



**TOWN OF CONCORD**  
Human Resources Department  
TOWN HOUSE  
*hr@concordma.gov*

March 30, 2021

**NOTICE FOR INSURANCE-ELIGIBLE EMPLOYEES**

**It's Health Insurance Open Enrollment Time  
and there are some exciting options available to you!**  
**Please take the time to learn more so you don't miss any cost-saving opportunities!**

Visit [www.concordma.gov/benefits](http://www.concordma.gov/benefits) – your hub for benefit information

The new plan year for the Town's employee health insurance plans will begin on June 1, 2021. Here are highlights to be aware of:

- **New biweekly payroll deductions are effective 5/13/2021**
- **Town Incentive Payments will continue for 2021-2022 to assist with premium costs**
- **Employer Contribution to Tax-Advantaged Health Savings Accounts**
- **CanaRx option to obtain many maintenance prescriptions for free applies to all plans**
- **View and elect plan options online – No paper form needed!**
- **Open Enrollment – Deadline for Changes = 4/16/2021**

**Time for a Change...**

⇒ **HEALTH PLANS - OPEN ENROLLMENT** ←

An open enrollment for the Town's health plans will be held from now through **Friday, April 16, 2021**. This is the only time during the next year that you can make a change in your health coverage (e.g., enroll in a plan, add a family member, change from individual to family coverage, or change from one plan to another) without a "qualifying event," as described below. **In order to change coverage, you must follow the instructions and deadlines in this memo.**

Qualifying events are events such as loss of other coverage, marriage, birth of a dependent, etc. that affect your insurance eligibility and options. If you have a qualifying event, you may change your health insurance election at that time provided you notify Human Resources (HR) of the desired change and complete all necessary forms *within 30 calendar days of the event*. Otherwise, the change cannot be made until the open enrollment period for the Plan Year beginning June 1, 2022. If you have any questions regarding what constitutes a qualifying event and what changes could be made in such a case, please contact our HR Assistants Marie McCahon or Shana Connerney.

**What's New...**

**MONTHLY PREMIUM INCREASES**

Due to increased claims costs, all plans will experience an increase in premiums. New biweekly payroll deductions, shown on the attached rate chart, will go into effect in May 13, 2021 paychecks.

**TOWN INCENTIVE PAYMENT**

Good news! As an incentive for enrollment in one of the most cost-effective plans, the Town will again contribute additional amounts toward the premium for some plan options. With these payments, employee

payroll deductions for these plans remain lower than they were 3 years ago. During the 2021-2022 Plan Year, the following Town incentive payments will apply:

- **\$100 to \$205 per month for specified family plans, and**
- **\$35 to \$60 per month for specified individual plans.**

The incentive payment will be credited to the premium of the following plans:

- Fallon Select Benchmark
- Fallon Direct Benchmark
- Fallon Select HSA-Q
- Fallon Direct HSA-Q
- Harvard Pilgrim HSA-Q
- Tufts HSA-Q

We hope you will take the time to learn more about how you can save money, while still having access to the provider network you prefer, by enrolling in one of these plans. The total premium for each plan, as well as Town and employee contribution amounts, are shown on the attached rate chart.

#### RENEWAL OF HSA-QUALIFIED PLAN OPTIONS & TOWN HSA CONTRIBUTION

Once again the Town will offer the high-deductible health plans options that the IRS considers Health Savings Account (HSA)-Qualified. Those plans will again be offered with Tufts, Harvard, Fallon Select and Fallon Direct options. With enrollment in one of these plans, the Town will establish/maintain a Health Savings Account for the employee and make a Plan Year contribution to that account in June 2021:

- **\$2,000 for family plans; \$1,000 for individual plans.**

#### CANARX PROGRAM AVAILABLE TO ALL

The CanaRx program, which makes many preventative medications available at no cost, became available for HSA-Q subscribers in 2020 (it was previously only available for Benchmark subscribers).

### **The Options...**

#### BENCHMARK PLANS

Benchmark plans are Health Maintenance Organizations (HMOs) with a more traditional plan design in that they include a deductible (\$300 per person covered, not to exceed \$900 per family) and copays that vary depending on the type of service received. These plans work with managed-care networks. This means that in order to receive benefits under the plans, subscribers must use doctors or medical facilities that have contracted with your selected plan (i.e., Tufts, Harvard Pilgrim, Fallon Select, Fallon Direct) to provide services. Each of the plans have a different list of doctors or medical facilities where members can receive their care, but the networks are substantially the same. You may check each plan's website or call to find out if your doctor is currently a member of the plan, but be aware that doctors could change their membership during the year.

An MNHG Health Plan Benefit Comparison Chart outlining the coverage provided by each plan is available on the Town's Open Enrollment website: [www.concordma.gov/openenrollment](http://www.concordma.gov/openenrollment). Please consider the following when choosing a Benchmark plan:

- Benchmark plans cost more than HSA-Qualified plans and are best for employees who prefer a simpler process for paying medical bills.
- If you are enrolled in a higher-premium plan because you think the price must mean it is a better plan, you are encouraged to learn more. Coverage and provider networks offered by Tufts, Harvard, and Fallon Select Benchmark plans are comparable.
- While Benchmark plans may seem safer from a cost-exposure perspective, total costs experienced under HSA-Qualified plans are likely lower even if you have significant medical expenses. The HSA-Qualified plans described below provide more ways to save money, and the high deductible can be covered through premium savings and Town HSA contributions.

## HSA-QUALIFIED HIGH DEDUCTIBLE HMO PLANS

High-deductible health plans that meet IRS requirements to be Health Savings Account (HSA) eligible are also available with Tufts, Harvard Pilgrim, Fallon Select and Fallon Direct options. The provider networks and methods of obtaining medical care under the HSA-Qualified plans match those of the Benchmark plans, but the plan design is different.

