

**MEMORANDUM OF AGREEMENT
BETWEEN
THE TOWN OF WELLESLEY
AND
THE [INSERT UNION]**

(July 1, 2025 through June 30, 2027)

WHEREAS, the Town of Wellesley (the “Town”) currently provides health insurance benefits to its eligible subscribers through participation in the West Suburban Health Group (WSHG); and

WHEREAS, the Town and the [INSERT UNION] (the ‘Union’) have agreed to the following terms that will, if implemented, allow the Town to remain a member of the WSHG; and

WHEREAS, the Town and the Union are parties to a Collective Bargaining Agreement (“CBA”) and it is the mutual intent of the parties that the terms of this Agreement shall be appended to the CBA and shall supersede any conflicting provision(s) in said CBA; and

WHEREAS, the Town and the Union mutually agree that the Town has satisfied all of its bargaining obligations related to the subjects of this Agreement.

NOW THEREFORE, pursuant to MGL Chapter 150E, the Town and the Union agree as follows:

1. This Agreement shall be for a two year period commencing July 1, 2025 and ending June 30, 2027. Should the WSHG cease to be a viable entity during the term of this Agreement then the Town may terminate this Agreement upon no fewer than ninety (90) days’ notice to the Union. If the Town terminates the Agreement, the employer-employee premium split shall be as set forth in paragraph 4a below, and any financial savings, reimbursements, assets, or credits from WSHG will be credited to the employee premiums in a manner and schedule to be negotiated with the Union. The Union acknowledges and agrees that this Agreement shall be implemented by the Town if ratified/approved by all Town of Wellesley and Wellesley Public Schools bargaining units. If this Agreement is ratified/approved by some, but not all, bargaining units, then the Town shall have the sole discretion to either implement this Agreement or not.
2. Currently, no well-funded, employment-independent single-payer healthcare system exists in the Commonwealth of Massachusetts, and there is no reasonable indication one will be implemented during this agreement. However, if such a system becomes available, this Agreement recognizes that MGL Chapter 150E would require impact bargaining to address changes to wages, benefits, and cost savings, ensuring employee protections remain in place.
3. **Plan Offerings**
 - a. Effective July 1, 2025, the Town shall offer the West Suburban Benchmark and High Deductible plans to all eligible employees.

- b. The Benchmark plans shall include the plan designs currently in effect and expressly listed in this Agreement in Attachment A.
- c. The High Deductible plans shall include the plan designs currently in effect and expressly listed in this Agreement in Attachment A.
- d. The Town may alter the plan design of either the benchmark or high deductible plans provided that the plan design alteration does not constitute a major change. A major change is defined as any co-payment change(s) by a carrier that individually or in the aggregate results in a premium decrement in excess of 1.0% for that carrier's plan offering. If a major change to the plan design is made, the Town shall reimburse the impacted employee for the difference between the old and new co-payment through a Health Reimbursement Arrangement. Reimbursement for a major change to the plan design under this section is not limited to reimbursement of the co-payments expressly listed in Section 6 (HRAs).
- e. Notice to New Employees: Prior to the employees' selection of benefits, the Town will distribute the union's support and contact letter, Attachment B. It is the responsibility of Union Leadership to update the Town on contact information provided in Attachment B.

4. Premium Splits

- a. Effective July 1, 2025 through June 30, 2027, the Town shall contribute:
 - *78% towards the Blue Cross Blue Shield Benchmark plans;
60% towards the Harvard Pilgrim HMO Benchmark; and
50% Harvard Pilgrim Healthcare PPO Plan
 - *78% towards the Blue Cross Blue Shield High Deductible plans;
60% towards the Harvard Pilgrim HMO High Deductible.
 - *The 78% premium split contribution shall apply to the lowest priced Limited Provider Network and General Provider Network benchmark and high deductible plans for both family and individual (currently Blue Cross Blue Shield).
- b. This agreement will preclude the Town from transferring subscribers into the Group Insurance Commission unless it is by mutual agreement between the Town and the Unions.
- c. Should the Town leave West Suburban for any reason, the Town shall contribute no less than 78% of the premium for all non-indemnity plans offered and 50% of the premium for indemnity plans offered.

