your HSA will be distributed in equal amounts in September, December and March of the plan year
- You are not eligible for the Town's HRA program with this plan

**IMPORTANT!** You can still have a Dependent Care FSA with either the Benchmark plan or High Deductible plan.

# 3

## Pick your additional insurance

New options to better protect you and your family

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The Town offers benefit eligible employees many choices and a generous contribution towards supplementary insurances! In addition to dental and life insurance, the Town also offers accident, critical illness and hospital indemnity insurances through Aflac, eyewear insurance through EyeMed and \*long-term disability insurance. Please note: Life insurance is ONLY offered during the first 30 days of employment.

*\* Benefit eligible employees are automatically enrolled in the Long-Term Disability plan at Option A, or 40%. You have the option to buy-up to Option B, or if eligible Option C.*

All benefit eligible employees who do not take health insurance through the Town will get an allowance of \$300 from the Town to spend on additional insurances. Those who choose to enroll in health insurance through the Town will get an annual allowance of \$500 for an individual plan and \$600 for a family plan to put towards the cost of the additional insurances.

### **Yearly additional insurance allowances:**

\$300 – benefit eligible employee who does not take health insurance through Wellesley

\$500 – subscriber to individual health insurance plan through Wellesley

\$600 – subscriber to family health insurance plan through Wellesley

### **You can use this allowance to choose from these options:**

**Dental Basic Option**

**Dental High Option**

**EyeMed Vision**

**Aflac Accident Insurance**

**Aflac Critical Illness**

**Aflac Hospital Indemnity**

**Life Insurance**

Aflac and EyeMed offer their products with premiums for employee, employee & spouse, employee & children or for a two parent family.

You may choose as many insurances that fit your or your family's needs. Any costs above your allowance will be deducted from your paycheck.

# 4

## How to enroll

Learn about how to enroll

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To simplify the open enrollment process, the Town has transitioned to an all-electronic, paperless system for enrollment. In order to enroll in benefits, you must make your selections in our online benefit tool within 30 days from your start date.

If you plan on adding a spouse or dependent to any of your insurance options, you must have their social security numbers and the following documentation before logging into the tool:

- Birth certificate, or evidence of dependent status, for any dependents
- Marriage certificate for spouse
- Court order for required coverage of a divorced spouse

### **All Employees:**

Please make sure to provide all the required documentation for your new hire paperwork so that you can be added to the online benefit tool as soon as possible. You cannot be added to the benefit enrollment tool until you have been added to the payroll system as the benefit tool requires an employee ID number.

All benefit enrollments must be completed and signed off on within 30 days of your start date. You will receive a letter in the mail from Human Resources with information on how to log into the tool as soon as you have been assigned an employee ID number. You will also receive an email invite to enroll along with email reminders to enroll in your benefits. Please ensure that your contact information is up to date so that you will get these notifications in a timely manner.

### **For School Employees:**

New hire information for benefit tool entry comes from the school to the Town benefits department. If you have any questions about your benefit eligibility or your status regarding entry into the online benefits tool, you will need to contact the school Human Resources Department.



# Direct Care Select Care



## West Suburban Health Group WSHG Benchmark Plan

Benefit Summary— *Benefits effective July 1, 2018*

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### The Fallon difference

Fallon Health offers you a choice of two HMO Plans: Direct Care and Select Care. Both plans offer extensive benefits and features. You also get access to many of the best doctors, specialists and hospitals in the state. And, by offering two plans, Fallon Health gives you the flexibility to choose a network and level of benefits that best fit your health care needs. Plus, you get:

- **A fitness reimbursement- It Fits!**, an annual benefit period fitness reimbursement (including school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)
- **\$0 copayments for routine physical exams** and other preventive services, including mammograms, cholesterol screenings and immunizations
- **\$0 copayments for routine annual eye exams**
- **Nurse Connect:** A free 24/7 nurse call line
- **Preventive dental services** for the whole family with participating dentists.

### How to receive care:

The Direct Care plan provides access to a network that is smaller than the Select Care provider network. In this plan, members have access to network benefits only from the providers in Direct Care. With Select Care you can choose to get your care from doctors, specialists, hospitals and health care facilities in the Select Care network. You can be seen at physician practices, community hospitals and medical facilities across Massachusetts and Southern New Hampshire, giving you a wide choice of health care providers. For a complete list of

Direct Care and Select Care providers, visit the "Find a Doctor" tool on [fallonhealth.org](http://fallonhealth.org).

### Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with Fallon to provide or arrange most of your care. As a member of Fallon Health you must select a PCP. To do this, just complete the section on your Fallon Health membership enrollment form. If you need help choosing a PCP, please visit the "Find a Doctor" tool on [fallonhealth.org](http://fallonhealth.org) or call Customer Service.

### Obtaining specialty care

When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you. The following services do not require a referral when you see a provider in the Direct Care and Select Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Direct Care and/or Select Care Member Handbook/Evidence of Coverage.

### Emergency medical care

Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your Direct Care and/or *Select Care Member Handbook/Evidence of Coverage*.