**The HSA-Qualified plans provide an opportunity to save you money, so we hope you will take time to learn whether one is right for you.** Some notable features of these plans are:

- Lower premiums than the Benchmark plans.
- The Town will establish/continue an HSA for you and make the full employer contribution to the account in June 2021<sup>1</sup> – \$2,000 for family plans and \$1,000 for individual plans. That means you have enough money to cover half the deductible right at the beginning of the plan year!
- A \$4,000 deductible for family plans; a \$2,000 deductible for individual plans.
- Medical services are covered in full after the deductible! That means there are no medical copays – the deductible is your full exposure for medical expenses!
- Prescriptions count toward the combined medical/Rx deductible. After the deductible, you will only make copays on prescriptions; those Rx copays are limited by a per person/family out-of-pocket max.

Before enrolling in an HSA-Qualified plan, please consult with Human Resources if you:

- will enroll an adult child for family coverage but not list him/her as a dependent on your tax return;
- will turn 64.5 years of age;
- are or will be Medicare eligible;
- will be claimed as a dependent on someone else's tax return;
- will have other health coverage; or
- you/your spouse will contribute to or have a remaining balance in a general-purpose health care FSA during the new Plan Year.

The plan may still work for you, but you need to be aware of some provisions.

An MNHG Health Plan Benefit Comparison Chart outlining coverage under these "HSA-Qualified HMO" plans is available on the Town's Open Enrollment website: [www.concordma.gov/openenrollment](http://www.concordma.gov/openenrollment).

## HEALTH SAVINGS ACCOUNT (HSA)

Each employee who enrolls in an HSA-Qualified plan will have access to a Town-provided Health Savings Account (HSA), provided he/she qualifies to make contributions. HSAs have become a popular option for people who wish to have comprehensive health insurance while building up tax-free funds they can keep for future use if not used. An HSA allows individuals to withdraw funds on a tax-free basis to pay for medical expenses, doctors' visits, prescriptions, and other qualified health expenses.<sup>2</sup> Advantages of HSAs include:

- No time limit on reimbursements or spending funds (no use-it-or-lose-it provisions)!
- Funds contributed via payroll are made pre-tax, pre-Medicare and pre-Social Security (if applicable).<sup>3</sup>
- You can change your payroll contribution amount throughout the year!
- Fees are paid by the Town while enrolled in a Town HSA-Qualified health plan.

---

<sup>1</sup> In order for you or the Town to make contributions to an HSA, you must not be enrolled in Medicare, not be claimed as a dependent on someone else's tax return, and must have no other health coverage, with the exception of several types of ancillary coverage. Furthermore, you and your spouse cannot contribute to, nor have a remaining balance in, a general-purpose health care FSA account.

<sup>2</sup> Tax-free payments from HSA funds can only be used for your tax-dependent's expenses. If you cover an adult child on your health plan, please explore the impact this may have on your plan selection and ways you can set aside tax-free funds to pay for your child's expenses.

<sup>3</sup> Elected HSA contributions will be deducted from pay on a biweekly basis, a maximum of 2 times per month.

- Provider payments can be made online using HSA funds.
- You own the account – it’s interest-bearing, portable (keep post-employment), inheritable and, once you save a minimum amount, investible.
- There’s no tax on interest & investment earnings if used for qualifying medical expenses!
- Contributions reduce taxable income & help build long-term savings you can take into retirement!

A chart outlining key features of the Town’s HSA and other tax-advantaged account options is attached. In addition, a link to information about the Health Savings Account option, administered by Health Equity, is available on the Town’s Open Enrollment website: [www.concordma.gov/openenrollment](http://www.concordma.gov/openenrollment).

## Finding What’s Right for You...

### SOURCES OF INFORMATION

The HR Department’s Employee Benefits section of the Town’s web page contains an “Open Enrollment” link where you will find Health Plan Benefit Comparison Charts and additional information regarding the various insurance plans offered. We will continue to add informational resources to that page as they become available.

A Summary of Benefit and Coverage (SBC) for each health plan (Tufts, Harvard Pilgrim and Fallon) is posted on our health insurance web page. Access the SBCs directly at: [www.concordma.gov/healthinsurance](http://www.concordma.gov/healthinsurance).

You may also email Human Resources at [hr@concordma.gov](mailto:hr@concordma.gov) for assistance in obtaining information.

## Your Action Plan...

### HOW TO MAKE A CHANGE IN HEALTH COVERAGE

To make any health plan changes, you must enroll online in the Town’s ADP Employee Self-Service portal (if you are unable to do so, contact [hr@concordma.gov](mailto:hr@concordma.gov) to explore other options). If you will be adding coverage for a dependent, documentation such as marriage/birth certificates and/or tax forms will be required to verify eligibility; a list of documents required when enrolling family members for coverage is also available on the Open Enrollment web page. You will be prompted to upload the documents into the ADP portal while enrolling. **Online enrollment must be completed by Friday, April 16, 2021.** Changes elected during this period will become effective on June 1, 2021.

### TO CONTINUE WITH YOUR CURRENT HEALTH COVERAGE

If you have no change in covered family members and you want to remain with your currently-elected plan you do not need to reenroll, but be aware that your premium payments will change. Also, you must verify your payroll deduction as described below. Finally, if you are enrolled in an HSA-Qualified plan and wish to continue contributions to your HSA via payroll, you must elect an HSA contribution amount in ADP.

### ELECT AN HSA PAYROLL DEDUCTION FOR THE PLAN YEAR

If enrolled in an HSA-Qualified plan, make sure you elect a new HSA payroll contribution amount for the 2021 – 2022 Plan Year if you wish to direct a portion of your pay to your HSA. Many employees find it helpful to direct any money they save in premiums to the HSA account to cover the second half of their annual deductible.

