



LOWER PIONEER VALLEY  
EDUCATIONAL COLLABORATIVE  
HEALTH AND WELLNESS INFO  
PACKET  
FY25

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LPVEC.ORG >>STAFF INFORMATION AND FORMS>>BENEFITS>> HEALTH**



## BENEFITS OPEN ENROLLMENT FOR FY25

**OPEN ENROLLMENT PERIOD: MAY 20, 2024 – JUNE 7, 2024**

**for changes effective 7/1/2024**

The Lower Pioneer Valley Educational Collaborative, through its affiliation with Scantic Valley Regional Health Trust (SVRHT), has designated May 1 – June 7 as the annual Open Enrollment period for all eligible employees. Please use this opportunity to assess your benefit needs and revise your health, dental, and/or vision insurance coverage selections.

LPVEC offers all eligible employees HMO plans from Blue Cross Blue Shield, Health New England and starting July 1, 2024 the Tufts Health Plan has been converted to Harvard Pilgrim Health Care. The Blue Cross Blue Shield Blue Care Elect Preferred PPO is also available. The Benefit Comparison Charts provided in this packet are a high-level overview of the plans offered.

A complete Summary of Benefits and additional information for each health plan is available on the Scantic Valley Regional Health Trust website at: [www.scantichealth.org](http://www.scantichealth.org).

Group numbers are provided on the Insurance Rate Sheet in this packet. If you have specific questions about plan coverage, contact Member Services at the number below and reference the appropriate Group #:

- Blue Cross/Blue Shield 1-800-486-1136
- Health New England 1-800-310-2835
- Harvard Pilgrim Health 1-888-333-4742.

**! No action is required by you if you are currently on a LPVEC sponsored health, dental, or vision plan and do not wish to make any changes to your coverage!**  
*You will remain on your current coverage plan(s) without having to re-enroll.*

LPVEC continues to offer 2 options for the Dental Blue Freedom plan. The Dental Blue Freedom offers the largest network of dentists nationwide including more than 90 percent of dentists in Massachusetts. **The Calendar Year Benefit Maximum is \$2,000.** There is NO increase to the premium for these plans for the upcoming fiscal year.

**LPVEC will also continue to offer the Blue 20/20 Vision plan that includes Hearing discounts on the Blue 20/20 Standard Vision Access Network Plan.** Blue 20/20 can save you money on eyeglasses, contacts, and preventive care, including eye exams. You also get access to one of the nation's largest vision networks. Blue 20/20 includes discounts for hearing exams and hearing aids. More information is included in this packet. There is NO increase to the premium for these plans for the upcoming fiscal year.

**All enrollment forms and supporting documents (if required) must be received by the LPVEC Payroll Department by end of business on Friday, June 7, 2024.**

Remember: Once enrolled in a health and/or dental plan, you will not be able to make changes until the next Open Enrollment period, unless there is a qualifying event.

\*If you do not receive insurance cards and/or enrollment information by July 1, contact your selected insurance company.

### **! Important**

**If you are enrolling in any plan for the first time and are on the 22-week pay period schedule (Hourly employees such as Drivers, Monitors, and some classroom staff), you must submit a check, payable to LPVEC, for the July and August premium in full with your enrollment form. Regular payroll deductions will begin in September. *Please reference rate sheet for monthly employee share costs.***

**OPEN ENROLLMENT CHANGES ARE EFFECTIVE JULY 1, 2024.**

**Enrollment forms and all required documents (and premium payment, if applicable) MUST BE RECEIVED BY 4:00 PM EST FRIDAY, JUNE 7, 2024 TO ALLOW SUFFICIENT TIME FOR PROCESSING. SEND ALL DOCUMENTS TO PAYROLL VIA ONE OF THE FOLLOWING METHODS:**

- SCAN AND EMAIL TO PAYROLL@LPVEC.ORG
- SEND BY INTEROFFICE MAIL TO PAYROLL
- OR MAIL TO:  
LPVEC, PAYROLL  
174 BRUSH HILL AVENUE  
WEST SPRINGFIELD, MA 01089