Plan specifics	Direct Care and Select Care	
<p><b>Benefit period</b></p> <p>The benefit period, sometimes referred to as a “benefit year,” is the 12-month span of plan coverage, and the time during which the deductible, out-of-pocket maximum and specific benefit maximums accumulate.</p>	July 1 – June 30	
<p><b>Deductible</b></p> <p>A deductible is the amount of allowed charges you pay per benefit period before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider’s actual charge—whichever is less.</p>	\$300 individual \$900 family	
<p><b>Embedded deductible</b></p> <p>Please note that once any one member in a family accumulates \$300 of services that are subject to the family deductible, that individual member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.</p>	\$300	
<p><b>Deductible carryover</b></p> <p>Any deductible amount that is incurred by the member for services rendered during the last three months of the benefit period will be applied toward the deductible for the next benefit period. Deductible amounts are incurred as of the date of the service.</p>	Included	
<p><b>Out-of-pocket maximum</b></p> <p>The out-of-pocket maximum is the total amount of deductible, coinsurance and copayments you are responsible for in a benefit period. The out-of-pocket maximum also does not include your premium charge or any amounts you pay for services that are not covered by the plan.</p>	\$2,000 individual \$4,000 family	
Benefits	Direct Care	Select Care
<b>Office</b>		
Routine physical exams (according to MHQP preventive guidelines)	\$0	\$0
Office visits (primary care provider)	\$20 per visit	\$20 per visit
Office visits (specialist)	\$60 per visit	\$60 per visit
Office visits (limited service clinics, e.g., Minute Clinic)	\$20 per visit	\$20 per visit
Routine eye exams (one every 12 months)	\$0	\$0
Short-term rehabilitative services (60 visits per benefit period)	\$20 per visit	\$20 per visit
Prenatal care	\$20 first visit only	\$20 first visit only

Benefits	Direct Care	Select Care
<b>Preventive services</b> Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present	Covered in full	Covered in full
<b>Diagnostic services (lab services)</b> Tests and services that are intended to diagnose or check the status of a disease or condition	Covered in full after deductible	Covered in full after deductible
<b>Diagnostic services (non-lab services)</b> Tests and services that are intended to diagnose, check the status of, or treat a disease or condition	Covered in full after deductible	Covered in full after deductible
Imaging (CAT, PET, MRI, Nuclear Cardiology)	\$100 copayment then deductible	\$100 copayment then deductible
Chiropractic care (12 visits per benefit period)	\$20 per visit	\$20 per visit
<b>Prescriptions</b> <i>Please note: Specialty medication that falls under the medical benefit will apply towards your deductible. For more information, please contact Fallon's Customer Service Department at 1-800-868-5200.</i>		
<b>Tier 1/Tier 2/Tier 3</b>		
Prescription drugs, insulin and insulin syringes	\$10/\$30/\$65 (30-day supply)	\$10/\$30/\$65 (30-day supply)
Generic contraceptives and contraceptive devices	\$0 (30-day supply)	\$0 (30-day supply)
Brand contraceptives with no generic equivalent (prior authorization required)	With prior authorization: \$0 (30-day supply)	With prior authorization: \$0 (30-day supply)
Brand contraceptives with a generic equivalent (prior authorization required)	Tier 2: \$30 Tier 3: \$65 (30-day supply)	Tier 2: \$30 Tier 3: \$65 (30-day supply)
Prescription medication refills obtained through the mail order program	\$25/\$75/\$165 (90-day supply)	\$25/\$75/\$165 (90-day supply)
Prilosec OTC, Prevacid 24HR, omeprazole OTC, lansoprazole OTC (prescription required)	\$5	\$5
<b>Inpatient hospital services</b>		
Room and board in a semiprivate room (private when medically necessary)	\$500 copayment then deductible	\$500 copayment then deductible
Physicians' and surgeons' services	Covered in full after deductible	Covered in full after deductible
Physical and respiratory therapy	Covered in full after deductible	Covered in full after deductible
Intensive care services	\$500 copayment then deductible	\$500 copayment then deductible
Maternity care	\$500 copayment then deductible	\$500 copayment then deductible

<b>Benefits</b>	<b>Direct Care</b>	<b>Select Care</b>
<b>Same-day surgery</b>		
Same-day surgery in a hospital outpatient or ambulatory care setting	\$250 copayment then deductible	\$250 copayment then deductible
<b>Emergencies</b>		
Emergency room visit	\$100 copayment then deductible (waived if admitted)	\$100 copayment then deductible (waived if admitted)
<b>Dental Benefits and Discounts</b>		
Exams (twice annually) including cleanings and routine X-rays	\$10 copay	\$10 copay
Fillings (minor restorative) when performed by a general dentist	Variable copay	Variable copay
Sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures when performed by a general dentist	25% to 50% discount	25% to 50% discount
Specialist Services such as periodontist, endodontist or prosthodontics	20% discount	20% discount
<b>Skilled nursing</b>		
Skilled care in a semiprivate room	\$500 copayment then deductible	\$500 copayment then deductible
<b>Substance abuse</b>		
Office visits	\$20 per visit	\$20 per visit
Detoxification in an inpatient setting	Covered in full	Covered in full
Rehabilitation in an inpatient setting	Covered in full	Covered in full
<b>Mental health</b>		
Office visits	\$20 per visit	\$20 per visit
Services in a general or psychiatric hospital	Covered in full	Covered in full
<b>Other health services</b>		
Skilled home health care services	Covered in full after deductible	Covered in full after deductible
Durable medical equipment	Covered in full after deductible	Covered in full after deductible
Medically necessary ambulance services	Covered in full	Covered in full