### VERIFY YOUR PAYROLL DEDUCTION

The new rates go into effect as of the paychecks issued on **May 13, 2021**. Please examine your paycheck stub to make sure that your insurance deduction matches the amount shown on the attached rate chart. ***If the deduction does not appear correct, you must contact HR immediately to avoid excessive retroactive adjustments at a later date.***

## Other Ways to Save...

Employees and their families can assist in the group's cost-saving efforts by using programs such as CanaRx (which offers certain maintenance prescriptions at no cost to you), My TeleMedicine (access to licensed medical professionals 24/7 via phone and online service), and Good Health Gateway (a way to get free diabetes medications and supplies). These programs not only provide a direct savings to the subscriber, but also help to keep insurance rates down for all MNHG plan participants. In addition, employees can "shop" for the best prices for their care by using cost estimator tools available on each of the Plan's websites – you may be surprised to see how much money you can save by getting tests and other services at a stand-alone facility! Please familiarize yourself with all of these programs to take full advantage of the benefits available to you. Visit the Town's Open Enrollment website for the details: [www.concordma.gov/openenrollment](http://www.concordma.gov/openenrollment).

If you have any questions regarding your insurance benefits, contact:

Marie McCahon or Shana Connerney  
Concord Human Resources Department  
[hr@concordma.gov](mailto:hr@concordma.gov)

### Attachments:

- Group Health Insurance Rates
- Tax-advantaged Account (HSAs/FSAs) Information

Town of Concord  
**Employees' Group Health Insurance Rates**  
 Effective 6/1/2021  
 (Payroll deductions change as of May 2021)

Although there are 26 biweekly paydates per year, employee insurance deductions & FSA/HSA contributions are made 24 times per year (max of 2 times per month).  
 Employees are responsible for verifying that their deductions match those required for the benefits in which they have enrolled and for reporting any errors to HR so their payments can be reconciled.

FAMILY	Tufts Benchmark EPO	Tufts HSA-Qualified HMO w/HSA	Harvard Benchmark HMO	Harvard HSA-Qualified HMO w/HSA	Fallon Select Benchmark HMO	Fallon Select HSA-Qualified HMO w/HSA	Fallon Direct Benchmark HMO	Fallon Direct HSA-Qualified HMO w/HSA
<i>Group Number</i>	16208-010	54707-010	0287170-013	0747480-013	55500-81	55508-31	55500-80	55508-27
<b>Monthly Premium</b>	\$2,406.00	\$1,972.00	\$2,496.00	\$1,972.00	\$2,109.00	\$1,729.00	\$1,965.00	\$1,611.00
<i>Town Regular Share</i>	\$1,251.12	\$1,025.44	\$1,372.80	\$1,084.60	\$1,159.96	\$950.96	\$1,080.76	\$886.06
<b>Town Incentive Payment*</b>	<b>\$0.00</b>	<b>\$159.16</b>	<b>\$0.00</b>	<b>\$100.00</b>	<b>\$205.00</b>	<b>\$165.00</b>	<b>\$190.00</b>	<b>\$165.00</b>
<i>Town's Effective Contribution**</i>	52%	60%	55%	60%	65%	65%	65%	65%
<i>Employee Share</i>	\$1,154.88	\$787.40	\$1,123.20	\$787.40	\$744.04	\$613.04	\$694.24	\$559.94
<b>Biweekly Payroll Deduction</b>	<b>\$577.44</b>	<b>\$393.70</b>	<b>\$561.60</b>	<b>\$393.70</b>	<b>\$372.02</b>	<b>\$306.52</b>	<b>\$347.12</b>	<b>\$279.97</b>
<i>Change in Biweekly Deduction (Diff. between 2020-2021 &amp; 2021-2022 Plan Year)</i>	\$8.64	\$7.38	\$5.63	\$4.50	\$17.25	\$17.75	\$17.95	\$16.40
<b>Annual Employee Premium:</b>	<b>\$ 13,859</b>	<b>\$ 9,449</b>	<b>\$ 13,478</b>	<b>\$ 9,449</b>	<b>\$ 8,928</b>	<b>\$ 7,356</b>	<b>\$ 8,331</b>	<b>\$ 6,719</b>
<b>Town HSA Contribution:</b>	<b>\$ -</b>	<b>\$ 2,000</b>	<b>\$ -</b>	<b>\$ 2,000</b>	<b>\$ -</b>	<b>\$ 2,000</b>	<b>\$ -</b>	<b>\$ 2,000</b>

\* = this is a Plan Year incentive to subscribe in the most cost-effective plans; result is lower cost for employee in 2021-2022

\*\* = these are the percentages that will be effective in this Plan Year; represents standard Town percentage contribution plus the Plan Year incentive payment

INDIVIDUAL	Tufts Benchmark EPO	Tufts HSA-Qualified HMO w/HSA	Harvard Benchmark HMO	Harvard HSA-Qualified HMO w/HSA	Fallon Select Benchmark HMO	Fallon Select HSA-Qualified HMO w/HSA	Fallon Direct Benchmark HMO	Fallon Direct HSA-Qualified HMO w/HSA
<i>Group Number</i>	16208-010	54707-010	0287170-013	0747480-013	55500-81	55508-31	55500-80	55508-27
<b>Monthly Premium</b>	\$886.00	\$727.00	\$949.00	\$749.00	\$790.00	\$647.00	\$735.00	\$602.00
<i>Town Regular Share</i>	\$540.46	\$443.48	\$597.88	\$471.88	\$474.00	\$388.20	\$441.00	\$361.20
<b>Town Incentive Payment*</b>	<b>\$0.00</b>	<b>\$50.00</b>	<b>\$0.00</b>	<b>\$35.00</b>	<b>\$60.00</b>	<b>\$50.00</b>	<b>\$60.00</b>	<b>\$50.00</b>
<i>Town's Effective Contribution**</i>	61%	68%	63%	68%	68%	68%	68%	68%
<i>Employee Share</i>	\$345.54	\$233.52	\$351.12	\$242.12	\$256.00	\$208.80	\$234.00	\$190.80
<b>Biweekly Payroll Deduction</b>	<b>\$172.77</b>	<b>\$116.76</b>	<b>\$175.56</b>	<b>\$121.06</b>	<b>\$128.00</b>	<b>\$104.40</b>	<b>\$117.00</b>	<b>\$95.40</b>
<i>Change in Biweekly Deduction (Diff. between 2020-2021 &amp; 2021-2022 Plan Year)</i>	\$2.54	\$2.14	\$1.66	\$1.29	\$6.70	\$6.80	\$6.10	\$5.20
<b>Annual Employee Premium</b>	<b>\$ 4,146</b>	<b>\$ 2,802</b>	<b>\$ 4,213</b>	<b>\$ 2,905</b>	<b>\$ 3,072</b>	<b>\$ 2,506</b>	<b>\$ 2,808</b>	<b>\$ 2,290</b>
<b>Town HSA Contribution</b>	<b>\$ -</b>	<b>\$ 1,000</b>	<b>\$ -</b>	<b>\$ 1,000</b>	<b>\$ -</b>	<b>\$ 1,000</b>	<b>\$ -</b>	<b>\$ 1,000</b>

