

**MEMORANDUM OF AGREEMENT  
BETWEEN  
THE TOWN OF WELLESLEY  
AND  
THE WELLESLEY EDUCATORS ASSOCIATION**

**(July 1, 2021 through June 30, 2022)**

**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 Wellesley Educators Association (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, the Town and the Union agree as follows:**

- 1. This Agreement shall be for a one year period commencing July 1, 2021 and ending June 30, 2022. 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 3c below. 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. Plan Offerings.**
  - a. Effective July 1, 2021, 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 B.**
  - c. The High Deductible plans shall include the plan designs currently in effect and expressly listed in this Agreement in Attachment B.**
  - 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 C. It is the responsibility of Union Leadership to update the Town on contact information provided in Attachment C.

### 3. **Premium Splits.**

- a. Effective July 1, 2021, the Town shall contribute:

**\*78% towards the Fallon Select and Fallon Direct Benchmark plans;  
62% towards the Harvard Pilgrim HMO Benchmark;  
60% towards the Tufts Navigator HMO Benchmark; and  
55% towards the Blue Cross Blue Shield Benchmark plans.**

**\*78% towards the Fallon Select and Fallon Direct High Deductible plans;  
68% towards the Harvard Pilgrim HMO High Deductible;  
64% towards the Tufts Navigator HMO High Deductible; and  
58% towards the Blue Cross Blue Shield High Deductible plans.**

**\*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 Fallon Direct and Fallon Select).**

- 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.

### 4. **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. 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.
- c. 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. Transfer up to \$10,000 into the Transition of Care Fund referenced in section 9, if needed.
- 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.

5. **Health Savings Accounts (HSA).**

- a. Effective July 1, 2021, 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. Effective July 1 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. The disbursement of the Town's contribution shall be made in two payments. The first payment shall be made by October 15 of each year, and the second payment by March 1 of each year.

c. **Disbursement of Payments**

- i. Employees enrolled in a High Deductible plan shall receive 75% of the employer contribution in the first disbursement and 25% of the employer contribution in the second disbursement.
- ii. Newly-hired employees who have not yet enrolled in a High Deductible plan by the receipt of the first disbursement shall be eligible for a pro-rated employer contribution to be paid in addition to and on the date of the final disbursement of the plan year. The town will contribute 1/12th of the total employer contribution for each calendar month since their start date (and inclusive thereof). Employees with start dates after the final disbursement of the plan year shall not receive a contribution for that plan year.
- iii. Between the receipt of the first and second disbursements, should an employee move from an Individual High Deductible Plan to a Family High Deductible Plan, the town will contribute the difference between the first disbursement received and the full employer contribution for the Family Plan.
- iv. Between the receipt of the first and second disbursements, should an employee move from a Family High Deductible Plan to an Individual High Deductible Plan, the town will contribute the full amount of the second disbursement for the Individual Plan.

d. **High Deductible Plan Early Adopter Incentive.**

- i. Effective July 1, 2021, the Town shall compensate any employee who had been enrolled in a Benchmark family plan the previous year and who enrolls in a Fallon High Deductible family plan the sum of \$750. The compensation shall be paid through the employee's regular earnings with normal deductions no later than the first pay period in December.

**6. 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 6b below, reimbursement shall be provided to said employees for the following co-payments:

Specialist Care	\$25
Urgent Care	\$10
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. Effective July 1, 2021, the total town funding for the HRA shall be \$25,000 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 \$100 for an employee enrolled in an individual plan and \$300 for an employee enrolled in a family plan.

**7. 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 insurances 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. For the remaining insurances, the Town shall contribute a total amount of \$525 for an individual and \$645 for a family. For benefit eligible employees not enrolling in health insurance, the Town shall contribute \$325 toward the additional insurances.
- d. The parties shall mutually agree on choosing new insurance offerings.

8. **Opt-out program.** For the duration of this Agreement, the Town shall offer an “opt-out” program for employees who are enrolled in a Town sponsored health insurance plan. The terms of the opt-out program are detailed in “Attachment A”. The Town will have no obligation to offer this opt-out program after the expiration of this Agreement unless the parties agree in writing to continue the program.

**9. Transition of Care Fund (Fund).**

The parties agree that the Town shall continue a mitigation fund established in 2018 of \$60,000 for the term of this agreement for the dual purpose of helping vulnerable employees/non-Medicare eligible retirees who have serious, ongoing medical conditions remain with their specialists who are not covered by the Fallon Select plan as well as providing assistance to employees who live outside the Fallon service area and use providers outside of the Fallon service area. The amounts specified below are to assist in the payment for the difference between the premium cost of Fallon and the premium cost of either the HPHC, BCBS or Tufts plans whose networks cover physician services outside the borders of Massachusetts or on Cape Cod where the employee/non-Medicare eligible retiree lives. The parties agree that eligibility for mitigation is subject to the following terms:

- The Town of Wellesley and the Union shall adopt Fallon’s Transition of Care provision for a “qualifying” employee/non-Medicare eligible retiree who has a serious ongoing medical condition.
- The Town of Wellesley and the Union shall also adopt a Residence Transition of Care provision for an employee/non-Medicare eligible retiree whose permanent address, as listed in the Town of Wellesley payroll system, is outside the Fallon service area of all of Massachusetts, except for the communities beyond the Cape Cod Canal. In addition, the employee/non-Medicare eligible retiree must have utilized at least one provider who is a non-Fallon provider within the last year.
- Applications for Fallon’s Transition of Care will be submitted to Fallon’s Client Service Advocate who will make a determination if the applicant would normally be approved for Fallon’s Transition of Care coverage for active treatment for a serious condition by a primary specialist. Applications for the Residence Transition of Care must also be submitted to Fallon’s Client Service Advocate who will verify the employee/non-Medicare eligible retiree’s address with the Town’s payroll department and will verify that the treating provider listed in the application is a non-Fallon provider.
- If the applicant meets the eligibility requirements for Fallon’s Transition of Care coverage or the Residence Transition of Care provision, they will receive a subsidy of up to \$1,400 for an individual Benchmark plan, and up to \$3,800 for a family Benchmark plan and up to \$700 for an individual High Deductible plan, and up to \$2,000 for a family High Deductible plan to remain enrolled in a non-Fallon plan through WSHG, subject to the availability of funds. The subsidy shall be no more than is necessary for the percent the employee contributes to their premium to equal 21 %. If the total number of eligible applicants exceeds the mitigation fund for that year, the subsidy shall be disbursed on a proportional basis based on the total number of eligible applicants.
- A “qualifying” employee for Fallon’s Transition of Care must be receiving active treatment on or before July 1, 2021 by a primary specialist that specializes in a defined practice and who is not covered within the Fallon Select network.
- For these purposes relating to Fallon’s Transition of Care, the terms “active treatment”, “serious condition” and “primary specialist” are defined as follows:
  - Active treatment: treatment following an inpatient stay or outpatient procedure for recovery or rehabilitation for a serious disease. It may include continuing care for a serious disease that requires diagnostic tests or adjustment of medications or treatments that occur and are scheduled every six months or sooner. Continuing care that occurs at intervals greater than every six months would not qualify as active treatment. It may also include an inpatient procedure for a serious disease that was scheduled on or before July 1, 2021 Active treatment does not include preventive services or services to monitor a patient’s condition after the patient completes treatment for a serious disease. It also does not include clinical trials, experimental treatments, off-label use for products or products not approved by the Food and Drug Administration in circumstances where these services would not otherwise be covered.
  - Active treatment shall also include mothers who give birth after April 30, 2021 and before July 1, 2021 if the mother requires postpartum care and the mother’s care provider(s) is not covered under the Fallon Select plan/network.
  - Serious condition: one that is life threatening or could lead to a serious or permanent disability if left untreated.

- Primary specialist (may include but not limited to): a primary medical specialist in the following fields or practice; cardiologist, endocrinologist, gastroenterologist, hematologist, oncologist, maternal fetal medicine, neonatologist, neurologist, nephrologist, orthopedist, urologist, medically necessary plastic surgeon, pediatric specialist.
- The subsidies shall apply only to qualifying members and subscribers enrolled in a Town sponsored Harvard Pilgrim, Tufts or Blue Cross Blue Shield plan as of April 1, 2021.
- A five-member Health Insurance Subsidy Review Board shall be established to administer the subsidy program and for subscribers to appeal a decision by Fallon's Client Service Advocate regarding qualification for the subsidy. The Board shall be composed of the Town Human Resources Director, School Human Resources Director, two Union members and a Town retiree. The Town retiree shall be elected by unanimous consent by the four members of the board. The final ruling of the Board shall be binding and not subject to the grievance or arbitration process.

**10. Non-Medicare Eligible Retirees:**

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.

- 11. Duration.** The parties agree that this agreement shall sunset on June 30, 2022. In no event shall any of the terms of this agreement be binding past June 30, 2022 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.

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. 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.**

The Town of Wellesley:

---

Date

The Union:

---

Kyle Gekopi, President

---

Date

## **Attachment A – Opt Out Pay**

- 1. Employees who have been enrolled in a Town-offered health insurance plan for at least two consecutive years immediately prior to July 1, 2015 or immediately prior to July 1, 2018 or immediately prior to July 1, 2021, and who remain eligible (during the entire time they seek an opt-out payment) and who opt-out of the Town plan/program 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. The opt-out program shall be for a one year period commencing July 1, 2021 and concluding June 30, 2022 and shall “sunset” on that date unless extended by mutual agreement of the parties.**
- 2. Employees who opt-out for a full year will receive the opt-out payment in the first June pay period. (For example, if an employee opts-out of a family plan effective July 1, 2021, the employee will receive the \$4,500 payment in June of 2022).**
- 3. Employees who are enrolled in a Town plan as of July 1<sup>st</sup>, but otherwise meet the eligibility criteria in (1) above, and who then enroll in a spouse’s plan during the benefit year shall be entitled to a pro-rata share of the opt-out payment amount.**
- 4. Employees who are properly enrolled in the opt-out program and retire or resign 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.**
- 5. 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.**



## Attachment B – Plan Design for West Suburban non-Medicare plans

### **Fallon Select 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

### **Fallon Select 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

### **Fallon Direct 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**

**Fallon Direct 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

**Blue Cross Blue Shield 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	No charge

Urgent Care	\$20 copay
Inpatient admission	\$500 (Tier 1) copay then deductible; \$1,500 (Tier 2) 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	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

### **Blue Cross Blue Shield 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

### **Tufts Navigator 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	\$20 copay
Inpatient admission	\$500 (Tier 1) copay then deductible; \$1,500 (Tier 2) then deductible
Mental Health / Behavioral / Substance Abuse	\$20 copay
Mental / Behavioral health inpatient	\$500 copay / admission
Pre-natal / post-natal	No charge for routine outpatient visits
Childbirth delivery facility services	\$500 copay then deductible
Home health care	Deductible
Rehab services	\$20 copay; up to 30 visits per calendar year
Rehab hospital care	Deductible
Skilled Nursing	Deductible
Durable medical equipment	Deductible
Hospice services	Deductible
Children's eye exam	\$0
Children's dental check-up	\$10 copay
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

### **Tufts 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

### **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

### **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 C – 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!