Benefits	Direct Care	Select Care
<b>Value-added features</b>		
It Fits!, an annual benefit period fitness reimbursement (including school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)	\$250 individual \$500 family	\$200 individual \$400 family
Oh Baby!, a program that provides prenatal vitamins, a convertible car seat, breast pump and other “little extras” for expectant parents—all at no additional cost.	Included	
Free 24/7 nurse call line	Included	
Free chronic care management	Included	
Free stop-smoking program	Included	
Member discount program	Included	
Free online access to health and wellness encyclopedia	Included	
CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy-brand health related items.	Included	

### Exclusions

Hearing aids and the evaluation for a hearing aid (for age 22 and above)  
 Long-term rehabilitative services  
 Cosmetic surgery  
 Experimental procedures or services that are not generally accepted medical practice  
 Dental services not described in the your *Schedule of Benefits*  
 Routine foot care  
 Custodial confinement

**Some services may require preauthorization.** A complete list of benefits and exclusions is in the Select Care *Member Handbook/Evidence of Coverage*, available by request. This is only a summary of benefits and exclusions.

### Questions?

If you have any questions, please contact Fallon Health Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), or visit our Web site at [fallonhealth.org](http://fallonhealth.org).

 **This health plan meets minimum creditable coverage standards and will satisfy the individual mandate that you have health insurance.** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years and older, must have health coverage that meets the minimum creditable coverage standards set by the Commonwealth Health Insurance Connector.

Benefits may vary by employer group.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

\* The Healthy Health Plan incentive payment may be considered taxable income. Please consult your tax advisor for details.



# Direct Care Select Care



## West Suburban Health Group WSHG HSA Qualified High Deductible Benefit Summary— *Benefits effective July 1, 2018*

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### The Fallon difference

Fallon Health offers you a choice of two HMO Plans: Direct Care and Select Care. Both plans offer extensive benefits and features. You also get access to many of the best doctors, specialists and hospitals in the state. And, by offering two plans, Fallon Health gives you the flexibility to choose a network and level of benefits that best fit your health care needs. Plus, you get:

- **A fitness reimbursement- It Fits!**, an annual benefit period fitness reimbursement (including school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)
- **\$0 copayments for routine physical exams** and other preventive services, including mammograms, cholesterol screenings and immunizations
- **\$0 copayments for routine annual eye exams**
- **Nurse Connect:** A free 24/7 nurse call line
- **Preventive dental services** for the whole family with participating dentists.

### How to receive care:

The Direct Care plan provides access to a network that is smaller than the Select Care provider network. In this plan, members have access to network benefits only from the providers in Direct Care. With Select Care you can choose to get your care from doctors, specialists, hospitals and health care facilities in the Select Care network. You can be seen at physician practices, community hospitals and medical facilities across Massachusetts and Southern New Hampshire, giving you a wide choice of health care providers. For a complete list of

Direct Care and Select Care providers, visit the "Find a Doctor" tool on [fallonhealth.org](http://fallonhealth.org).

### Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with Fallon to provide or arrange most of your care. As a member of Fallon Health you must select a PCP. To do this, just complete the section on your Fallon Health membership enrollment form. If you need help choosing a PCP, please visit the "Find a Doctor" tool on [fallonhealth.org](http://fallonhealth.org) or call Customer Service.

### Obtaining specialty care

When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you. The following services do not require a referral when you see a provider in the Direct Care and Select Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Direct Care and/or Select Care Member Handbook/Evidence of Coverage.

### Emergency medical care

Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your Direct Care and/or *Select Care Member Handbook/Evidence of Coverage*.