\* = this is a Plan Year incentive to subscribe in the most cost-effective plans; result is lower cost for employee in 2021-2022

\*\* = these are the percentages that will be effective in this Plan Year; represents standard Town percentage contribution plus the Plan Year incentive payment

Please note that to be eligible for coverage under any one of these plans, the employee and covered family members must live in the service area defined by that plan. If you move, you must contact the Human Resources Department to record your address change and discuss how your move might affect your coverage options. To find out about the insurance option available to people who are ineligible for coverage under any of the plans listed here, please contact the Human Resources Department.

## **MINUTEMAN NASHOBA HEALTH GROUP (MNHG)**

### **IMPORTANT - PLEASE READ**

The attached benefit comparison chart is a high level overview of the plans offered by MNHG.

The plan documents available to registered users on the carrier websites are the documents that describe full and complete plan details.

The carrier documents are the only documents that coverage is based on.

Should you have a question about specific coverage, you will need to contact the Member Service number on your ID card for detail or visit the carrier website.

# MNHG Health Plan Benefit Comparison

## HMO Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
<b>BENEFIT</b>	<b>ADVANTAGE HMO</b>	<b>SELECTCARE &amp; DIRECTCARE HMO PLANS<sup>^</sup>see footnote</b>	<b>HMO</b>
<b>Deductible</b> - <i>applies to: In-patient Admissions; Out-patient Surgery; ER, High Tech Imaging (MRI, CT, &amp; PET) and Diagnostic Tests &amp; Procedures. Does not apply to routine office visits or pharmacy. Per plan year (June 1 to ,May 31) - See plan document for full details</i>	\$300 per member not to exceed \$900 per family	\$300 per member not to exceed \$900 per family	\$300 per member not to exceed \$900 per family
<b>Out-of-Pocket (OOP) Maximum</b> - <i>Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for remainder of plan year. NOTE: prescription out-of-pocket maximums added effective June 1, 2015 as required by ACA (in-network only).</i>	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family	<b>Medical &amp; Prescription Combined</b> \$2,000 per member \$4,000 per family	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family
<b>Lifetime Benefit Maximum</b>	None	None	None
<b>INPATIENT</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies</b>	\$500 copay per admission	\$500 copay per admission, <b>then</b> deductible for medical inpatient; substance abuse and mental health inpatient visits are covered in full	\$500 copay per admission then deductible for medical inpatient; substance abuse and mental health inpatient visits are covered in full
<b>Physician Services</b>	Nothing	Nothing	Nothing
<b>Skilled Nursing Facility - Deductible Applies</b>	No copay to 100 days per plan year benefit maximum, when medically necessary	<b>CIF after deductible</b> , up to 100 days per plan year at a semi-private rate for each benefit	Deductible, then \$500 copay, up to 100 days per plan year at a semi-private rate for each benefit

# MNHG Health Plan Benefit Comparison

## HMO Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS <sup>^see footnote</sup>	HMO
OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Rehabilitation Hospital - Deductible Applies	No copay to 100 days per plan year benefit maximum, when medically necessary	<b>CIF after deductible</b> , up to 100 days per plan year at a semi-private rate for each benefit	Deductible, then \$500 copay, up to <b>60</b> days per plan year at a semi-private rate for each benefit
Emergency Room Visits for Emergency or Accident Care - Deductible Applies	\$100 copay (waived if admitted)	\$100 copay, (waived if admitted)	\$100 copay, then deductible, (waived if admitted)
Emergency Room Visits for Medical Care - Deductible Applies	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$100 copay, then deductible, waived if admitted
Surgery - Deductible Applies	\$250 copay	\$250 copay	\$250 copay
Radiation and Chemotherapy Deductible Applies	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full
Diagnostic X-ray and Lab - Deductible Applies	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)
Routine Colonoscopy (without surgery)	\$0 copay	\$0 copay	\$0 copay
High Cost Radiology (MRI, CT & PET) - Deductible Applies	\$100 copay	<b>\$100 copay, then deductible</b>	<b>Deductible, then \$100 copay</b>
Hemodialysis - Deductible Applies	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)
Physical Therapy	Covered in full after deductible. 30 visit limit per plan year.	\$20 co-pay up to 60 visits per benefit policy	\$20 co-pay up to 30 visits per plan year
Visiting Nurse			

