



City of New Bedford **2022 BENEFITS GUIDE**



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The City of New Bedford appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) at newbedford-ma.gov/personnel/benefits/.



Enrolling in Benefits

If you want medical coverage in 2022 for yourself or your family, you must enroll in one of the plan options during the annual enrollment period. If you need to add or remove coverage for yourself or your dependents, you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse or dependent loses or gains coverage elsewhere.
- Death of your spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
- Change in residence that changes coverage eligibility.
- Court-ordered change.
- Spouse's open enrollment that occurs at a different time than yours.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.



Eligibility

Open enrollment is your opportunity to elect coverage in New Bedford's benefit plans. Our open enrollment period will be held from November 1st to November 30th. All elections made during this period will be effective January 1st, 2022 through December 31st, 2022.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 20 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following your hire date.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMSCO are covered by our plan.



Basic Insurance Terms

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal health reform mandates most US citizens have health insurance for themselves and their dependents. New Bedford helps you stay insured by offering affordable healthcare for all employees who work at least 20 hours each week. Coverage is effective the first of the month following date of hire and allows you to cover your spouse and children.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.



Medical and prescription drug plan summary

Side by side

Medical	Network Blue New England	
	In-network	Out-of-network
Deductible		
Employee only	\$375	
Family	\$875	N/A
Coinsurance (what the plan pays after the deductible is reached)	0%	N/A
Out-of-pocket maximum (includes deductible)		
Employee only	\$5,000	
Family	\$10,000	N/A
Preventive care	100%	N/A
Office visit (PCP and specialist)	\$15/\$30	N/A
Emergency room	Deductible then \$100 copay	N/A
Urgent care	\$30 copay	N/A
Inpatient care	Deductible then no cost	N/A
Outpatient care	Deductible then no cost	N/A
Prescription drugs	Employee Pays	
Retail (30-day supply)		
Tier 1 — generics	\$10 copay	N/A
Tier 2 — preferred	\$25 copay	N/A
Tier 3 — nonpreferred	\$40 copay	N/A
Mail order (90-day supply)		
Tier 1 — generics	\$10 copay	N/A
Tier 2 — preferred	\$25 copay	N/A
Tier 3 — nonpreferred	\$40 copay	N/A

Preventive brand and nonpreferred brand (second- and third-tier) drugs are covered at the plan's coinsurance maximum amounts as outlined in the chart. A deductible does not apply.

Smart90

With Smart90, you can get 90-day supplies of certain maintenance medications from a CVS Pharmacy™ location or by mail order when you order them through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes. To view a list of medications that are eligible for the Smart90 program, please visit myblue.bluecrossma.com/90daymeds.

Advantages of Using Smart90

Smart90 saves you time and money. You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications. You'll also be less likely to miss a dose since you won't have to refill as often.

Where to Get Your 90-Day Prescriptions

You have the choice to pick up your 90-day supply at any of the 9,800 CVS Pharmacy retail locations nationwide, or have it delivered to you when ordered through Express Scripts. Either way, you pay the same amount.



*Includes CVS within a Target® location

Smart90 Savings Example

Type of Prescription	What You Pay		
30-Day Prescription	Tier 1 Medication Copay ¹ \$10	Tier 2 Medication Copay ² \$25	Tier 3 Medication Copay \$40
90-Day Smart90 Prescription	Tier 1 Medication Copay ¹ \$10	Tier 2 Medication Copay ² \$25	Tier 3 Medication Copay \$40

1,2: Most maintenance medications fall under tiers 1 and 2 on a three-tier plan

Questions?

If you have questions, call Member Service at the number on the front of your ID card.



How to Fill Your Prescriptions with Smart90

Using Express Scripts

Orders are usually processed within 48 hours. Delivery takes about eight day for refills, or 10 to 14 days for new prescriptions.

You can check your order status anytime by signing in to express-scripts.com and clicking on **Order Status**.

To place your order

Sign in or register at express-scripts.com/90day, or call Express Scripts at **1-800-892-5119**.

Express Scripts will contact your doctor to get your 90-day prescription, and then deliver it right to your door.

Using a CVS Pharmacy

Simply talk to your doctor, or bring your prescription to a CVS pharmacist and ask about getting a 90-day prescription.

To Find a CVS:

1. Go to [CVS.com](https://www.cvs.com)
2. Click **Store Locator**
3. Search for a pharmacy near you

How to Switch from Mail Order to a CVS Pharmacy

If you're already receiving your 90-day prescriptions through mail order using Express Scripts, but want to switch to CVS Pharmacy, go to your local CVS and tell the pharmacist. Remember to cancel your auto-refills from Express Scripts.