Plan specifics	Direct Care and Select Care	
<p><b>Benefit period</b></p> <p>The benefit period, sometimes referred to as a “benefit year,” is the 12-month span of plan coverage, and the time during which the deductible, out-of-pocket maximum and specific benefit maximums accumulate.</p>	July 1 – June 30	
<p><b>Deductible</b></p> <p>A deductible is the amount of allowed charges you pay per benefit period before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider’s actual charge—whichever is less.</p>	\$2,000 individual \$4,000 family	
<p><b>Embedded deductible</b></p> <p>Please note that once any one member in a family accumulates \$4,000 of services that are subject to the family deductible, that individual member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.</p>	\$4,000	
<p><b>Out-of-pocket maximum</b></p> <p>The out-of-pocket maximum is the total amount of deductible, coinsurance and copayments you are responsible for in a benefit period. The out-of-pocket maximum also does not include your premium charge or any amounts you pay for services that are not covered by the plan.</p>	\$5,000 individual \$10,000 family	
Benefits	Direct Care	Select Care
<b>Office</b>		
Routine physical exams (according to MHQP preventive guidelines)	\$0	\$0
Office visits (primary care provider)	Covered in full after deductible	Covered in full after deductible
Office visits (specialist)	Covered in full after deductible	Covered in full after deductible
Office visits (limited service clinics, e.g., Minute Clinic)	Covered in full after deductible	Covered in full after deductible
Routine eye exams (one every 12 months)	\$0	\$0
Short-term rehabilitative services (60 visits per benefit period)	Covered in full after deductible	Covered in full after deductible
Prenatal care	Covered in full	Covered in full
<p>Preventive services</p> <p>Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present</p>	Covered in full	Covered in full

Benefits	Direct Care	Select Care
Diagnostic services (lab services) Tests and services that are intended to diagnose or check the status of a disease or condition	Covered in full after deductible	Covered in full after deductible
Diagnostic services (non-lab services) Tests and services that are intended to diagnose, check the status of, or treat a disease or condition	Covered in full after deductible	Covered in full after deductible
Imaging (CAT, PET, MRI, Nuclear Cardiology)	Covered in full after deductible	Covered in full after deductible
Chiropractic care (12 visits per benefit period)	Covered in full after deductible	Covered in full after deductible
<b>Prescriptions</b> <i>Please note: Specialty medication that falls under the medical benefit will apply towards your deductible. For more information, please contact Fallon's Customer Service Department at 1-800-868-5200.</i>		
Prescription drugs, insulin and insulin syringes	Tier 1/Tier 2/Tier 3 \$10/\$30/\$65 (30-day supply) after deductible	Tier 1/Tier 2/Tier 3 \$10/\$30/\$65 (30-day supply) after deductible
Generic contraceptives and contraceptive devices	\$0 (30-day supply)	\$0 (30-day supply)
Brand contraceptives with no generic equivalent (prior authorization required)	With prior authorization: \$0 (30-day supply)	With prior authorization: \$0 (30-day supply)
Brand contraceptives with a generic equivalent (prior authorization required)	Tier 2: \$30 Tier 3: \$65 (30-day supply) after deductible	Tier 2: \$30 Tier 3: \$65 (30-day supply) after deductible
Prescription medication refills obtained through the mail order program	\$25/\$75/\$165 (90-day supply) after deductible	\$25/\$75/\$165 (90-day supply) after deductible
Prilosec OTC, Prevacid 24HR, omeprazole OTC, lansoprazole OTC (prescription required)	\$5	\$5
<b>Inpatient hospital services</b>		
Room and board in a semiprivate room (private when medically necessary)	Covered in full after deductible	Covered in full after deductible
Physicians' and surgeons' services	Covered in full after deductible	Covered in full after deductible
Physical and respiratory therapy	Covered in full after deductible	Covered in full after deductible
Intensive care services	Covered in full after deductible	Covered in full after deductible
Maternity care	Covered in full after deductible	Covered in full after deductible

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Exams (twice annually) including cleanings and routine X-rays	\$10 copayment after deductible	\$10 copayment after deductible
Fillings (minor restorative) when performed by a general dentist	Variable copayment after deductible	Variable copayment after deductible
Sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures when performed by a general dentist	25% to 50% discount after deductible	25% to 50% discount after deductible
Specialist Services such as periodontist, endodontist or prosthodontics	20% discount after deductible	20% discount after deductible
<b>Skilled nursing</b>		
Skilled care in a semiprivate room	Covered in full after deductible	Covered in full after deductible
<b>Substance abuse</b>		
Office visits	Covered in full after deductible	Covered in full after deductible
Detoxification in an inpatient setting	Covered in full after deductible	Covered in full after deductible
Rehabilitation in an inpatient setting	Covered in full after deductible	Covered in full after deductible
<b>Mental health</b>		
Office visits	Covered in full after deductible	Covered in full after deductible
Services in a general or psychiatric hospital	Covered in full after deductible	Covered in full after deductible
<b>Other health services</b>		
Skilled home health care services	Covered in full after deductible	Covered in full after deductible
Durable medical equipment	Covered in full after deductible	Covered in full after deductible
Medically necessary ambulance services	Covered in full after deductible	Covered in full after deductible

Benefits	Direct Care	Select Care
<b>Value-added features</b>		
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Free 24/7 nurse call line	Included	
Free chronic care management	Included	
Free stop-smoking program	Included	
Member discount program	Included	
Free online access to health and wellness encyclopedia	Included	
CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy-brand health related items.	Included	

### Exclusions

Hearing aids and the evaluation for a hearing aid (for age 22 and above)  
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 Cosmetic surgery  
 Experimental procedures or services that are not generally accepted medical practice  
 Dental services not described in the your *Schedule of Benefits*  
 Routine foot care  
 Custodial confinement

**Some services may require preauthorization.** A complete list of benefits and exclusions is in the Select Care *Member Handbook/Evidence of Coverage*, available by request. This is only a summary of benefits and exclusions.