# MNHG Health Plan Benefit Comparison

## HMO Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS <sup>^see footnote</sup>	HMO
<b>Home Health Care - Deductible applies where noted</b>	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)
<b>Dental Benefit</b>	No coverage	\$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	No coverage
<b>PHYSICIAN'S OFFICE</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Surgery - NO Deductible</b>	Surgery in a Physician's office is CIF once the deductible has been met	\$20 PCP copay and \$45 Specialist copay	Copay Level 1 provider : \$20 per visit Copay Level 2 provider : \$45 per visit
<b>Adult Preventative Exam</b> <i>(includes preventative lab tests)</i>	\$0 copay	\$0 copay	\$0 copay
<b>PCP Medical Care/ Mental Health Care/ Substance Abuse Care</b>	\$20 copay	\$20 copay	\$20 copay
<b>Well Child Care</b> <i>(includes preventative lab tests)</i>	\$0 copay	\$0 copay (including routine physical exams, immunizations, annual eye exam, school, camp, sports)	\$0 copay (including routine physical exams, immunizations, school, camp, sports)
<b>Routine GYN Exam</b> <i>(one per calendar year, includes preventative lab tests)</i>	\$0 copay	\$0 copay	\$0 copay
<b>Routine Mammogram</b>	\$0 copay	\$0 copay	\$0 copay
<b>Routine Vision Exam</b>	\$20 copay (once per plan year)	Covered in full (once every 12 months)	Limited 1 per Plan Year - No Charge
<b>Routine Maternity Care Office Visits</b>	Prenatal and Postpartum care covered in full	Prenatal: Covered in full ; Postnatal: Cover in full after deductible	No charge for routine
<b>Specialist Office Visit</b>	\$45 copay	\$45 copay	\$45 copay

# MNHG Health Plan Benefit Comparison

## HMO Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS <sup>^see footnote</sup>	HMO
OTHER OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
<b>Durable Medical Equipment - Deductible applies where noted</b>	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)	Covered in full (after the deductible has been met)
<b>Ambulance</b>	\$0 copay	<b>\$100 copay when medically necessary</b>	\$0 copay
<b>Routine Pediatric Dental</b>	Children under age 12: Periodic oral exam, cleaning, fluoride, bitewing x-rays; once every 6 mos. Must choose a dentist from directory	\$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	Covered in full: Preventive care for children under age 12 2 visits per member per calendar year including exam, cleaning, x-rays, & flouride treatment.
<b>Chiropractor Visits - Deductible applies where noted</b>	Covered in full after deductible. 12 visit limit per plan year	\$20 copay, maxium of 12 visits per plan year	No coverage
<b>Prescription Drugs</b>	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay
<b>Fitness &amp; Wellness Benefits</b>	<b>Fitness reimbursement up to \$150</b> per subscriber at a Fitness club or facility per plan year. Eligibility after 4 consecutive months of membership with both THP and the qualifying health and fitness club. The reimbursement criteria will be expanded to include organized group exercise	It Fits! Program reimburses families on Select Care up to \$400 per family contract (\$200 for individual contracts)and Direct Care members up to \$500 per family contract (\$250 for individual contracts) to use toward health club memberships, Pilates, Yoga classes Weight Watchers® programs, and local, school sports programs and now fitness related	<b>Up to \$150</b> reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.

# MNHG Health Plan Benefit Comparison

## HMO Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
<b>BENEFIT</b>	<b>ADVANTAGE HMO</b>	<b>SELECTCARE &amp; DIRECTCARE HMO PLANS<sup>^see footnote</sup></b>	<b>HMO</b>
	classes. Classes must be provided within a studio or fitness facility. This expansion excludes dance classes, and any classes received in a home or resident setting. Discounts also available at participating health clubs. See plan materials for details	equipment. <b>WELLNESS</b> - The Healthy Health Plan – An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit <a href="http://fallonhealth.org/healthyhealthplan">fallonhealth.org/healthyhealthplan</a> , fill out the health assessment, and if eligible, they will receive <b>up to \$100</b> . Members that need a little help getting healthier may participate in interactive health tools, health coaching, and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.	

\*After Deductible

### **^FCHP SELECTCARE AND DIRECTCARE PROVIDER NETWORKS - SEE BELOW**

Select Care is an expansive network that includes physician practices, community-based hospitals and medical facilities across Massachusetts and southern New Hampshire. Select Care offers greater choice at a competitive price. The Select Care service area includes all of Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties. With more than 35,000 providers, Select Care means more options and choices for you and your family.

Direct Care is a limited provider network, including premier provider groups and community hospitals offering high-quality care at an affordable premium. These providers are chosen for their medical excellence, patient access and innovation. There are more than 22,000 participating providers in the Direct Care network.

As a Direct Care member, if you ever should need a second opinion or the specialized expertise of Boston research and teaching hospitals, Fallon Direct Care offers access through our exclusive Peace of Mind Program<sup>TM</sup>.

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

## **MINUTEMAN NASHOBA HEALTH GROUP (MNHG)**

### **IMPORTANT - PLEASE READ**

The attached benefit comparison chart is a high level overview of the plans offered by MNHG.

The plan documents available to registered users on the carrier websites are the documents that describe full and complete plan details.

The carrier documents are the only documents that coverage is based on.

Should you have a question about specific coverage, you will need to contact the Member Service number on your ID card for detail or visit the carrier website.

## MNHG Health Plan Benefit Comparison

### HSA-Qualified Health Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS <sup>*see footnote</sup>	HMO
<i>Deductible applies to all services (except preventative services described under the ACA) until it is satisfied. After that, only prescription co-pays will apply. Per plan year (June 1 to May 31) - See plan document for full details</i>	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family
<b>Out-of-Pocket (OOP) Maximum</b> - Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for the remainder of plan year.	<b>Combined Medical &amp; Prescription</b> \$6,550 Individual \$13,100 Family	<b>Combined Medical &amp; Prescription</b> \$6,550 Individual \$13,100 Family	<b>Combined Medical &amp; Prescription</b> \$6,550 Individual \$13,100 Family
<b>Lifetime Benefit Maximum</b>	None	None	None
INPATIENT	YOU PAY	YOU PAY	YOU PAY
<b>General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
<b>Physician Services</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
<b>Skilled Nursing Facility - Deductible Applies</b>	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary
<b>Rehabilitation Hospital - Deductible Applies</b>	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 60 days per plan year benefit maximum, when medically necessary
OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
<b>Emergency Room Visits for Emergency or Accident Care - Deductible Applies</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
<b>Emergency Room Visits for Medical Care - Deductible Applies</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
<b>Surgery - Deductible Applies</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
<b>Radiation and Chemotherapy Deductible Applies</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
<b>Diagnostic X-ray and Lab - Deductible Applies</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
<b>Routine Colonoscopy (without surgery)</b>	\$0 copay	\$0 copay	\$0 copay
<b>High Cost Radiology (MRI, CT &amp; PET) - Deductible Applies</b>	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*