5. Flexible Spending Accounts (FSA).

- a. The Town shall continue to offer FSAs. The Town shall pay all administrative expenses associated with the maintenance of FSAs.
- b. The Town and the FSA provider shall permit employees to rollover the maximum amount legally permissible by the Internal Revenue Service.
- c. Effective July 1 of each year of the Agreement, the Town shall contribute a matching amount of up to \$150 toward the FSA of employees on an FSA eligible individual plan and a matching amount of up to \$450 toward the FSA of employees on a FSA eligible family plan.
- d. In each year of the agreement, the Town and Unions will calculate the total amount of the Town's matching FSA obligation after the open enrollment period ends which will include the amount of money not contributed by the Town because an eligible employee enrolled in a Town health insurance plan either did not enroll in a FSA or contributed less than \$150 if an individual or \$450 if a family to their FSA. Any remaining funds from employees not maximizing their matching option or not choosing to enroll in the FSA matching program shall be used in the following order:
 - i. Refund any outstanding FSA funds owed to the Town by employees from the previous year.
 - ii.
 - iii. Convert remaining funds into non-matching employer contributions on a pro-rata basis to those employees who participate in the matching FSA program the following year.

6. Health Savings Accounts (HSA).

- a. The Town shall offer HSAs to employees enrolled in a High Deductible plan. The Town shall pay all administrative expenses associated with the creation and maintenance of HSAs.
- b. By August 15 of each year of the Agreement, the Town shall contribute \$1,000 toward the HSA of an employee enrolled in a High Deductible individual plan and \$2,000 toward the HSA of an employee enrolled in a High Deductible family plan.
- c. Disbursement of Payments
 - i. Employees hired between July 1 and November 1 of the current plan year who enroll in a High Deductible plan by December 1 of said current plan year shall be eligible for the full employer contribution to be paid no later than December 15. Employees with start dates on or after November 2 of the current plan year shall not receive a contribution for that plan year.

- ii. Should an employee move from an Individual High Deductible Plan to a Family High Deductible Plan prior to December 1, the Town will contribute the difference between the first disbursement received for the Individual Plan and the full employer contribution for the Family Plan by December 15.

7. Health Reimbursement Arrangement (HRA).

- a. The Town will continue to offer a limited HRA program to employees enrolled in the Benchmark plans. Subject to the limitations set forth in sections 7b below, reimbursement shall be provided to said employees for the following co-payments:

Specialist Care	\$30
Urgent Care	\$20
Same-day Surgery	\$100
Diagnostic Imaging	\$50
Mail Order Prescription \$75+	\$25 per prescription

- b. The total Town funding for the HRA shall be \$35,000 plus any amount that rolls over from the previous year. Reimbursement shall be provided to eligible employees on a first-come, first-serve basis up to the maximum reimbursement of \$200 for an employee enrolled in an individual plan and \$600 for an employee enrolled in a family plan.
- c. The Town and the representatives from the collective town unions will meet once per year at the end of the plan year to review HRA use data and discuss relevant increases to the provisions outlined in Article 6a of this agreement.
- d. Unused funds from the previous fiscal year's HRA will be determined by August 1 and allocated to a travel reimbursement fund for all Town of Wellesley employees and their dependents who incur travel costs to access healthcare. This includes expenses related to necessary travel to bring the covered individual within the network coverage area, and is inclusive of reproductive or gender-affirming care. Reimbursements from this fund are separate and in addition to any HRA benefits. Subject to the limitations set forth in sections 7b above, reimbursement shall be provided to said employees for the following expenses:

Travel on a Common Carrier	Up to Maximum Benefit
Rental Car	Up to Maximum Benefit
Mileage	IRS Reimbursement Rate
Parking	Up to Maximum Benefit

8. Additional Insurances

- a. The Town shall continue to offer dental insurance, life insurance and long-term disability insurance. The Town shall also offer other voluntary insurance including vision, hospital indemnity, accident, cancer and disability insurances.
- b. The Town shall continue to pay for a long-term disability plan as currently offered to employees.
- c. The Town will pay 100% of the cost of the Low Option Individual Dental Plan, or \$325 towards any other dental plan offered for all benefit eligible employees.
- d. For all employee subscribers to the Town's health insurance, the Town will offer to purchase a Hospital Indemnity Insurance plan of their choice. Subscribers may elect to substitute an Accident Insurance Plan of their choice in place of Hospital Indemnity Insurance. If the employee elects to purchase both Hospital Indemnity and Accident Insurance, the Town will pay for the more expensive of the choice. The details of the specific plan offerings are further in Attachment C.
- e. Additional Insurances Cashout:
 - i. The Town shall remit a payment of \$300 to any health insurance subscriber who elects not to subscribe to a town dental plan, regardless of plan design or election. This payment shall be distributed evenly on a per-paycheck basis throughout the applicable payroll year.
 - ii. The Town shall remit a payment of \$300 to any health insurance subscriber who elects not to subscribe to both hospital indemnity and accident insurance, regardless of plan design or election. This payment shall be distributed evenly on a per-paycheck basis throughout the applicable payroll year.
- f. The parties shall mutually agree on choosing new insurance offerings.