### Questions?

If you have any questions, please contact Fallon Health Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), or visit our Web site at [fallonhealth.org](http://fallonhealth.org).

 **This health plan meets minimum creditable coverage standards and will satisfy the individual mandate that you have health insurance.** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years and older, must have health coverage that meets the minimum creditable coverage standards set by the Commonwealth Health Insurance Connector.

Benefits may vary by employer group.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

\* The Healthy Health Plan incentive payment may be considered taxable income. Please consult your tax advisor for details.



# Flexible Spending Information

TOWN OF WELLESLEY

Plan Year: 7/1/20-6/30/21

## What is Flexible Spending?

Flexible Spending Account plans are a tremendous opportunity for you to enhance your benefits package. Your employer is aware that these are highly beneficial programs and wants all of its employees to have the opportunity to participate in an IRS Section 125/Flexible Spending Account Plan administered by Cafeteria Plan Advisors, Inc.

Most employees pay for dependent care and health/dental care expenses on an after-tax basis. Flex programs allow you to set aside a portion of your paycheck tax free to pay for these eligible expenses. The result is a reduction in your taxable income, which will give you an increase in your take home pay. Don't miss out on this opportunity to save an average of 30%, depending on your tax status!

## Health Care Account

Employees may set aside up to **\$2,750** per plan year to pay for out-of-pocket health care/dental expenses for themselves and their family members.

Examples include:

- Copays for office visits and prescription drugs
- Health and Dental Deductibles
- Orthodontia and other dental expenses
- Contact Lenses, eye glasses, laser eye surgery
- Visits for Chiropractic Care or Acupuncture

If you or your spouse are 'contributing' to a Health Savings Account (HSA), you are NOT ELIGIBLE for the FSA Health Care Account.

## Dependent Care Account

Employees can set aside up to **\$5000** per plan year to pay for out-of-pocket dependent care expenses for children under the age of 13 or elderly parents.

This includes:

- Day Care
- Before School Care & After School Care
- Summer Day Camp
- Elder Care

## How it Works:

- It's as simple as using the 'available funds' in your account that are loaded on to your Debit Card, or just saving your receipts and submitting them, along with the [Health Care Expense Claim Form](#) to Cafeteria Plan Advisors.
- Participants are required to have the funds 'available' in your account. Reimbursements or the debit card will not work if an amount exceeds your current balance!
- Expenses must be incurred (not paid) within the plan year.
- Current Participants must re-enroll each new plan year to continue in the flex plan.

## Employer Match

*(For those enrolled in the Benchmark Health Insurance plans only)*

\$150 Individual  
\$450 Family

## Rollover

*If you do not spend your money by the end of the plan year, you are allowed to roll over a maximum of \$500. You must re-enroll in order for the funds to roll into the new plan year. NOTE: Funds won't roll until after the 90 day run out period of the prior plan.*

## Debit Card

*You may use your debit card to pay for eligible expenses at the point of sale. The full election will be loaded and ready for use July 1st. **Please note: The debit card cannot be used for expenses you are seeking reimbursement from the HRA. Those expenses must be reimbursed via the reimbursement form or by asking the provider to charge only the amount not covered by the HRA on the card.***

**Do not throw your cards away** – when you re-enroll in the following plan year, your new election value will be added to your existing card.



## Town of Wellesley

### Health Reimbursement Plan – July 1, 2020 to June 30, 2021

As a part of efforts to keep your medical benefit costs as affordable as possible, the Town of Wellesley is pleased to sponsor a Health Reimbursement Arrangement (HRA).

Eligible expenses must be incurred within the plan year. The plan year will run July 1, 2020- June 30, 2021. The Plan provides each eligible employee the opportunity to be reimbursed for the following expenses:

#### HRA PLAN #1

The Plan provides each eligible employee participating in the Benchmark Health Insurance plans the opportunity to be reimbursed up to **\$300 for an Individual** and up to **\$750 for a family** for the following expenses:

Specialist Visit Co-payments (\$35 or more)	\$25 per visit
Urgent Care Co-payments	\$10 per visit
In Patient Admission Co-payments	\$200/\$400 per admission
Same Day Surgery Co-payments	\$100 per surgery
Diagnostic Imaging Co-payments	\$50 per visit
Mail Order Prescription Co-payments (\$75+)	\$25 per prescription

Once you have incurred an eligible expense, submit a copy of your bill or receipt of each co-payment and a completed claim form, to Cafeteria Plan Advisors, Inc. at the address below. All payments will be made directly to the participant. All expenses must be submitted no later than **July 31, 2021**.