## MNHG Health Plan Benefit Comparison

### HSA-Qualified Health Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS <sup>see footnote</sup>	HMO
OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Hemodialysis - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Physical Therapy	Deductible, then CIF. 30 visit limit per plan year.	Deductible, then CIF. 60 visit limit per plan year.	Deductible, then CIF. 30 visit limit per plan year.
Visiting Nurse Home Health Care - Deductible applies where noted	Covered in full (after the deductible has been met)	Deductible, then CIF	Covered in full (after the deductible has been met)
Dental Benefit	No coverage	Deductible, then: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	No coverage
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY
Surgery	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Adult Preventative Exam (includes preventative lab tests as defined by ACA)	CIF*	CIF*	CIF*
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Well Child Care (includes preventative lab tests)	CIF*	\$0 copay (including routine physical exams, immunizations, annual eye exam, school, camp, sports)	\$0 copay (including routine physical exams, immunizations, school, camp, sports)
Routine GYN Exam (one per calendar year, includes preventative lab tests)	CIF*	CIF*	CIF*
Routine Mammogram	CIF*	CIF*	CIF*
Routine Vision Exam	CIF* (one exam per plan year)	Covered in full (once every 12 months)	Deductible, then CIF* (one exam per year)
Routine Maternity Care Office Visits	Prenatal and Postpartum care covered in full (after the deductible has been met)	Prenatal: Covered in full ; Postnatal: Cover in full after deductible	\$20 copay (Initial copay only)
Specialist Office Visit	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
OTHER OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Durable Medical Equipment - Deductible applies where noted	Covered in full (after the deductible has been met)	Deductible, then CIF	Covered in full (after the deductible has been met)
Ambulance	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Routine Pediatric Dental	Children under age 12: Periodic oral exam, cleaning, fluoride, bitewing x-rays; once every 6 mos. Must choose a dentist from directory	Deductible, then: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	Covered in full: Preventive care for children under age 12 2 visits per member per calendar year including exam, cleaning, x-rays, & fluoride treatment.
Chiropractor Visits - Deductible applies where noted	Deductible, then CIF*. 12 visit limit per plan year	Deductible, then CIF*. 12 visit limit per plan year	Deductible, then CIF*. 12 visit limit per plan year

## MNHG Health Plan Benefit Comparison

### HSA-Qualified Health Plans - June 1, 2021 to May 31, 2022

Effective 06-01-2021

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS <sup>^</sup> see footnote	HMO
<b>Prescription Drugs - Deductible, then copays apply.</b> <i>See carrier lists of preventative drugs, which are not deductible applicable - member pays copays immediately.</i>	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay
<b>Fitness &amp; Wellness Benefits</b>	<b>Fitness reimbursement up to \$150</b> per subscriber at a Fitness club or facility per plan year. Eligibility after 4 consecutive months of membership with both THP and the qualifying health and fitness club. The reimbursement criteria will be expanded to include organized group exercise classes. Classes must be provided within a studio or fitness facility. This expansion excludes dance classes, and any classes received in a home or resident setting. Discounts also available at participating health clubs. See plan materials for details	<b>SELECTCARE - \$200 - Individual / \$400 Family</b> - Reimbursement for Gyms, School and Town Sports to name a few. <b>DIRECTCARE - \$250 - Individual / \$500 Family</b> - Reimbursement for Gyms, School and Town Sports to name a few. <b>WELLNESS</b> - The Healthy Health Plan – An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit <a href="http://fallonhealth.org/healthyhealthplan">fallonhealth.org/healthyhealthplan</a> , fill out the health assessment, and if eligible, they will receive <b>up to \$100</b> . Members that need a little help getting healthier may participate in a customized health plan that includes interactive health tools, health coaching and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.	<b>Up to \$150</b> reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.
*After Deductible			
<b>^FCHP SELECTCARE AND DIRECTCARE PROVIDER NETWORKS - SEE BELOW</b>			
Select Care is an expansive network that includes physician practices, community-based hospitals and medical facilities across Massachusetts and southern New Hampshire. Select Care offers greater choice at a competitive price. The Select Care service area includes all of Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties. With more than 35,000 providers, Select Care means more options and choices for you and your family.			
Direct Care is a limited provider network, including premier provider groups and community hospitals offering high-quality care at an affordable premium. These providers are chosen for their medical excellence, patient access and innovation. There are more than 22,000 participating providers in the Direct Care network.			
As a Direct Care member, if you ever should need a second opinion or the specialized expertise of Boston research and teaching hospitals, Fallon Direct Care offers access through our exclusive Peace of Mind Program™.			
These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.			

**Town of Concord**  
**6/1/2021 – 5/31/2022 Plan Year**

**Tax-Advantaged Accounts for Insurance-Eligible Employees**

All of the following options decrease taxable income by directing money to accounts to be used for qualified medical, dental, vision or dependent care expenses. Not only are contributions to the accounts tax-free, but withdrawals made for qualified expenses are also tax-free. See IRS publications for detailed information, including qualified dependents, qualified expenses, and contribution limits. This is a summary only, which does not address all IRS and plan regulations; refer to official documents to ensure complete and accurate information.