**HEALTH INSURANCE RATES**

PRODUCT	TYPE	COVERAGE	MONTHLY PREMIUM	ACTIVE EMPLOYEES				RETIREES	INACTIVE
				Collaborative Monthly Share	Employee Monthly Share	Employee Share Per Pay Period	Employee Share Per Pay Period	Non-Medicare Eligible Monthly Share	COBRA Rates
				100%	70%	30%	26	22	50%
Network Blue Standard Plan Group #00-2238438	HMO	Single	\$930.00	\$651.00	\$279.00	\$128.77	\$152.18	\$465.00	\$948.60
		Family	\$2,302.00	\$1,611.40	\$690.60	\$318.74	\$376.69	\$1,151.00	\$2,348.04
Network Blue Deductible Plan Group #00-4056369	HMO	Single	\$903.00	\$632.10	\$270.90	\$125.03	\$147.76	\$451.50	\$921.06
		Family	\$2,242.00	\$1,569.40	\$672.60	\$310.43	\$366.87	\$1,121.00	\$2,286.84
Health New England Standard Plan Group #S03042-0016	HMO	Single	\$814.00	\$569.80	\$244.20	\$112.71	\$133.20	\$407.00	\$830.28
		Family	\$2,027.00	\$1,418.90	\$608.10	\$280.66	\$331.69	\$1,013.50	\$2,067.54
Health New England Deductible Plan Group #S03042-0026	HMO	Single	\$786.00	\$550.20	\$235.80	\$108.83	\$128.62	\$393.00	\$801.72
		Family	\$1,961.00	\$1,372.70	\$588.30	\$271.52	\$320.89	\$980.50	\$2,000.22
HARVARD PILGRIM (FORMERLY TUFTS) Standard Plan Group #1777210015	HMO	Single	\$941.00	\$658.70	\$282.30	\$130.29	\$153.98	\$470.50	\$959.82
		Family	\$2,352.00	\$1,646.40	\$705.60	\$325.66	\$384.87	\$1,176.00	\$2,399.04
HARVARD PILGRIM (FORMERLY TUFTS) Deductible Plan Group #1777210016	HMO	Single	\$856.00	\$599.20	\$256.80	\$118.52	\$140.07	\$428.00	\$873.12
		Family	\$2,135.00	\$1,494.50	\$640.50	\$295.62	\$349.36	\$1,067.50	\$2,177.70
Blue Care Elect Preferred - Standard Plan Group #00-2345370	PPO	Single	\$1,586.00	\$1,110.20	\$475.80	\$219.60	\$259.53	\$793.00	\$1,617.72
		Family	\$3,451.00	\$2,415.70	\$1,035.30	\$477.83	\$564.71	\$1,725.50	\$3,520.02

\*\*see below note for hourly employees

**DENTAL INSURANCE RATES**

no change from FY24

PRODUCT	TYPE	COVERAGE	MONTHLY PREMIUM	ACTIVE EMPLOYEES			RETIREES
				Employee Monthly Share	Employee Share Per Pay Period	* Employee Share Per Pay Period	Non-Medicare Eligible Monthly Share
				100%	100%	26	22
Dental Blue Freedom 100/50/50%, \$2,000 max, \$25/\$75 deductible	OPTION 1	Single	\$48.24	\$48.24	\$22.26	\$26.31	\$48.24
		Family	\$130.11	\$130.11	\$60.05	\$70.97	\$130.11
Dental Blue Freedom 100/80/50%, \$2,000 max, \$50/\$150 deductible	OPTION 2	Single	\$55.20	\$55.20	\$25.48	\$30.11	\$55.20
		Family	\$148.93	\$148.93	\$68.74	\$81.23	\$148.93