As the Administrator for this Plan, should you have any questions please contact us at:

***Cafeteria Plan Advisors, Inc.***

420 Washington Street, Suite 100

Braintree MA 02184

Phone: 781-848-9848 Fax: 781-848-8477 Email: [info@cpa125.com](mailto:info@cpa125.com)

Website: [www.cpa125.com](http://www.cpa125.com)

# HSA<sup>s</sup> ARE AN EASY WIN

in today's complex healthcare system



## How an HSA works

An HSA paired with an HSA-qualified health plan allows you to make tax-free<sup>1</sup> contributions to an federally-insured<sup>2</sup> savings account. Balances earn tax-free interest and can be used to pay for qualified medical expenses. HSA-qualified health plans typically cost less than traditional plans and the money saved can be put into your HSA.

## HSA<sup>s</sup> empower savings:

- Lower monthly health insurance premiums
- Money put into your HSA is not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed
- You can invest your HSA funds for increased tax-free earning potential<sup>3</sup>

## HSA funds remain yours to grow

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

## *You* can win with an HSA

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

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

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

<sup>3</sup> Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

# GET STARTED WITH AN HSA TODAY

## 1 Select an HSA-qualified health plan

Enroll in an HSA-qualified plan. These plans typically cost less than traditional plans and provide tax saving opportunities. HealthEquity will work with your employer or health plan to automatically set up your account and supply a HealthEquity® Visa® Health Account Card<sup>1</sup> to conveniently pay for eligible expenses.

## 2 Add money to your HSA

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

### HSA eligibility

To make tax-free<sup>2</sup> contributions to an HSA, the IRS requires that:

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

## HSA CONTRIBUTION LIMITS

2019 **INDIVIDUAL**  
**\$3,500**

2020 **INDIVIDUAL**  
**\$3,550**

2019 **FAMILY**  
**\$7,000**

2020 **FAMILY**  
**\$7,100**

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

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

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

### 3 Watch your HSA grow

Your federally-insured HSA earns tax-free<sup>1</sup> interest. Maximize your tax-free earning potential by investing HSA funds using the convenient online investment tool.<sup>2</sup>

### 4 Use your HSA for qualified medical expenses

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

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



You will receive a HealthEquity debit card<sup>3</sup> for easy access to your funds.



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

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

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## Welcome to Altus Dental

This flyer highlights your dental benefits and explains how your Plus plan works. At Altus Dental we pride ourselves on providing our members with excellent customer service. We look forward to providing you and covered family members with dental insurance. When your coverage begins, we will send you an ID card and a Certificate of Coverage.

## How to Contact Us

### INTERNET

You can access your account information online 24 hours a day, 7 days a week at [www.altusdental.com](http://www.altusdental.com).

### INFOLINE

1.877.223.0588

InfoLine, our automated telephone information system, is also available 24 hours a day, 7 days a week

### CUSTOMER SERVICE

1.877.223.0588

Our customer service representatives are available  
Monday–Thursday  
8am to 7pm and  
Friday 8am to 5pm ET.

### TOWN OF WELLESLEY- LOW PLAN

**The annual maximum is:** \$1000 per member per calendar year

**The annual deductible is:** \$0

**The maximum lifetime cap is:** Unlimited

### Pretreatment estimates are recommended for underlined procedures.

#### **Plan pays 50%; Member Coinsurance 50%**

- Two oral exams per calendar year
- Two cleanings per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- One set of bitewing x-rays per calendar year
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Sealants for children under age 16, once per unrestored permanent molar every 36 months
- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months

#### **Plan pays 50%; Member Coinsurance 50%**

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings. Composite (white) fillings on all teeth.
- Extractions and other routine oral surgery not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasings or relining of partial or complete dentures; once every 60 months
- Periodontal maintenance following active therapy – two per year
- Root planing and scaling once per quadrant every 24 months
- Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- Gingivectomies once per site every 24 months
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per tooth every 60 months

**Dependent Coverage** – Dependent children are covered up until the end of the month that they turn age 26.

## Welcome to Altus Dental

This flyer highlights your dental benefits and explains how your Plus plan works. At Altus Dental we pride ourselves on providing our members with excellent customer service. We look forward to providing you and covered family members with dental insurance. When your coverage begins, we will send you an ID card and a Certificate of Coverage.

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### CUSTOMER SERVICE

1.877.223.0588

Our customer service representatives are available Monday–Thursday 8am to 7pm and Friday 8am to 5pm ET.

### TOWN OF WELLESLEY- HIGH PLAN

**The annual maximum is:** \$2000 per member per calendar year

**The annual deductible is:** \$50 per individual / \$150 per family

**The maximum lifetime cap is:** Unlimited

### Pretreatment estimates are recommended for underlined procedures.

#### **Plan pays 100%; Member Coinsurance 0%** (exempt from calendar year maximum)

- Two oral exams per calendar year
- Two cleanings per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- One set of bitewing x-rays per calendar year
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Sealants for children under age 16, once per unrestored permanent molar every 36 months

#### **Plan pays 100%; Member Coinsurance 0%**

- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months

#### **Plan pays 80%; Member Coinsurance 20% Deductible Applies**

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings. Composite (white) fillings on all teeth.
- Extractions and other routine oral surgery not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasement or relining of partial or complete dentures; once every 60 months
- Periodontal maintenance following active therapy – two per year
- Root planing and scaling once per quadrant every 24 months
- Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- Gingivectomies once per site every 24 months
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per tooth every 60 months

#### **Plan pays 50%; Member Coinsurance 50% Deductible Applies**

- Surgical placement of endosteal implant and abutment; replacement limited to once every 60 months
- Crowns over natural teeth, build ups, posts and cores -replacement limited to once every 60 months
- Bridges, build ups, posts and cores, crowns over implants - replacement limited to once every 60 months
- Partial and complete dentures - replacement limited to once every 60 months

#### **Orthodontics:**

##### **Plan pays 100%; Member Coinsurance 0%**

- Braces and related services for dependents to age 19.