<b>Plan Type &amp; Administrator:</b>	<b>Enrollment restrictions:</b>	<b>Used to pay for/Cost incurred by:</b>	<b>Features/Time limits for use:</b>	<b>Contribution limit &amp; Fees:</b>
Health Savings Account (HSA)  • <i>Health Equity</i>	<ul style="list-style-type: none"> <li>• Must be enrolled in one of the Town's HSA-Qualified Health Plans</li> <li>• You or your spouse cannot be enrolled or have a remaining balance in a general-purpose Health Care FSA</li> <li>• Cannot be covered by any other insurance that reimburses for health expenses (unless another HSA-qualified plan)</li> <li>• Cannot be enrolled in Medicare (Part A, B, or D) or Medicaid</li> <li>• Cannot be eligible to be claimed as a dependent on another person's tax return</li> <li>• Must be over 18 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• IRS HSA-qualified medical expenses, including dental &amp; vision, <u>incurred</u> by yourself, spouse, or a tax dependent<sup>1</sup> <u>on or after account opened</u>; HSA-qualified medical expenses include:               <ul style="list-style-type: none"> <li>○ Medical premiums only if collecting unemployment or continuing coverage through COBRA</li> <li>○ Medicare Part B and Part D premiums</li> <li>○ Medicare Advantage premiums</li> <li>○ Many Medicare supplement plan premiums</li> <li>○ Long-term care insurance premiums</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Funded by Town &amp; employee; this year, Town contributes \$1,000 for individual plan &amp; \$2,000 for family plan in first month of plan coverage</li> <li>• Can only use funds that have already been contributed to the account (<i>but health care providers regularly agree to payment plans as long as you ask!</i>)</li> <li>• No time limit on reimbursements or spending funds</li> <li>• You don't need to remain HSA-eligible to make tax-free distributions</li> <li>• Interest-bearing, portable (keep post-employment), inheritable, investible (after min balance) account owned by employee</li> <li>• Linked to Health Plan account, so provider payments can be made online</li> <li>• Cash out feature (20% IRS penalty)</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,600 2021 Max Contribution for Individual Coverage (including employer contribution)</li> <li>• \$7,200 2021 Max Contribution for Family Coverage (including employer contribution)</li> <li>• If 55 years of age or turning 55 in 2021, add \$1,000 to total contribution limits</li> <li>• <b>Can</b> change payroll contribution throughout Plan Year (no qualifying event required)</li> <li>• Administrative fee paid by Town while enrolled in HSA-Qualified plans. Post-employment or after returning to non-HSAQ plan, admin. fees paid by employee (currently \$3.95 per month, but waived for account balance over \$2,500 if waiver is elected)</li> <li>• Paper statement fee (if elect paper instead of free electronic statement): \$1 per statement</li> <li>• Account closure fee: \$25</li> </ul>
Health Care FSA Flexible Spending Account (HC-FSA)  • <i>Cafeteria Plan Advisors</i>	<ul style="list-style-type: none"> <li>• You and/or your spouse <b>cannot</b> contribute to, or have a balance remaining in, a general-purpose Health Care FSA while also contributing to an HSA</li> </ul>	<ul style="list-style-type: none"> <li>• IRS FSA-qualified medical expenses, including dental &amp; vision, <u>incurred in plan year</u> by:               <ul style="list-style-type: none"> <li>○ You, your spouse, your child under age 27 and eligible dependent, as defined by the IRS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Full election amount is available for eligible expenses on 1<sup>st</sup> day of Plan Year</li> <li>• Funds must be used by end of Plan Year (with 90 days to file claims), except \$550 can roll to new year if re-enroll with additional contributions; Use-it or lose-it</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,750 contribution limit in Plan Year</li> <li>• <b>Cannot</b> change payroll contribution during Plan Year w/out qualifying event</li> <li>• <b>Fee:</b> \$6.00 per month, collected via bi-weekly pay deductions</li> </ul>
Limited Purpose Health Care FSA Flexible Spending Account (LPHC-FSA)  • <i>Cafeteria Plan Advisors</i>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• IRS FSA-qualified dental &amp; vision expenses only, <u>incurred in plan year</u> by:               <ul style="list-style-type: none"> <li>○ You, your spouse, your child under age 27, and eligible dependent, as defined by the IRS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Full election amount is available for eligible expenses on 1<sup>st</sup> day of Plan Year</li> <li>• Funds must be used by end of Plan Year (with 90 days to file claims), except \$550 can roll to new year if re-enroll with additional contributions; Use-it or lose-it</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,750 contribution limit in Plan Year</li> <li>• <b>Cannot</b> change payroll contribution during Plan Year w/out qualifying event</li> <li>• <b>Fee:</b> \$6.00 per month, collected via bi-weekly pay deductions</li> </ul>
Dependent Care Flexible Spending Account (DC-FSA)  • <i>Cafeteria Plan Advisors</i>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• IRS FSA-qualified child or adult dependent care expenses, <u>incurred in plan year</u> for:               <ul style="list-style-type: none"> <li>○ Dependent under age 13 or other tax dependent who is physically or mentally incapable of self-care</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Can only use funds that have already been contributed to the account</li> <li>• Funds must be used by end of Plan Year (with 90 days to file claims)</li> <li>• Use-it or lose-it</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 limit per household; \$2,500 if married filing separately</li> <li>• Payroll contribution can be changed during Plan Year if based on a change in dependent care needs. <b>Fee:</b> \$5.00 per month, but waived if combined with health/limited-health FSA; collected via bi-weekly pay deductions</li> </ul>

<sup>1</sup> Note that children under age 27 can be covered under a family health plan, but tax-free disbursements may not be made from your HSA for their expenses unless they are claimed as dependents on your tax return or could have been claimed except for certain circumstances, as defined by the IRS.



**TOWN OF CONCORD**  
**Human Resources Department**  
TOWN HOUSE  
*hr@concordma.gov*

March 26, 2021

## Flexible Spending Account Open Enrollment & Changes

- **April 16 Deadline for Enrollment in Flexible Spending Account Plans**
- **Important Information Re: How FSAs Work with HSA-Qualified Health Plan Options**

The Town of Concord is currently holding an open enrollment for Flexible Spending Accounts (FSAs) for the June 1, 2021 – May 31, 2022 plan year. FSAs provide the opportunity to decrease your taxable income (which means more money in your pocket!) by directing a portion of your earnings into accounts to be used for medical, dental, vision, and/or dependent care.