Life and AD&D insurance

New Bedford's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and AD&D coverage are provided cost to you upon employment at a 25% cost to you.

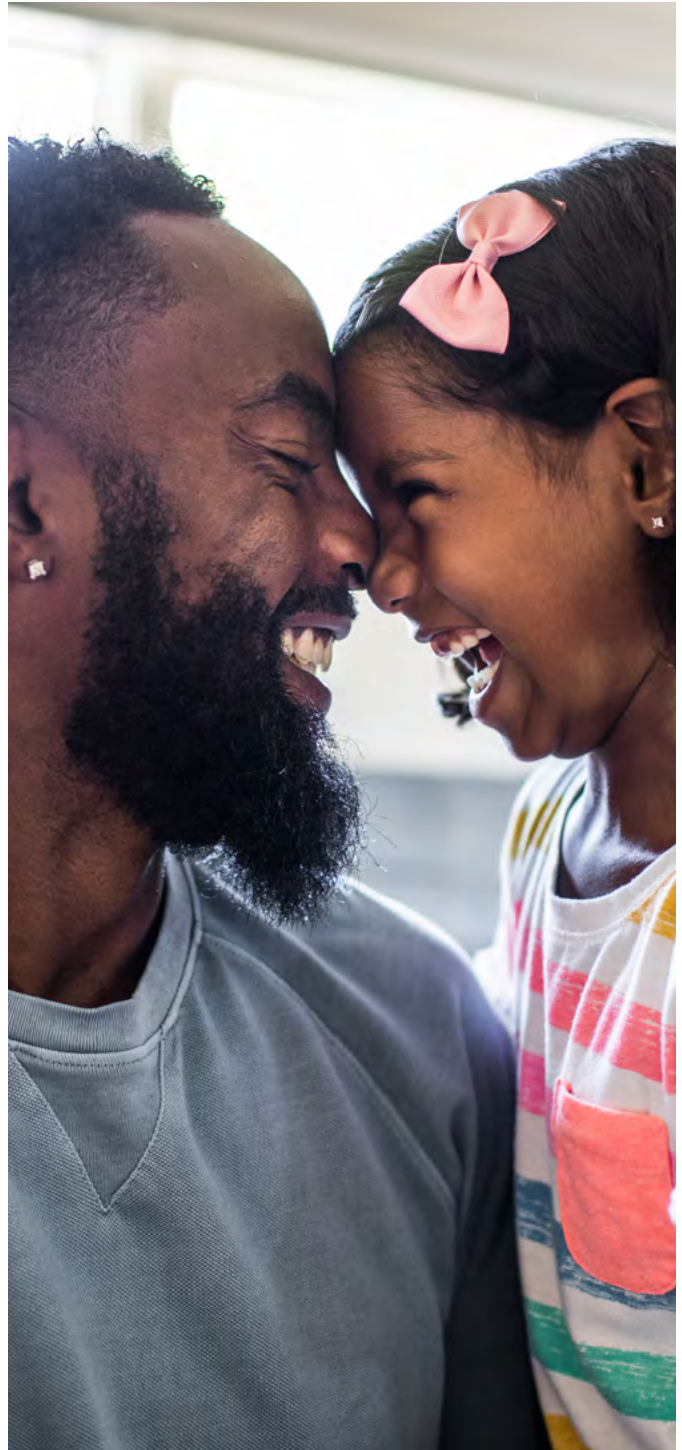
In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Accidental death and dismemberment

The group term life coverage includes accidental death and dismemberment coverage. AD&D insurance provides additional coverage in the event of accidental death, loss of limb or eyesight, brain damage, etc. In the event of a covered accident that results in your death, AD&D coverage is in addition to your group term life.

Group term life and AD&D	75% paid by the employer
Employee	\$20,000

Supplemental life coverage may be purchased for yourself and dependents. This coverage is 100% employee paid. Please see Human Resources for costs.





Special Benefits

Universal Life Insurance Plan

Employees up to 80 years of age can apply for voluntary universal life insurance for permanent protection. This insurance is simplified issue with just a few health questions and no medical exam. The plan provides cash value accumulation at a competitive interest rate, is fully portable, and can be maintained for life. Coverage on spouse and children, and grandchildren is also available.

- **Terminal Illness Benefit**—Advances up to 75% of the plan's death benefit if a physician determines your life expectancy is 24 months or less.
- **Accidental Death Benefit**—Doubles the death benefit if death occurs by accident.
- **Waiver of Premium**—Waives premiums if you become totally disabled.
- **EZ Value Option**—As a hedge against inflation, this option automatically increases coverage annually on the policy's anniversary without additional underwriting.