**VISION INSURANCE RATES**

no change from FY24

PRODUCT	TYPE	COVERAGE	MONTHLY PREMIUM	ACTIVE EMPLOYEES			RETIREES
				Employee Monthly Share	Employee Share Per Pay Period	* Employee Share Per Pay Period	Non-Medicare Eligible Monthly Share
				100%	100%	26	22
Blue 20/20 Access Network Group Plan #20288		Single	\$7.82	\$7.82	\$3.61	\$4.27	\$7.82
		Employee+Spouse only	\$13.30	\$13.30	\$6.14	\$7.25	\$13.30
		Empl+child/children(no spouse)	\$13.69	\$13.69	\$6.32	\$7.47	\$13.69
		Family	\$21.51	\$21.51	\$9.93	\$11.73	\$21.51

\* New enrollments/coverage changes for 22 week/10-month paid employees:

7/1/2023 enrollment

A check must be submitted payable to LPVEC for the cost of the employee share premiums for the months of July and August with your enrollment form.

Regular deductions will begin in the month of September.

**\*\* For hourly employees, your first check in September may not have enough pay to cover your regular biweekly insurance premium. If that is the case, we will be making up the amount not paid/still owed in the next two paychecks.**



# Lower Pioneer Valley Educational Collaborative

Member of SCANTIC VALLEY REGIONAL HEALTH TRUST

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Dear LPVEC Employee,

As part of a continuing effort to help control the rising cost of health insurance premiums for its employers and employees, Scantic Valley Regional Health Trust, through which your employer purchases health insurance, requires its members to verify the eligibility of each employee and the employee's dependent when enrolling employees in a family health insurance plan. **All Scantic Valley Regional Health Trust subscribers who are enrolled in a plan are required to comply with this requirement.**

The following is a list of the necessary documentation that must be submitted to verify eligibility for each employee and employee's dependent enrolled on a LPVEC health insurance policy.

<u>Relationship</u>	<u>Documentation</u>
Employee	Photocopy of town- or city-issued birth certificate ( <b><u>hospital records are not accepted</u></b> ).
Spouse	Photocopy of town- or city-issued marriage certificate ( <b><u>church or Justice of the Peace certificates are NOT accepted</u></b> ), <b><u>AND</u></b> Page 1 of your filed Federal Tax Return (1040 or 1040A.) Social Security numbers and income may be blacked out. Federal Tax Return requirement does not apply to same-sex marriages (affidavit will be provided).
Divorced or Separated Spouse	Photocopy of the health insurance provision language from divorce/ separation agreement, <b><u>AND</u></b> first page listing names of both parties or signature page.
Child up to age 26	Photocopy of town- or city-issued birth certificate (long form listing parents' names) ( <b><u>hospital records are not accepted</u></b> ), or Court Order documenting guardianship, or adoption papers.

Documents such as marriage or birth certificates may be obtained at the Clerk's Office in the City/Town where the event occurred. Please note there may be a delay in obtaining certain documentation. We urge you to contact the appropriate offices as soon as possible.

The following page explains dependent eligibility under Scantic Valley Regional Health Trust and carrier guidelines. For dependents that are not eligible, insurance may be available through the Health Connector, an online health insurance marketplace for residents of Massachusetts. Go to [www.mahealthconnector.org](http://www.mahealthconnector.org) for more information.

***Failure to comply with this requirement will result in the removal of your dependent(s) from the health plan.***

## LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE

174 BRUSH HILL AVENUE, WEST SPRINGFIELD, MA 01089    PHONE 413-735-2200    FAX 413-735-2280

SERVING AGAWAM•EAST LONGMEADOW•HAMPDEN-WILBRAHAM•LONGMEADOW•LUDLOW•SOUTHWICK-TOLLAND-GRANVILLE•WEST SPRINGFIELD



# Lower Pioneer Valley Educational Collaborative

Member of SCANTIC VALLEY REGIONAL HEALTH TRUST

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## Scantic Valley Regional Health Trust REGULATIONS FOR COVERING SPOUSES/DEPENDENTS

**Eligible Spouses** - The subscriber may enroll an eligible spouse for coverage under his or her health plan membership. An 'eligible spouse' includes the subscriber's legal spouse.