**Lifetime Maximum (orthodontics only): \$1000**

**Dependent Coverage** – Dependent children are covered up until the end of the month that they turn age 26.



## Eyemed Vision Rates for July 1, 2020

Plan		Total Yearly Premium	Monthly Premium
<b>Eyemed Vision</b>	Subscriber	\$87.36	\$7.28
	Subscriber + Spouse	\$166.08	\$13.84
	Subscriber + Child(ren)	\$174.84	\$14.57
	Family	\$257.04	\$21.42



## Dental Rates for July 1, 2020

Plan		Total Yearly Premium	Monthly Premium
<b>Standard Option</b>	Individual	\$248.52	\$20.71
	Family	\$637.08	\$53.09

Plan		Total Yearly Premium	Monthly Premium
<b>High Option</b>	Individual	\$580.08	\$48.34
	Family	\$1,332.24	\$111.02



# Town of Wellesley

Take a sneak peek before enrolling

- You're on the **Insight** Network

- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1-866-804-0982

- For LASIK providers, call 1-877-5LASER6

## SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
<b>Frames</b>	\$0 Copay; \$150 allowance, 20% off balance over \$150	Up to \$90
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Copay	Up to \$42
Bifocal	\$10 Copay	Up to \$78
Trifocal	\$10 Copay	Up to \$130
Lenticular	\$10 Copay	Up to \$130
Standard Progressive Lens	\$60 Copay	Up to \$140
Premium Progressive Lens <sup>Δ</sup>	\$80 Copay - \$105 Copay	Up to \$196
Tier 1	\$80 Copay	Up to \$196
Tier 2	\$90 Copay	Up to \$196
Tier 3	\$105 Copay	Up to \$196
Tier 4	\$60 Copay, 20% off retail less \$120 Allowance	Up to \$196
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$0	Up to \$12
Tint (Solid and Gradient)	\$0	Up to \$12
Standard Plastic Scratch Coating	\$0	Up to \$12
Standard Polycarbonate - age 26 and over	\$40	N/A
Standard Polycarbonate - under age 26	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating <sup>Δ</sup>	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	20% off Retail Price	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lenses</b>		
Conventional	\$0 copay, \$150 allowance, 15% off balance over \$150	Up to \$120
Disposable	\$0 copay, \$150 allowance, plus balance over \$150	Up to \$120
Medically Necessary	\$0 copay, Paid-in-full	Up to \$210
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Additional Pairs Benefit</b>	Members also receive a 40% discount off complete pair eyeglass purchase	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
<b>Frequency</b>		
Lenses (in lieu of contact lenses)	Once every 12 months	
Contacts (in lieu of lenses)	Once every 12 months	
Frame	Once every 12 months	

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

QL-0000042225

<sup>Δ</sup> Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) 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; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) 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 the services rendered to the Insured Person are within 31 days from the date of such order. 10) 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. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

# Town of Wellesley - Aflac Monthly Premiums

## Aflac Accident

Employee Only	\$	11.06
Employee & Spouse	\$	19.23
Employee & Children	\$	26.57
2-Parent Family	\$	34.74

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## Aflac Critical Illness

### Employee Non-Tobacco Monthly Premiums

Age / Benefit Amount	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$20,000</u>	<u>\$30,000</u>	<u>\$40,000</u>	<u>\$50,000</u>
18-29	\$ 1.89	\$ 3.77	\$ 7.55	\$ 11.32	\$ 15.10	\$ 18.87
30-39	\$ 3.19	\$ 6.38	\$ 12.77	\$ 19.15	\$ 25.54	\$ 31.92
40-49	\$ 6.39	\$ 12.78	\$ 25.56	\$ 38.33	\$ 51.11	\$ 63.89
50-59	\$ 12.58	\$ 25.16	\$ 50.31	\$ 75.47	\$ 100.63	\$ 125.79
60+	\$ 24.28	\$ 48.57	\$ 97.14	\$ 145.70	\$ 194.27	\$ 242.84

### Spouse Non-Tobacco Monthly Premiums

Age / Benefit Amount	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$15,000</u>	<u>\$20,000</u>	<u>\$25,000</u>
18-29	\$ 1.89	\$ 3.77	\$ 5.66	\$ 7.55	\$ 9.44
30-39	\$ 3.19	\$ 6.38	\$ 9.58	\$ 12.77	\$ 15.96
40-49	\$ 6.39	\$ 12.78	\$ 19.17	\$ 25.56	\$ 31.94
50-59	\$ 12.58	\$ 25.16	\$ 37.74	\$ 50.31	\$ 62.89
60+	\$ 24.28	\$ 48.57	\$ 72.85	\$ 97.14	\$ 121.42

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## Aflac Hospital Indemnity

Employee Only	\$	21.10
Employee & Spouse	\$	38.52
Employee & Children	\$	31.16
2-Parent Family	\$	48.58





# AC<sup>G</sup>

## ACCIDENT

Accidents happen to all kinds of people every day.