Living Benefits

Accelerated Death Benefit for Chronic Illness

Feature—The Universal Life plan also offers an additional living benefit that provides a monthly benefit for up to 25 months for Long Term Care or Assisted Living Facility confinement, or for Home Health and Adult Day Care services, to the extent that such services are Qualified Long Term Care Services and conditions for payment are met. Benefits proportionately reduce both the final death benefit and the plan's cash value. There is a 90-day elimination period before benefits can be paid. Under this feature, benefits paid may or may not be taxable, depending on how the IRS interprets applicable portions of the Tax Code.

Benefit Restoration—Restores your death benefit and accumulated cash value as benefits are paid under the Chronic Illness Benefit feature.

Extension of Benefits Option. Extends benefits payable under the Chronic Illness Benefit feature for up to 25 additional months.

Accident Insurance

You do everything you can to keep your family safe, but accidents do happen. When they do, it's good to know you have help to manage the medical costs associated with accidental injuries. Trustmark's Accident insurance helps take care of medical bills, so you can take care of your family.

Accident Insurance Provides 24-hour Coverage

- Hospital Admission Benefit: \$2,000
- Hospital Confinement Benefit: \$400
- Hospital Intensive Care Unit Benefit: \$600
- Emergency Room Treatment: \$200
- Health Screening Benefit: \$100/person/year

Hospital Confinement and ICU Benefits cannot be paid at the same time.

- **Initial Care Benefits**—Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental
- **Injury Benefits**—Burn; concussion; dislocation; eye injury; fracture; herniated disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury; torn knee cartilage
- **Follow-up Care Benefits**—Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation
- **Accidental Death Benefit**
- **Catastrophic Accident Benefit**

Please refer to Schedule of Benefits for benefit amounts.

Highlights

- **Guaranteed Issue**—No medical questions for employees or children; one disability question for spouse
- **Guaranteed Renewable**—Coverage remains in force for life, as long as premiums are paid.
- **Family Coverage**—Insure yourself, your spouse, your children and financially dependent grandchildren.
- **Take your policy with you**—It's yours to keep even if you change jobs or retire.

- Benefits paid to you regardless of any other coverage you have.
- Rates do not increase as you age.
- No Pre-existing Condition Limitations

Please refer to policy A-607 for Exclusions that apply.

Disability Income Insurance

Group Short- (non-occupational) and Long-Term (24-hour coverage) Disability

The City offers active full-time employees (working 20 hrs. per week or more) the opportunity to apply for short- and/or long-term disability insurance that provides a reliable source of income when you are unable to work due to a covered illness or injury. Premium rates are based on age and the amount of coverage you are eligible to receive.

Your most important asset is your ability to earn a living. You count on it to provide the things you need today and to achieve the dreams you have for tomorrow. But, what would happen if that ability were suddenly taken away because of an unexpected illness or injury?

Disability Insurance goes to work when you can't by providing monthly income benefits tailored to your financial needs.

- Elect coverage amounts between 40%-60% of income, up to \$6,000 monthly for short-term disability and \$3,000 monthly for long-term disability, with medical questions.
- Benefits sent directly to you. Hospitalization or home confinement not required. No restrictions on how to use your benefits.
- Premiums do not increase with age. *Your benefit is reduced, dollar for dollar, by Primary and Family Social Security (referred to as Full family Social Security Offset) and all other income benefits as defined in the policy, to a minimum benefit of 25% of the gross monthly benefit (STD), or a flat \$200 (LTD) after integration.*

Two plans are available to protect your earning power.

Short Term (Non-occupational)

- Weekly benefit payments for total and continuous disability due to a covered non-occupational injury or accident.
- Benefits continue up to 12 months.
- Select a 14, 30, 60, 90 or 180-day elimination period.

Pre-existing Conditions. Benefits for disabilities caused by sickness or injury for which you received treatment, consultation, care or services including diagnostic measures, or had taken prescribed drugs or medicines in the twelve (12) months immediately prior to the effective date of coverage, will not be covered unless the disability begins more than 12 months after your coverage effective date.

Long-Term (24 Hour)

- Benefits are payable for up to 10 years if you are disabled prior to age 60. If you are disabled at or after age 60, a schedule of decreasing benefit duration applies until age 70. Benefits are payable for one year if you are disabled at or after age 70.
- Elimination period (the number of days of continuous disability that must pass before benefits are payable): the greater of 360 days, or after the benefits of the Short-Term plan expire.
- Waiver of Premium benefit is included.

Mental /Substance Limit—A disability resulting from a mental illness, alcoholism or drug abuse is limited to 12 months unless you are hospital confined. Consult policy for complete details, limitations and exclusions. No benefits are paid for disability which results from: intentionally self-inflicted injury or attempted suicide, while sane or insane; commission of, or attempt to commit, a felony; engaging in an illegal occupation; war or act of war, declared or undeclared; participation in a riot.