In the event of a divorce or legal separation, the person who was the spouse of the subscriber prior to the divorce or legal separation will remain eligible for coverage under the subscriber's health plan membership, whether or not the judgment was entered prior to the effective date of this health plan. The former spouse will remain eligible for this coverage only until the subscriber is no longer required by the judgment to provide health insurance for the former spouse or the subscriber or former spouse remarries, whichever comes first.

If the subscriber remarries, the former spouse may continue coverage under a separate health plan membership with the subscriber's group, provided the divorce judgment requires that the subscriber provide health insurance for the former spouse. This is true even if the subscriber's new spouse is not enrolled under the subscriber's health plan membership. However, the former spouse must move from family coverage to individual coverage and additional premiums will be required; the former spouse only remains eligible under the group if the divorce decree provided for such coverage. If the former spouse remarries, the former spouse's eligibility ends.

**Eligible Dependents** - The subscriber may enroll eligible dependents for coverage under his or her health plan membership. The subscriber's 'eligible dependents' include: a dependent child who is between the ages of 19 and 26 (19 and 25 for BCBS members). These include the subscriber's or legal spouse's dependent children who qualify as dependents as subject of a court order that require the subscriber to provide health insurance for the children. These may include:

1. A newborn child – the effective date of coverage for a newborn child will be the child's date of birth provided that the subscriber formally notified the plan sponsor within 30 days of the date of birth.
2. An adopted child – the effective date of coverage for an adopted child will be the date of placement with the subscriber for the purpose of adoption. The effective date of coverage for an adoptive child who has been living with the subscriber and for whom the subscriber has been getting foster care payments will be the date the petition to adopt is filed. If the subscriber is enrolled under a family plan as of the date he or she assumes custody of a child for the purpose of adoption, the child's health care services for injury or sickness will be covered from the date of custody.
3. A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
4. A dependent child who is between the ages of 19 and 26 (19 and 25 for BCBS members).
5. An unmarried disabled dependent child may maintain coverage under the subscriber's health plan membership. The child must be either mentally or physically handicapped so as not to be able to earn his or her own living, as determined by the health plan carrier. The subscriber must make arrangements for the disabled child to continue coverage under the family contract no more than 30 days after the date the child would normally lose eligibility.

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## **IMPORTANT – PLEASE READ**

### **Special Enrollment Notice**

The Patient Protection and Affordable Care Act passed by Congress in 2010 requires that we provide a **Summary of Benefit and Coverage (SBC)** for each of the health plans available to you during the open enrollment period.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or other dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage.) However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage.)

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact a Human Resources representative at 413-735-2200 or email to [PAYROLL@LPVEC.ORG](mailto:PAYROLL@LPVEC.ORG).

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**SCANTIC VALLEY REGIONAL HEALTH TRUST  
(SVRHT)**

**IMPORTANT - PLEASE READ**

The attached benefit comparison charts are a high level overview of the plans offered by SVRHT.

The plan documents available to registered users on the carrier sites 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.



## SVRHT Plan Benefit Comparison

Effective 7-1-24

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.

