

2024



BENEFITS OVERVIEW

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Benefits Highlights



The employee benefits made available to you through CMC have evolved by listening to our employees, and by making it a top priority to offer you the most comprehensive benefit package possible. The information in this brochure describes the highlights of the benefits offered to full-time employees. For more complete information including summary plan descriptions, please contact the Human Resources Department.

Medical

Carrier:	United Healthcare*			
Plan Type:	Choice w/ Benefit Ally	Navigate w/ Benefit Ally	Choice \$2,000/ \$4,000 Deductible	Navigate \$2,000/ \$4,000 Deductible
Effective Date:	30 days from date of hire			
Group #:	923863	923863	923863	923863
Routine Office Visit:	\$ 0 Copayment	\$ 0 Copayment	\$ 0 Copayment	\$ 0 Copayment
PCP:	\$20 Copayment	\$20 Copayment	\$20 Copayment	\$20 Copayment
Specialist:	\$35 Copayment	\$35 Copayment	\$35 Copayment	\$35 Copayment
Emergency Room:	\$150 Copayment	\$150 Copayment	\$150 Copayment	\$150 Copayment
RX 30 Day Retail Supply:	\$15 Generic \$30 Brand \$50 Preferred	\$15 Generic \$30 Brand \$50 Preferred	\$15 Generic \$30 Brand \$50 Preferred	\$15 Generic \$30 Brand \$50 Preferred
RX 90 Day Mail Order Supply:	\$37.50 Generic \$75 Brand \$125 Preferred	\$37.50 Generic \$75 Brand \$125 Preferred	\$37.50 Generic \$75 Brand \$125 Preferred	\$37.50 Generic \$75 Brand \$125 Preferred
Inpatient Hospital Services:	\$1,000 Copayment*	\$1,000 Copayment*	\$1,000 Copayment*	\$1,000 Copayment*
Outpatient Hospital Services: (Surgery & related anesthesia)	\$1,000 Copayment*	\$1,000 Copayment*	\$1,000 Copayment*	\$1,000 Copayment*
MRI, CT and PET Scans:	\$500 Copayment*	\$500 Copayment*	\$500 Copayment*	\$500 Copayment*
Diagnostic Lab Work:	Minor: No charge; Major: \$500	Minor: No charge; Major: \$500	Minor: No charge; Major: \$500	Minor: No charge; Major: \$500
Diagnostic X-rays:	Minor: No charge; Major: \$500	Minor: No charge; Major: \$500	Minor: No charge; Major: \$500	Minor: No charge; Major: \$500
Plan Year Network Deductible per Policy Year:	N/A	N/A	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Plan Year Network Out-of-pocket Maximum per Policy Year:	\$ 6,450 Individual \$12,900 Family	\$ 6,450 Individual \$12,900 Family	\$ 6,450 Individual \$12,900 Family	\$ 6,450 Individual \$12,900 Family

*Central Mass Special Education Collaborative has established a Health Reimbursement Account (HRA) that will cover the Inpatient copayment and Outpatient copayment as follows:

Inpatient Hospital:	100% of the \$1,000 Copayment
Outpatient Hospital:	100% of the \$1,000 Copayment
MRI/CT/PET Scans:	100% of the \$500 Copayment

You will receive an Explanation of Benefits from UHC, as well as a bill from the provider of services for each claim that has a copayment. You will need to complete a HRA Claim Form and include the EOB/invoice for the service date. Please note, claims processed through your HRA account cannot be submitted to a Flexible Spending Account (FSA).

Telehealth

United Healthcare offers virtual visits, a telehealth service, that lets members talk to board-certified doctors. With virtual visits, you can see and talk to a doctor and they can give you a diagnosis—and even write a prescription if needed. From treating flu and fevers, to caring for migraines and allergies, you can chat with a doctor by phone or video 24 hours a day, seven days a week.

Use the health4me mobile app (register on myuhc.com first) or download the AmWell or Doctor on Demand app. Visit myuhc.com type in "uhc.com/virtualvisits" to find Teledoc.

Life Coverage

Carrier:	Indigo/USable Life Insurance Services
Group #:	50005774
Effective Date:	Date of Hire
Life Coverage:	1 x salary up to \$50,000; Guarantee Issue: \$50,000
AD&D Coverage:	Provides an additional benefit equal to your life insurance coverage
Age Reduction Schedule:	33% @ 70, 50% @ 75
Contributions:	Employer Paid

Dental

Carrier:	United Healthcare
Plan Type:	Dental PPO 30
Effective Date:	30 days from date of hire
Group #:	923863
Preventative Services: (Preventative and Diagnostic)	100%
Basic Services: (Fillings, Root Canals, etc.)	Coinsurance—once deductible is met, the plan pays 80%
Major Services: (Bridges, Crowns, etc.)	Coinsurance—once deductible is met, the plan pays 50%
Calendar Year Deductible:	\$50 Individual/ \$150 Family Waived for Preventative Services
Calendar Year Maximum:	\$1,500
Contributions:	100% employee paid