Pre-existing Conditions—Benefits for disabilities caused by sickness or injury for which you received treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 12 months prior to the effective date of coverage, will not be covered unless the disability begins more than 24 months after your coverage effective date.

Covered Maternity Benefits—A pregnancy is covered the same as sickness when it commences after the plan's effective date and satisfies the policy's pre-existing condition limitation.

Critical Illness Plan

This insurance plan will provide a lump-sum cash benefit when you or a covered family member is first diagnosed with a covered critical illness after the plan's effective date. The benefit can be used any way you and your family need. The benefit amount selected at enrollment is paid in full even if treatment costs are less than the benefit. Insure yourself, your spouse, your children and financially dependent grandchildren.

The Critical Illness plan benefit is intended to provide security for many expenses not covered by basic medical insurance such as:

- Income replacement during recovery
- Out-of-network medical treatment
- Medical insurance co-pays and deductibles
- Alterations to home or car

Plan Features

- Hospitalization or treatment is not required.
- Family coverage available.
- No physical exam—just a few health questions to apply.
- No deductible. No offset for other coverage.
- Rates do not increase as the insured gets older.
- Coverage doesn't decrease at age 65.
- EZ Value Option.
- Portable coverage if you change jobs or retire.
- \$100 Health Screening Benefit. Pays the cost of one screening test per calendar year (up to \$100 maximum) for each insured.

These are the covered screening tests:

- Low Dose Mammography
- Pap Smear for women over age 18
- Flexible Sigmoidoscopy
- Hemoccult Stool Specimen
- Blood test for triglycerides
- Fasting blood glucose test
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography
- Serum cholesterol
- Prostate specific antigen
- Stress test
- Colonoscopy
- Bone marrow
- Chest X-ray

■ Covered Critical Illnesses

- Heart Attack
- Stroke
- Invasive Cancer (excluding skin cancer)
- ALS (Lou Gehrig's Disease)
- Blindness
- Renal (Kidney) failure
- Transplant of a major organ
- Paralysis of at least two limbs
- Occupational HIV
- Carcinoma In Situ (25% benefit*)
- Coronary Artery By-pass surgery (25% benefit*)

Subsequent condition benefit—Pays a lump-sum cash payment when you are diagnosed with any and every covered condition included in your policy. There are no limits to the number of payouts for each insured family member and no reduction in payouts for later-diagnosed conditions. (Coronary artery bypass surgery and carcinoma in situ are limited to one payout for each condition, which will not reduce any subsequent benefits.)

*If the insured receives the 25% benefit for carcinoma in situ or coronary artery bypass surgery, the remaining 75% benefit will be available for a first diagnosis of another covered illness or condition, or double benefit, if included. Coverage for an insured terminates once a full benefit has been paid.

Best Doctors® Medical Advice When You Need It Most.

Being diagnosed with a critical illness can change your life. At the onset it is frightening and confusing, and once the initial shock wears off, questions may arise. Trustmark combines the financial benefit of Critical Illness insurance with the one-on-one support of Best Doctors®, a leader in connecting you to the medical information you may need. Best Doctors assistance for covered conditions is built into every Critical Illness policy, so you have immediate access to these valuable services.





Contacts

BCBS

Member Services 1-888-363-8069
Nurse Line 1-888-247-2583
Behavioral Health & Substance Use Disorder
1-800-444-2426
Website: <https://planinfo.bluecrossma.org/customblue/2022/cityofnewbedford>

ahealthyme

Website: www.ahealthyme.com/login
Customer service 1-888-617-0696

Cafeteria Plan Advisors (Flex Spending)

Customer service 781-848-9848
email info@CPA125.com
Website: www.CPA125.com

Deferred Comp Plans

Nationwide Retirement Solutions
Representative: William Redihan, CRC
Cell Phone: 508-320-7001
Email: w.redihan@nationwide.com
Nationwide Customer Service Center 1-877-677-3678
Website: www.nrsforu.com

SMART Plan of Massachusetts

Representative: Vito DeSimone, CRC
Cell Phone: 401-439-3715
Email: vito.desimone@empower-retirement.com
SMART Plan Customer Service Center 1-877-457-1900
Website: <https://mass-smart.empower-retirement.com/participant/#/login>

Trustmark Voluntary Benefits

Enrollment Representative: Doug Tracy
1-800-445-4493 Ext 142
Claims 1-877-201-9373 or
www.trustmarkVB.com/Claims
All other questions: Jennifer Bolton
1-508-497-3930 Ext 113



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.