BENEFIT	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	HARVARD PILGRIM
	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	HMO
		In-Network	Out-of-Network		
<b>Deductible</b>	None	None	\$400 Individual \$800 Family	None	None
<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 (July 1 to June 30).</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:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family	<b>Medical:</b> \$3,000 per member	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 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	None	None
<b>INPATIENT</b>	<b>YOU PAY</b>	<b>YOU PAY</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)</b>	\$500 copay	\$500 copay	20% coinsurance* Processes at in-network rate for emergency/accident admissions	\$500 copay	\$500 copay
<b>Physician Services</b>	Nothing	Nothing	20% coinsurance* Processes at in-network rate for emergency/accident admissions	Nothing	Nothing
<b>Skilled Nursing Facility</b>	Nothing to 100 days per calendar year benefit maximum	Nothing to 100 days per calendar year benefit maximum combined with out of network days	20% coinsurance* to 100 days per calendar year benefit maximum, combined with in-network days	\$0 copay for up to 100 days per calendar year, combined with inpatient rehabilitation	Nothing up to 100 days per plan year
<b>Rehabilitation Hospital</b>	Nothing to 60 days per calendar year benefit maximum	Nothing to 60 days per calendar year benefit maximum	20% coinsurance* to 60 days per calendar year benefit maximum	\$0 copay for up to 100 days per calendar year, combined with skilled care.	Nothing up to 60 days per plan year
<b>OUTPATIENT HOSPITAL</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Emergency Room Visits for Emergency or Accident Care</b>	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay, (waived if admitted)	\$100 copay, (waived if admitted)
<b>Emergency Room Visits for Medical Care</b>	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay (waived if admitted or for observation stay)	\$100 copay, waived if admitted	\$100 copay, waived if admitted

## SVRHT Plan Benefit Comparison

Effective 7-1-24

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.

BENEFIT	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	HARVARD PILGRIM
	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	HMO
		In-Network	Out-of-Network		
<b>Surgery</b>	\$150 copay	\$150 copay	20% coinsurance*	\$150 copay	\$150 copay
<b>Radiation and Chemotherapy</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Diagnostic X-ray and Lab</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine Colonoscopy (without symptoms)</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>High Cost Radiology (MRI, CT &amp; PET)</b>	\$100 copay* - copay waived if received at non-hospital facilities	\$100 copay* - copay waived if received at non-hospital facility	20% coinsurance* No deductible for OON	Outpatient hospital based services \$100 copay; \$0 for non-hospital based services	\$100 copay <sup>2</sup>
<b>Hemodialysis</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Physical Therapy</b>	\$20 copay to 60 visits per calendar year	\$20 copay to 100 visits per calendar year	20% coinsurance* to 100 visits per calendar year	\$20 copay (60 visits per calendar year for PT and OT)	\$35 co-pay - (60 visits per calendar year for PT and OT)
<b>PHYSICIAN'S OFFICE</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Surgery</b>	\$20 PCP Office \$35 Specialists Office	\$20 PCP Office \$35 Specialists Office	20% coinsurance*	\$20 PCP Office \$35 Specialists Office	No charge
<b>Adult Preventative Exam (includes preventative lab)</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>PCP Medical Care/ Mental Health Care/ Substance Abuse Care</b>	\$20 copay	\$20 copay	20% coinsurance*	\$20 copay	\$20 copay
<b>Well Child Care (includes preventative lab tests)</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine GYN Exam (one per calendar year, includes preventative lab tests)</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine Mammogram</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine Vision Exam</b>	\$0 copay (once every 12 months)	\$0 copay (once per calendar year)	20% coinsurance after deductible(once per calendar year)	\$0 copay (once per calendar year)	\$20 copay (once per plan year)
<b>Specialist Office Visit</b>	\$35 copay	\$35 copay	20% coinsurance*	\$35 copay	\$35 copay
<b>OTHER OUTPATIENT</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Visiting Nurse Home Health Care</b>	Nothing (Includes Hospice Care)	Nothing	20% coinsurance*	Nothing	Nothing
<b>Durable Medical Equipment</b>	Member pays 20%, plan pays 80% with no limit	Member pays 20%, plan pays 80% with no limit*	40% coinsurance after deductible	Member pays 20%, plan pays 80% with no limit	Member pays 30%, plan pays 70% with no limit

## SVRHT Plan Benefit Comparison

Effective 7-1-24

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.