What would the financial impact of an injury mean to you? Are you prepared for high medical costs in addition to everyday household expenditures and lost wages? Out-of-pocket expenses associated with an accident are unexpected, but an accident's impact on your finances and your well-being certainly can be reduced.

Aflac is here to help. If you have an accident, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses. You could also lose pay while you're out of work. And you can be sure that the bills will keep coming.

### IT'S INSURANCE FOR DAILY LIVING:

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group accident insurance plans are designed to provide you with cash benefits throughout the different stages of care, such as the following:

- Emergency treatment
- Hospital admission
- Intensive care unit
- Ambulance transportation
- Travel expenses to distant treatment centers
- Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more



### DEDICATED LOCAL SERVICE

Ask your Aflac agent how group accident insurance can help you. Remember, we're always by your side. And you're always under our wing.

This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

This brochure is subject to the terms, conditions, and limitations of Policy Series C70000. In Arkansas, C70100AR. In Idaho, C70100ID. In Oklahoma, C70100OK. In Oregon, C70100OR. In Pennsylvania, C70100PA. In Texas, C70100TX. In Virginia, C70100VA.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.



Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.

Continental American Insurance Company • Columbia, South Carolina



## CRITICAL ILLNESS

**About 1 in every 6 healthcare dollars is spent on cardiovascular disease.\***

Chances are you know someone who's been diagnosed with a critical illness such as cancer, a heart attack (myocardial infarction), or stroke. You can't help but notice the strain it's placed on the person's life—both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

### WOULD YOU HAVE THE MONEY TO COVER THE OUT-OF-POCKET EXPENSES SUCH AS:

- Transportation to a distant medical facility.
- Specialized treatment costs.
- Living expenses like rent, mortgage, and utility bills.

### IT'S INSURANCE FOR DAILY LIVING:

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group critical illness insurance plans\*\* are designed to provide you with cash benefits, such as the following:

- Pays a lump sum benefit for a covered critical illness: cancer, heart attack, and stroke.

### ENROLL TODAY

Ask your Aflac agent how group critical illness insurance can help you. Remember, we're always by your side. And you're always under our wing.

\*Business Pulse, Heart Health Infographic, 2016 CDC Foundation

\*\*This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level. The plan has limitations and exclusions that may effect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

In Arkansas, Policy CAI2800AR or C21100AR. In New York, Policy AF2800NY. In Oklahoma, Policy CAI2800OK or C21100OK. In Oregon, CAI2800OR or C21100OR. In Pennsylvania, CAI2800PA 12-10 or C21100PA. In Texas, CAI2800TXrev or C21100TX. In Virginia, CAI2800VA or C21100VA.

Continental American Insurance Company is not aware of whether any employees receive benefits from Medicare, Medicaid, or a state variation. If any employees or dependents are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that any such employees may not receive any of the benefits in the plan. As a result, employees should please check the coverage in all health insurance policies those employees already have or may have before such employees buy this insurance to verify the absence of any assignments or liens.

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Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.

# SHI<sup>G</sup>

## HOSPITAL INDEMNITY

**The average cost per inpatient day for a hospital stay is \$2,157.<sup>1</sup>**

As health care costs continue to rise, you are responsible for paying more and more out-of-pocket costs with every accident and illness. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

How will you help protect your savings when you have a covered accident or sickness?

If you are confined to the hospital, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses. You could also lose pay while you're out of work. And you can be sure that the bills will keep coming. Aflac is here to help.



### IT'S INSURANCE FOR DAILY LIVING:

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group hospital indemnity insurance plans<sup>2</sup> are designed to provide you with cash benefits to help with the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more
- It even provides coverage for newborn children for 60 days from the date of birth<sup>3</sup>

### ENROLL TODAY

Learn how group hospital indemnity insurance can help you. Remember, we're always by your side. And you're always under our wing.



<sup>1</sup> State Health Facts, Kaiser Family Foundation, 2015. <http://www.statehealthfacts.org>.

<sup>2</sup> This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

<sup>3</sup> Applies to newly adopted children as well. Refer to the plan for complete details.

In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.

Continental American Insurance Company is not aware of whether any employees receive benefits from Medicare, Medicaid, or a state variation. If any employees or dependents are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that any such employees may not receive any of the benefits in the plan. As a result, employees should please check the coverage in all health insurance policies those employees already have or may have before such employees buy this insurance to verify the absence of any assignments or liens.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

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