9. Opt-Out Program

- a. Eligibility: The opt-out program shall be offered to active employees who either:
 - i. have been enrolled in a Town-offered health insurance plan for at least two consecutive years after July 1, 2023; or
 - ii. received an opt-out payment in June of the previous plan year; or
 - iii. who were on an approved protected leave of absence during the previous plan year and received an opt-out payment in the year they were last active. Approved leaves of absence shall include, but are not limited to, military leave, FMLA, and any other legally protected leaves of absence.
- b. Payment:
 - i. Employees who opt-out for the entire year shall receive \$2,250 (if the employee was enrolled in an individual plan) or \$4,500 (if the employee was enrolled in a family plan) per fiscal year of this agreement.

- ii. Employees who are enrolled in a Town plan as of July 1st, but otherwise meet the eligibility criteria in (a) above, and who then unenroll from Wellesley Insurance during the benefit year shall be entitled to a pro-rata share of the opt-out payment amount.
- iii. Employees who opt out of health insurance coverage for a full year shall receive the opt-out payment in equal installments on a per-paycheck basis over the course of the applicable benefit year. (For example, if an employee opts out of a family plan effective July 1, 2025, the \$4,500 payment will be distributed evenly across all pay periods from July 2025 through June 2026)
- c. Termination of Program
 - i. Employees who are properly enrolled in the opt-out program and retire or resign from their employment with the Town prior to receipt of the opt-out payment will be entitled to a pro-rata share of the opt-out payment amount.
 - ii. In no event will an employee be eligible to receive an opt-out payment if the employee is enrolled in a Town offered plan as either a subscriber or dependent.
 - iii. In no event will a non-Medicare eligible retiree be eligible to receive an opt-out payment post-retirement.

10. Non-Medicare Eligible Retiree HRA

- a. The Town shall create an HRA to cover the costs of the Town's share of the deductible and increases to co-pays for non-Medicare eligible retirees as follows:
 - \$150 / \$450 deductible HRA reimbursement program; and
 - \$200 / \$300 copay HRA reimbursement program, paid accordingly...
 - Specialist Care \$30
 - Urgent Care \$20
 - Inpatient Admission \$200/\$400 (for inpatient co-pay in excess of \$500)
 - Same-day Surgery \$100
 - Diagnostic Imaging \$50
 - Mail Order Prescription \$75+ \$25 per prescription
- b. The total Town funding for the Retiree HRA shall be \$35,000 plus any amount that rolls over from the previous year. Reimbursement shall be provided to eligible employees on a first-come, first-serve basis up to the maximum reimbursement of \$200 for an employee enrolled in an individual plan and \$300 for an employee enrolled in a family plan.
- c. The Town and the representatives from the collective town unions will meet once per year at the end of the plan year to review HRA use data and discuss relevant increases to the provisions outlined in Article 10A of this agreement.

11. Duration

- a. The parties agree that this agreement shall sunset on June 30, 2027. In no event shall any of the terms of this agreement be binding past June 30, 2027 unless both the Town and

the Union mutually agree to extend or renew this agreement or any of its terms. In the event this agreement is not extended or renewed, or if the Town and the Unions cannot come to terms on an alternative agreement, this agreement shall become null and void and the Town shall contribute 78% toward the premium of all non-indemnity health insurance plan offerings and 50% toward the premium of all indemnity health insurance plan offerings.

- b. If the parties do not agree to extend or renew this agreement and the Town implements sections 21-23, the first year cost savings for the purpose of determining the statutory minimum employee mitigation shall be calculated as if no less than 70% of the subscribers were enrolled in Benchmark plans (individual or family). If more than 70% of the subscribers are enrolled in Benchmark plans upon implementation of section 21-23, the actual percentage will be used to calculate the statutory minimum employee mitigation.