BENEFIT	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	HARVARD PILGRIM
	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	HMO
		In-Network	Out-of-Network		
<b>Ambulance</b>	Nothing (for emergency or medically necessary transport)	Nothing (for emergency or medically necessary transport)	Nothing for accident or emergency; 20% coinsurance* other medically necessary ambulance transport	\$25 co-pay per member per day (included Chair Van services)	Nothing (for emergency or medically necessary transport)
<b>Routine Pediatric Dental (under age 12)</b>	Nothing (covered services each six months)	All charges	All charges	Not covered	\$20 copay up to age 13
<b>Chiropractor Visits</b>	\$20 copay per visit (up to 12 visits per calendar year)	\$20 copay per visit (up to 12 visits per calendar year)	20% coinsurance (up to 12 visits per calendar year)	\$20 copay per visit (up to 12 visits per calendar year)	\$20 copay per visit (up to 12 visits per year)
<b>Prescription Drugs</b>	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  CVS Caremark is the PBM	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  CVS Caremark is the PBM	OOB NOT COVERED	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  OptumRx is the PBM for retail and mail order.	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  Optum is the PBM
<b>Weight Loss</b>	Up to \$150 per family toward fees paid hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals, WeightWatchers®	Up to \$150 per family toward fees paid hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals, WeightWatchers®	Up to \$150 per family toward fees paid hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals, WeightWatchers®	Up to \$200/ind and \$400/fam reimbursement per calendar year towards fitness club membership, Aerobic and Wellness classes, Personal Trainer fees and school and town sports registration fees, wellness and fitness apps, nutrition apps, mindfulness apps, bike shares and Weight Watchers® program.	Discount and Savings programs available such as Eat Right Now, Inside Tracker, Daily Burn, ProSourceFit, and more  Up to \$150 fitness reimbursement per household, per plan year
<b>Fitness Benefit</b>	Up to \$150 reimbursement per family a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs; or virtual /online fitness memberships, subscriptions, programs providing the same. Now includes home gym equipment	Up to \$150 reimbursement per family a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs; or virtual /online fitness memberships, subscriptions, programs providing the same. Now includes home gym equipment	Up to \$150 reimbursement per family a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs; or virtual /online fitness memberships, subscriptions, programs providing the same. Now includes home gym equipment		

\*After Deductible

# SVRHT Plan Benefit Comparison

## Deductible Plans - Effective 7-1-24

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.

*After Deductible	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	HARVARD PILGRIM
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Best Buy HMO
		In-Network	Out-of-Network		
<b>Deductible</b>	\$250 per member up to \$750 per family	\$250 per member up to \$750 per family	\$400 Individual \$800 Family	\$250 per member up to \$750 per family	\$250 per member up to \$750 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 (July 1 to June 30).</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:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 per family	<b>Medical:</b> \$3,000 per member	<b>Medical:</b> \$2,000 per member \$4,000 per family <b>Prescription:</b> \$3,000 per member \$6,000 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	None	None
INPATIENT	YOU PAY	YOU PAY	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>	\$500 copay*	\$500 copay*	20% coinsurance* Processes at in-network rate for emergency/accident admissions	\$500 copay*	\$500 copay*
<b>Physician Services</b>	Nothing	Nothing	20% coinsurance* Processes at in-network rate for emergency/accident admissions	Nothing	Nothing
<b>Skilled Nursing Facility - Deductible Applies</b>	Nothing* to 100 days per calendar year benefit maximum	Nothing* to 100 days per calendar year benefit maximum combined with out of network days	20% coinsurance* to 100 days per calendar year benefit maximum, combined with in-network days	\$0 copay for up to 100 days per calendar year, combined with inpatient rehabilitation	Nothing* up to 100 days per plan year
<b>Rehabilitation Hospital - Deductible Applies</b>	Nothing* to 60 days per calendar year benefit maximum	Nothing* to 60 days per calendar year benefit maximum	20% coinsurance* to 60 days per calendar year benefit maximum	\$0 copay for up to 100 days per calendar year, combined with inpatient rehabilitation	Nothing* up to 60 days per plan year

# SVRHT Plan Benefit Comparison

## Deductible Plans - Effective 7-1-24

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.