The Town offers the following types of FSAs:

1. Health Care FSA
  - *for employees whose participation isn't restricted due to Health Savings Account (HSA) contributions*
2. Limited-Purpose Health Care FSA
  - *for dental & vision expenses only; compatible with a Health Savings Account (HSA)*
3. Dependent Care FSA
  - *eligibility is not impacted by contributions to HSAs or the above-listed FSAs*

Materials regarding each of these FSA options is attached and additional information, along with enrollment forms, are available on the Town's Open Enrollment website. Please read this information carefully to determine whether you can take advantage of these tax-saving benefit options.

**The open enrollment period for our Flexible Spending Account plans will run through April 16, 2021.** As a reminder, FSA plans require re-enrollment each year. Whether you wish to enroll for the first time or continue in the plan, you must submit an enrollment form to Cafeteria Plan Advisors by April 16<sup>th</sup>.

New deductions reflecting the amount you opt to contribute to any FSA(s) this Plan Year will go into effect as of the paychecks issued on June 10, 2021. Please examine your paycheck stub to make sure that your insurance deduction matches the amount you elect. If the deduction does not appear correct, you must contact HR immediately to avoid excessive retroactive adjustments at a later date.

### Important Note for Current Health Care FSA Participants:

IRS regulations do not allow contributions to an individual's HSA if that person or their spouse is also contributing to, or has a remaining balance in, a general-purpose health care FSA. **Therefore, if you participated in the Town's Health Care FSA in the plan year ending May 31 and enroll in an HSA-Qualified health insurance plan, the only way to take advantage of the FSA rollover option is to enroll in a limited-purpose health care FSA effective June 1.**

---

If you have questions regarding Flexible Spending Accounts, please contact Cafeteria Plan Advisors at [info@cpa125.com](mailto:info@cpa125.com) or 781-848-9848. Human Resources staff is happy to provide additional assistance as needed ([hr@concordma.gov](mailto:hr@concordma.gov)).

It's Time to  
Enroll for the  
2021-2022  
Plan Year!

# Flexible Spending Benefits Town of Concord

## One of the Few Gifts the IRS Gives!

Discover the benefit that SAVES YOU MONEY. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.\*** Eligible expenses incl.: non-cosmetic medical, dental, and vision care; orthodontics; prescription medications; prescription eyeglasses, contact lenses, laser eye surgery; alternative health therapies, mental health services; alternative health therapies (e.g., chiropractic, acupuncture), and MORE! **Max. Annual Election: \$2,750.**

— or —

- ◆ **LIMITED PURPOSE HEALTH CARE** is for those who are **not eligible for the Health Care FSA** (see **HSA Ineligibility** note in the box below) to be used for eligible non-cosmetic dental and vision services only.

**Max. Annual Election: \$2,750.**

**Who's Covered on a Health Care or Limited Purpose Health Care FSA?** You, your legal spouse, and your dependents, as defined by the Internal Revenue Service, including those claimed on your tax return and adult children under age 26.

**Rollover Option.** Up to \$550 in unspent contributions to either Health Plan Care FSA plan option shown above can roll over to the new plan year provided you enroll for that new plan year.

**HSA Ineligibility.** If you or your spouse have a Health Savings Account ('HSA'), you may only enroll in the *Limited Purpose Health Care FSA*.

- ◆ **DEPENDENT CARE.\*\*** For children under age 13 and dependents with special needs. Eligible expenses: day care, preschool, before/after-school care, day camp, elder day care. **Max. Annual Election: \$5,000. per family**

Make Your  
Money Go

UP  
TO **30%**

Further!

depending on your  
tax status

**Track Your Account and File Claims 24/7!** Log in to your **employee portal** via our website (CPA125.com), or use our **app: CPA Flex Mobile.**

**Enroll by 4/16/2021**  
for the  
**6/1/2021 – 5/31/2022**  
**Plan Year**

**Complete** an "Authorization for Pre-Tax Payroll Reduction" form and send it to **Cafeteria Plan Advisors** by the deadline above.

**Already in the plan? Log-in** to your employee **account portal** via our website (www.cpa125.com) by the deadline above to enroll for the for the new plan year.

**Note: Re-enrollment is not automatic.**

**Benefit Cards.** For employer plans that offer the benefit card, new Health Care & Limited Purpose Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops, and pharmacies for eligible expenses.

**Keep your cards!** They will reload each plan year that you enroll.

### ★ NEW OTC ELIGIBILITY ★

Over-the-counter 'medicines' are now eligible without a prescription (*excludes vitamins and supplements*).

*The FSA administration fee is  
\$3.00 per-pay-period, or  
\$2.50 if Dependent Care only.*

\* The Health Care FSA covers the employee, their spouse, and dependents as defined by the Internal Revenue Service, including children claimed on the employee's return and adult children to age 26. Not all Health Care expenses are FSA-eligible, such as cosmetic procedures or products *even if performed or dispensed by a doctor* (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible expenses. Vitamins, supplements, non-prescription/over-the-counter (OTC) medications, medicated products, etc., require a physician's prescription in order to be eligible for reimbursement. Some expenses, such as medical equipment and certain services may require a physician's Letter of Medical Necessity in order to be eligible for reimbursement. You are advised to check on the eligibility of any item or service before incurring an expense.

\*\* Overnight camp, school tuition, extra-curricular/enrichment programs, etc., that aren't daycare/childcare-based do not qualify; day camp is eligible if utilized as a form of childcare.

† Employee-only benefit; not for spouse or dependent's expenses. Transit plan is for mass-transit as described above; vanpool=van that seats 6+ adults and a driver used exclusively to transport workers to/from work; tolls, taxis, ride-hail/ride-share services (Lyft, Uber, etc.), incl. shared rides, are not eligible. Federal law allows up to \$265 per month to be pre-tax on Transit plans; Mass. allows \$140.

Flexible Spending Plans administered by...

CAFETERIA PLAN ADVISORS

420 WASHINGTON ST., SUITE 100, BRAINTREE, MA 02184

CPA125.COM