Employee Contact Numbers

United Healthcare (Medical & Dental)	1-800-651-5465
Indigo/USABLE Life (Life, AD&D)	1-888-598-5671
EyeMed Vision Care (Vision)	1-866-800-5457
AFLAC (STD), Christina Beeke christina_beeke@us.aflac.com	1-413-977-6016
Empower Retirement, Regional Service Center (457b) Waltham, MA, Monday-Friday 9 a.m.—5 p.m. smart@cmpower.com	1-877-457-1900 (Plan Support)
Lincoln Investment, Sara McGrath (403(b)) c/o Clifford & Rano Associates info@cliffordrano.com	1-508-752-8284
Educators EAP—(EAP Program) www.EducatorsEAP.com	1-800-252-4555 1-800-225-2527
Ticketsatwork (discounted tickets and events) www.tiketatwork.com , Co. Code: BYSTBNFT	1-800-273-5825
Baystate Benefit Services (Flexible Spending Account)	1-800-601-3570



Short Term Disability

Carrier:	AFLAC
Effective Date:	30 days from date of hire
Plan Design:	Please see HR for more details
Contributions:	Employee Paid

For more detail regarding the STD program, please refer to the plan summary.

Flexible Spending Accounts

Pay for the following items with TAX-FREE Dollars:

Dependent Care Expenses: Up to \$5,000 per year maximum (married filing jointly); up to \$2,500 per year maximum (married filing individual).

Out-of-pocket Health Care Expenses: Up to \$3,200 per year maximum. A maximum of \$640 of unused funds will be rolled over to the new plan year.

Employee Assistance Program

Carrier: Educators EAP—A division of ESI

The EAP is a confidential and voluntary counseling referral service provided free of charge to all employees and members of their family household

Types of concerns the EAP can assist you with:

- Emotional Problems
- Family Concerns
- Drug or Alcohol Abuse
- Marital/Relationship Issues
- Stress Management
- Legal Issues
- Money Matters such as budgeting and how to save

457b

Effective Date: Anytime after date of hire

Plan Design: SMART Plan 457(b)

The total contribution to the 457(b) account is paid by the employee through payroll deductions.

*Under age 50: IRS maximum of \$22,500. If age 50 or older, you may contribute an additional \$7,500 above maximum as catch-up money.

403(b)

Effective Date: Anytime after date of hire

Plan Design: Traditional 403(b)/ROTH 403(b)

The total contribution to the 403(b) account is paid by the employee through payroll deductions.

*Under age 50: IRS maximum of \$23,000. If age 50 or older, you may contribute an additional \$7,500 above maximum as catch-up money.

Vision

Carrier:	EyeMed Vision Care	
Eligibility Date:	30 days from date of hire	
Group #:	9903261	
Type:	In-network	Out-of-network
Exam with dilation as necessary: (once every 12 months)	\$10 copayment	Up to \$50
Exam Options: (once every 12 months)		
Standard contact lens fit & follow up:	Up to \$40	N/A
Premium contact lens fit & follow up:	10% off retail	N/A
Frames: (once every 24 months)	\$0 copayment, \$130 allowance, 20% off balance over \$130	Up to \$74
Standard Plastic Lenses: (once every 12 months)		
Single Vision:	\$25 Copayment	Up to \$42
Bifocal:	\$25 Copayment	Up to \$78
Trifocal:	\$25 Copayment	Up to \$130
Lenticular:	\$25 Copayment	Up to \$130
Standard Progressive Lens:	\$90	Up to \$78
Premium Progressive Lens:	See Fixed Premium Progressive Price List	Up to \$78
Lens Options:		
UV Treatment:	\$15	N/A
Tint (solid & scratch coating):	\$15	N/A
Standard Plastic Scratch Coating:	\$15	N/A
Standard Polycarbonate (adult):	\$40	N/A
Standard Polycarbonate (child under age 19):	\$40	N/A
Standard Anti-Reflective Coating:	\$45	N/A
Polarized:	20% off retail price	N/A
Photocromatic/Transitions Plastic:	\$75	N/A
Other Add-ons:	20% off retail price	N/A
Contact Lenses: (once every 12 months) (Allowance includes materials only)		
Conventional:	\$0 copayment, \$130 allowance, \$15% off balance over \$130	Up to \$104
Disposable:	\$0 copayment, \$130 allowance, plus balance over \$130	Up to \$104
Medically Necessary:	\$0 copayment, paid in full	Up to \$210
Laser Vision Correction:		
Lasik or PRK from US Laser Network:	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit:	40% off additional eyewear purchases 20% off non-prescription sunglasses 20% off remaining balance beyond plan coverage	N/A

TicketsatWork

TicketsatWork - Entertainment discounts, log onto ticketsatwork.com, click on Become a Member, enter your personal information with company code of BYSTBNFT. You will be eligible to purchase discounted tickets at a variety of shows and activities.

Employee Payroll Deductions (24 Pay Periods) Effective February 1, 2024 – January 31, 2025

United Healthcare Medical				
	Choice	Navigate	Choice Ded.	Navigate Ded.
Individual	\$107.82	\$102.36	\$97.03	\$94.56
Family	\$283.04	\$268.73	\$254.73	\$248.28
United Healthcare Dental				
Individual	\$23.73			
Family	\$60.36			
EyeMed				
Individual	\$3.24			
Individual + Spouse	\$6.14			
Individual + Child(ren)	\$6.47			
Family	\$9.50			