12. Grievance Procedure

The Town and the Union agree to the following procedure to reconcile disputed articles of this memorandum.

- a. Any grievance or dispute which may arise between the parties involving the application, meaning or interpretation of this Agreement shall be settled in the following manner:
 - i. The unions must file the grievance within fifteen (15) business days of the date the unions knew or should have known of the cause for the grievance.
 - ii. Receipt: Within three (3) business days of the submission of a formal grievance, the Town Director of Human Resources or designee shall confirm receipt of the grievance and forward the grievance to the President of each Association and/or Local or their specified designee.
 - iii. Amicus: Within ten (10) business days after the sent notice, any Association and/or Local wishing to join in arguing the grievance shall provide written notice to the Town Director of Human Resources.
 - iv. Step 1: Within ten (10) business days of the amicus deadline, the Town Director of Human Resources shall arrange a meeting with the Association and/or Local representative(s) to discuss the grievance and provide their written answer to the grievance.
 - v. Step 2: If the grievance is not resolved at Step 1 then, within ten (10) business days after the Step 1 answer, it may be referred to the Executive Director of the town or appropriate designee. The Executive Director shall arrange a meeting with the appropriate Association and/or Local representative(s) and provide a written answer to the grievance within ten (10) business days after it is referred.

- vi. Step 3: If the grievance is not resolved at Step 2 then, within ten (10) business days, a majority of representatives from the Association and/or Local representative(s) may submit the grievance to the American Arbitration Association and/or Local for the selection of an arbitrator and the arbitration of the grievance under its then current rules.
 - 1. No employee shall have the right to require arbitration, that right being reserved to a majority of representatives from the Association and/or Local. The decision of the arbitrator shall be final and binding upon all parties, unless contrary to law. However, the arbitrator shall have no authority to change, alter, add to or detract from the terms of this Agreement.
 - 2. The costs of the Arbitration proceeding shall be shared equally between the town and the Association and/or Locals, but each party shall bear the expense of preparing and presenting its own case. The Associations and/or Locals will determine amongst themselves how they shall equitably split the shared cost of Arbitration.
- b. The grievance as stated in the request for arbitration shall constitute the sole and entire subject matter to be heard by the arbitrator unless the parties agree to modify the scope of the hearing.
- c. Any of the time limits provided for herein may be waived or extended by the mutual agreement of the parties.
- d. The Town shall, with the consent of the Association and/or Local's leadership, apply any agreed-upon remedy to all members of the Association and/or Local.
- e. The aggrieved employee shall have the option of whether or not to attend or participate in any of the meetings concerning their grievance.
- f. In any grievance, the Town shall make available, upon request, any records that are pertinent to any pending grievance or arbitration proceeding.
- g. Employees required to attend grievance meetings or arbitration cases scheduled during work hours shall be released from their regular duties for such attendance without loss of compensation.

For the Town of Wellesley:

For the Union:

Wellesley Select Board Date

Union President Date

Attachment A: Plan Design for West Suburban non-Medicare plans

Blue Cross Blue Shield Network Blue NE Benchmark

Deductible (doesn't apply to preventative care)	Indiv: \$300 / plan year; Family: \$900 / plan year
Out-of-pocket max	Indiv: \$2,000 / plan year for medical; \$2,000 for pharmacy; Family: \$4,000 / plan year for medical; \$4,000 for pharmacy
Primary Care visit to treat injury or illness	\$20 copay, \$60 if other network provider
Specialist Visit	\$60 copay
Preventative Care	\$0 copay
Diagnostic test (x-ray, blood work)	Deductible
Imaging: CT, MRI, Pet Scans	\$100 copay then deductible
Outpatient	\$250 copay then deductible
Emergency Care	\$100 copay then deductible
Emergency Medical Transportation	Deductible
Urgent Care	\$60 copay
Inpatient admission	\$500 (Tier 1) or \$1,500 (Tier 2) copay then deductible
Mental Health / Behavioral / Substance Abuse	\$20 copay
Childbirth delivery facility services	\$500 copay then deductible
Home health care	Deductible
Rehab services	\$20 copay; up to 60 visits per calendar year
Rehab hospital care	Deductible
Skilled Nursing	Deductible
Durable medical equipment	20% coinsurance then deductible
Hospice services	Deductible
Children's eye exam	\$0
Children's dental check-up	\$10 copay
Routine Eye Vision	\$0 copay / 1 visit / 12 months
Maternity Care visits	\$20 copay prenatal first visit only; \$20 copay postnatal
Rx (up to 30 day supply)	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay
Rx Mail Order (90 day)	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay

Attachment A: Plan Design for West Suburban non-Medicare plans

Blue Cross Blue Shield Network Blue NE High Deductible

Deductible (doesn't apply to preventative care)	Indiv: \$2,000 / plan year; Family: \$4,000 / plan year
Out-of-pocket max	\$5,000 / person / plan year; \$10,000 / family / plan year (medical and pharmacy combined)
Primary Care visit to treat injury or illness	\$0 copay; deductible
Specialist Visit	\$0 copay; deductible
Preventative Care	No charge
Diagnostic test (x-ray, blood work)	\$0 copay; deductible
Imaging: CT, MRI, Pet Scans	\$0 copay; deductible
Outpatient	\$0 copay; deductible
Emergency Care	\$0 copay; deductible
Emergency Medical Transportation	Deductible
Urgent Care	\$0 copay; deductible
Inpatient admission	\$0 copay; deductible
Mental Health / Behavioral / Substance Abuse	\$0 copay; deductible
Childbirth delivery facility services	\$0 copay; deductible
Home health care	\$0 copay; deductible
Rehab services	\$0 copay; deductible up to 60 visits per year
Skilled Nursing	\$0 copay; deductible
Durable medical equipment	\$0 copay; deductible
Hospice services	\$0 copay; deductible
Children's eye exam	No charge
Children's dental check-up	\$10 copay
Routine Eye Vision	\$0 copay / 1 visit / 12 months
Maternity Care visits	\$0 copay
Rx (up to 30 day supply)	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay
Rx Mail Order (90 day)	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay

Access Blue Benchmark

Deductible (doesn't apply to preventative care)	Indiv: \$300 / plan year Family: \$900 / plan year
Out-of-pocket max	Indiv: \$2,000 / plan year Family: \$4,000 / plan year (medical and pharmacy combined)
Primary Care visit to treat injury or illness	\$20 copay
Specialist Visit	\$60 copay
Preventative Care	\$0 copay
Diagnostic test (x-ray, blood work)	Deductible
Imaging: CT, MRI, Pet Scans	\$100 copay then deductible
Outpatient	\$250 copay then deductible
Emergency Care	\$100 copay then deductible
Emergency Medical Transportation	No charge
Urgent Care	\$20 copay
Inpatient admission	\$500 copay then deductible
Mental Health / Behavioral / Substance Abuse	\$20 copay
Childbirth delivery facility services	\$500 copay then deductible
Home health care	Deductible
Rehab services	\$20 copay; up to 60 visits per year
Skilled Nursing	\$500 copay then deductible
Durable medical equipment	Deductible
Hospice services	Deductible
Children's eye exam	\$0
Children's dental check-up	\$10 copay
Routine Eye Vision	\$0 copay / 1 visit / 12 months
Maternity Care visits	\$20 copay prenatal first visit only; \$20 copay postnatal
Rx (up to 30 day supply)	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay
Rx Mail Order (90 day)	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay

Attachment A: Plan Design for West Suburban non-Medicare plans

Access Blue High Deductible

Deductible (doesn't apply to preventative care)	Indiv: \$2,000 / plan year; Family: \$4,000 / plan year
Out-of-pocket max	\$5,000 / person / plan year; \$10,000 / family / plan year (medical and pharmacy combined)
Primary Care visit to treat injury or illness	\$0 copay; deductible
Specialist Visit	\$0 copay; deductible
Preventative Care	No charge
Diagnostic test (x-ray, blood work)	\$0 copay; deductible
Imaging: CT, MRI, Pet Scans	\$0 copay; deductible
Outpatient	\$0 copay; deductible
Emergency Care	\$0 copay; deductible
Emergency Medical Transportation	Deductible
Urgent Care	\$0 copay; deductible
Inpatient admission	\$0 copay; deductible
Mental Health / Behavioral / Substance Abuse	\$0 copay; deductible
Childbirth delivery facility services	\$0 copay; deductible
Home health care	\$0 copay; deductible
Rehab services	\$0 copay; deductible up to 60 visits per year
Skilled Nursing	\$0 copay; deductible
Durable medical equipment	\$0 copay; deductible
Hospice services	\$0 copay; deductible
Children's eye exam	No charge
Children's dental check-up	\$10 copay
Routine Eye Vision	\$0 copay / 1 visit / 12 months
Maternity Care visits	\$0 copay
Rx (up to 30 day supply)	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay
Rx Mail Order (90 day)	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay

Attachment A: Plan Design for West Suburban non-Medicare plans

Harvard Pilgrim Health Care Benchmark

Deductible (doesn't apply to preventative care)	Indiv: \$300 / plan year; Family: \$900 / plan year
Out-of-pocket max	Indiv: \$2,000 / plan year; Family: \$4,000 / plan year (medical and pharmacy combined)
Primary Care visit to treat injury or illness	\$20 copay; no deductible
Specialist Visit	\$30 copay (Tier 1); \$60 copay (Tier 2); \$90 copay (Tier 3) – deductible does not apply.
Preventative Care	\$0 copay; no deductible.
Diagnostic test (x-ray, blood work)	Deductible
Imaging: CT, MRI, Pet Scans	\$100 copay then deductible
Outpatient	\$250 copay then deductible
Emergency Care	\$100 copay then deductible
Emergency Medical Transportation	Deductible
Urgent Care	\$20 copay
Inpatient admission	\$250 (Tier 1) copay then deductible; \$500 (Tier 2) copay then deductible; \$1,500 (Tier 3) copay then deductible
Mental Health / Behavioral / Substance Abuse	\$20 copay
Pre-natal / post-natal	No charge for routine outpatient visits
Home health care	Deductible
Rehab services	\$20 copay; up to 30 visits per calendar year; no deductible
Rehab hospital care	Deductible
Skilled Nursing	20% coinsurance
Durable medical equipment	Deductible
Hospice services	Deductible
Children's eye exam	\$0; no deductible
Children's dental check-up	\$20 copay; no deductible
Eye Exam	\$20 copay / 1 visit / 12 months
Maternity Care visits	\$20 copay prenatal first visit only; \$20 copay postnatal
Rx (up to 30 day supply)	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay
Rx Mail Order (90 day)	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay

Attachment A: Plan Design for West Suburban non-Medicare plans

Harvard Pilgrim Health Care High Deductible

Deductible (doesn't apply to preventative care)	Indiv: \$2,000 / plan year; Family: \$4,000 / plan year
Out-of-pocket max	\$5,000 / person / plan year; \$10,000 / family / plan year (medical and pharmacy combined)
Primary Care visit to treat injury or illness	\$0 copay; deductible
Specialist Visit	\$0 copay; deductible
Preventative Care	\$0 copay; deductible
Diagnostic test (x-ray, blood work)	\$0 copay; deductible
Imaging: CT, MRI, Pet Scans	\$0 copay; deductible
Outpatient	\$0 copay; deductible
Emergency Care	\$0 copay; deductible
Emergency Medical Transportation	\$0 copay; deductible
Urgent Care	\$0 copay; deductible
Inpatient admission	\$0 copay; deductible
Mental Health / Behavioral / Substance Abuse	\$0 copay; deductible
Childbirth delivery facility services	\$0 copay; deductible
Home health care	\$0 copay; deductible
Rehab services	\$0 copay; deductible up to 30 visits per calendar year
Skilled Nursing	\$0 copay; deductible
Durable medical equipment	\$0 copay; deductible
Hospice services	\$0 copay; deductible
Children's eye exam	\$0 copay; deductible
Children's dental check-up	Covered through Delta Dental
Routine Eye Vision	\$0 copay / 1 visit / 12 months
Maternity Care visits	\$0 copay ; deductible
Rx (up to 30 day supply)	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay
Rx Mail Order (90 day)	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay

Attachment A: Plan Design for West Suburban non-Medicare plans

Harvard Pilgrim PPO Plan

Deductible (doesn't apply to preventative care)	Indiv: \$100 / plan year; Family: \$200 / plan year
Out-of-pocket max	\$2,000 / person / plan year; \$4,000 / family / plan year (medical and pharmacy separate deductibles)
Primary Care visit to treat injury or illness	\$5 copay
Specialist Visit	\$5 copay
Preventative Care	\$0 copay
Diagnostic test (x-ray, blood work)	\$0 copay; no deductible
Imaging: CT, MRI, Pet Scans	\$0 copay; no deductible
Outpatient	\$0 copay; no deductible
Emergency Care	\$40 copay; no deductible
Emergency Medical Transportation	\$0 copay; no deductible
Urgent Care	\$5 copay; no deductible
Inpatient admission	\$0 copay; no deductible
Mental Health / Behavioral / Substance Abuse	\$5 copay; no deductible
Childbirth delivery facility services	\$0 copay; no deductible
Home health care	\$0 copay; no deductible
Rehab services	\$5 copay; no deductible
Skilled Nursing	\$0 copay; no deductible
Durable medical equipment	20% coinsurance; no deductible
Hospice services	\$0 copay; no deductible
Children's eye exam	\$5 copay; no deductible
Children's dental check-up	\$0 copay; no deductible
Routine Eye Vision	\$0 copay / 1 visit / 12 months
Maternity Care visits	\$0 copay ; no deductible
Rx (up to 30 day supply)	Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay
Rx Mail Order (90 day)	Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$75 copay

Attachment B: Notice of Union Support

Dear _____,

Congratulations on your new position with the Town of Wellesley. As a prospective or current member of a town or school union, it is our pleasure to provide the support and resources you need to make an educated decision about your insurance benefits. In addition to the Town of Wellesley's Human Resources orientation, your union is here to answer your questions and provide additional education.

If you would like support from your union, please email the relevant contact below at your earliest convenience. Please be mindful that you have 30 days after your start date to select benefits.

Congratulations again on your new position!

Union Contact:

Email:

Phone:

Attachment C: Town Provided Additional Insurance Offerings

I. Hospital Indemnity

A. Plan Options

1. Individual
2. Individual + Other
3. Individual + Dependents
4. Family

B. Plan Benefits

1. First Day Hospital Confinement: \$1,000; Once/year
2. Daily Hospital Confinement: \$150; Up to 30 days/year
3. Daily ICU Confinement: \$300; Up to 10 days/year

II. Accident Insurance

A. Plan Options

1. Individual
2. Individual + Other
3. Individual + Dependents
4. Family

B. Plan Benefits

1. Schedule of Benefits Listed in Attachment D: Accident Insurance

III. Long-Term Disability

A. Plan Options

1. 40% of salary, with \$1,250 maximum benefit per month
2. 60% of salary, with \$2,500 maximum benefit per month
3. 60% of salary, with \$6,000 maximum benefit per month

- B. The town shall provide option A1 at no cost to the employee. Employees may select options 2 or 3 at an additional cost.

Attachment D: Accident Insurance

Class Description(s): All Active Full-time Employees

Eligibility Requirement: Eligible person working 20 hours per week

Plan Information	Plan Design Option
Plan Type	Benefit
Coverage Type	24 Hour (On and off-job)
Dependent Benefit Amounts	Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.
Accident Benefits	
The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.	

EMERGENCY HOSPITAL & TREATMENT

Treatment/Service	Detail (Per covered person)	Benefit
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 90 Days	\$100
ACUPUNCTURE	Up to 10 visits/accident within 365 Days	\$50
AMBULANCE – AIR	Once/accident within 72 Hours	\$1,500
AMBULANCE – GROUND	Once/accident within 90 Days	\$500
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$200
CHILD CARE	Up to 30 Days/accident while insured is confined	\$50
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$50
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$400
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$600
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$300
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$300

EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$100
EMERGENCY ROOM	Once /accident within 72 Hours	\$200
HOSPITAL ADMISSION	Once/accident within 90 Days	\$1,500
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$100
LODGING	Up to 30 Nights/lifetime	\$150
MEDICAL APPLIANCE	Once/accident within 90 Days	\$300
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$50
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$300
TRANSPORTATION	Up to 3 Trips/accident	\$600
URGENT CARE	Once /accident within 72 Hours	\$200
X-RAY	Once/accident within 90 Days	\$150

SPECIFIED INJURY

Injury/Treatment/Service	Detail (Per covered person)	Benefit
ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$3,000
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$500
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$2,000
BURN – 3RD DEGREE (≥ 18IN ² OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$20,000
BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident 50% of burn benefit	
CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$350
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$200
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$500
HERNIA REPAIR	Once/accident within 365 Days	\$400

JOINT REPLACEMENT	Once/accident within 90 Days	\$4,000
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$2,000
KNEE CARTILAGE – WITHOUT REPAIR		\$500
LACERATION – 2” TO 6”	Highest benefit once/accident within 72 Hours	\$500
LACERATION – 6” OR GREATER	Highest benefit once/accident within 72 Hours	\$1,000
RUPTURED DISC	Once/accident within 365 Days	\$2,000
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$1,000
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$2,000

DISLOCATIONS

Injury	Detail (Per covered person)	Benefit
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE, FOOT BONES (EXCEPT TOES)	Once/joint/lifetime (Open or closed)	\$5,000
COLLARBONE – ACROMIO/SEPARATION		\$1,000
COLLARBONE – STERNOCLAVICULAR		\$2,000
ELBOW		\$2,000
FINGER, TOE		\$500
HIP		\$8,000
KNEE		\$5,000
LOWER JAW		\$2,000
SHOULDER (GLENOHUMERAL)		\$2,000
WRIST		\$2,000

HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit
MULTIPLE DISLOCATIONS/FRACTURES	--	≤ 200% of highest benefit

Injury	Detail (Per covered person)	Benefit
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE	Once/bone/accident within 90 Days	\$2,000
FOOT BONES (EXCEPT TOES)		\$1,500
COCCYX		\$750
COLLARBONE/CLAVICLE OR STERNUM		\$4,000
FINGER, TOE		\$500
FOREARM – RADIUS OR ULNA		\$2,000
HIP, THIGH/FEMUR		\$8,000
KNEECAP/PATELLA		\$3,000
LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)		\$1,500
LOWER LEG – FIBULA OR TIBIA		\$4,000
NOSE, FACIAL BONES (EXCEPT JAW BONES)		\$1,500
PELVIS (EXCEPT COCCYX)		\$10,000
VERTEBRAE – PROCESSES		\$1,500

RIB		\$750
SHOULDER BLADE/SCAPULA		\$4,000
SKULL – DEPRESSED		\$10,000
SKULL – NON-DEPRESSED/SIMPLE		\$4,000
UPPER ARM/HUMERUS		\$2,000
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)		\$1,500
VERTEBRAE – BODY		\$3,000
WRIST, HAND BONES (EXCEPT FINGERS)		\$2,000
CLOSED (NON-SURGICAL)		50% of open benefit
CHIP FRACTURE		25% of closed benefit
MULTIPLE FRACTURES/DISLOCATIONS	--	≤ 200% of highest benefit

CATASTROPHIC BENEFITS

Injury/Treatment/Service	Detail (Per covered person)	Benefit
ACCIDENTAL DEATH – EMPLOYEE	Within 90 Days	\$75,000
ACCIDENTAL DEATH – SPOUSE		50% of employee benefit
ACCIDENTAL DEATH – CHILD(REN)		25% of employee benefit
COMMON CARRIER DEATH	Within 90 Days	2 times death benefit
COMA (≥ 168 CONTINUOUS HOURS)	Once/accident within 90 Days	\$15,000
HOME HEALTH CARE	Up to 30 Days/accident	\$75
PARALYSIS – QUADRIPLÉGIA	Highest benefit once/accident within 90 Days	\$100,000
PARALYSIS – PARAPLEGIA		\$50,000

PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$2,000
PROSTHESIS – 2 OR MORE		\$4,000

DISMEMBERMENTS

Injury	Detail (Per covered person)	Benefit
SPOUSE & CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
BOTH HANDS OR BOTH FEET	Within 90 Days	\$100,000
SIGHT – BOTH EYES		\$100,000
SPEECH & HEARING (BOTH EARS)		\$100,000
1 HAND & 1 FOOT	Once/accident within 90 Days	\$100,000
1 HAND/FOOT & SIGHT OF 1 EYE		\$100,000
1 HAND OR 1 FOOT		\$50,000
SIGHT – 1 EYE		\$50,000
SPEECH OR HEARING (BOTH EARS)		\$50,000
THUMB & INDEX FINGER (SAME HAND)		\$15,000

ADDITIONAL PLAN FEATURES

HEALTH SCREENING BENEFIT	\$50 once per year for each covered person
ABILITY ASSIST® ¹	Included
HEALTH CHAMPION SM ¹	Included
THE HARTFORD'S CLAIMS CONNECTIONS	Logical Claims Notification ⁵ – Employees receive text or email notification of potential claims opportunities based on core claim events