*After Deductible	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	HARVARD PILGRIM
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Best Buy HMO
OUTPATIENT HOSPITAL	YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY	YOU PAY	YOU PAY
<b>Emergency Room Visits for Emergency or Accident Care -Deductible Applies</b>	\$100 copay* (waived if admitted or for observation stay)	\$100 copay* (waived if admitted or for observation stay)	\$100 copay* (waived if admitted or for observation stay)	\$100 copay*, (waived if admitted)	\$100 copay*, (waived if admitted)
<b>Emergency Room Visits for Medical Care - Deductible Applies</b>	\$100 copay* (waived if admitted or for observation stay)	\$100 copay* (waived if admitted or for observation stay)	\$100 copay* (waived if admitted or for observation stay)	\$100 copay*, waived if admitted	\$100 copay*, waived if admitted
<b>Surgery - Deductible Applies</b>	\$150 copay*	\$150 copay*	20% coinsurance*	\$150 copay*	\$150 copay*
<b>Radiation and Chemotherapy - Deductible Applies</b>	\$0 copay*	\$0 copay*	20% coinsurance*	\$0 copay*	\$0 copay*
<b>Diagnostic X-ray and Lab - Deductible Applies</b>	\$0 copay*	\$0 copay*	20% coinsurance*	\$0 copay*	\$0 copay*
<b>Routine Colonoscopy (without symptoms)</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>High Cost Radiology (MRI, CT &amp; PET) - Deductible Applies</b>	\$100 copay* - copay waived if received at non-hospital facilities	\$100 copay* - copay waived if received at non-hospital facility	20% coinsurance* No deductible for OON	Outpatient hospital based services \$100 copay*; \$0 for non-hospital based services	\$100 copay*
<b>Hemodialysis - Deductible Applies</b>	\$0 copay*	\$0 copay*	20% coinsurance*	\$0 copay*	\$0 copay*
<b>Physical Therapy - Deductible Applies</b>	\$20 copay to 60 visits per calendar year	\$20 copay to 100 visits per calendar year	20% coinsurance* to 100 visits per calendar year	\$20 copay (60 visits per calendar year for PT and OT)	Deductible, then covered in full

# SVRHT Plan Benefit Comparison

## Deductible Plans - Effective 7-1-24

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.

*After Deductible	BLUE CROSS BLUE SHIELD			HEALTH NEW ENGLAND	HARVARD PILGRIM
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Best Buy HMO
PHYSICIAN'S OFFICE	YOU PAY	In-Network	Out-of-Network	YOU PAY	YOU PAY
<b>Surgery - NO Deductible</b>	\$20 PCP Office \$35 Specialists Office	\$20 PCP Office \$35 Specialists Office	20% coinsurance*	\$20 PCP Office \$35 Specialists Office	Office based treatments and procedures deductible, then no charge
<b>Adult Preventative Exam</b> <i>(includes preventative lab)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>PCP Medical Care/ Mental Health Care/ Substance Abuse Care</b>	\$20 copay	\$20 copay	20% coinsurance*	\$20 copay	\$20 copay
<b>Well Child Care</b> <i>(includes preventative lab tests)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine GYN Exam</b> <i>(one per calendar year, includes preventative lab tests)</i>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine Mammogram</b>	\$0 copay	\$0 copay	20% coinsurance*	\$0 copay	\$0 copay
<b>Routine Vision Exam</b>	\$0 copay (once every 12 months)	\$0 copay (once per calendar year)	20% coinsurance after deductible	\$0 copay (once per calendar year)	\$20 copay (once per plan year)
<b>Specialist Office Visit</b>	\$35 copay	\$35 copay	20% coinsurance*	\$35 copay	\$35 copay
OTHER OUTPATIENT	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Visiting Nurse Home Health Care - Deductible Applies</b>	Nothing* (Includes Hospice Care)	Nothing*	20% coinsurance*	Nothing*	Nothing*
<b>Durable Medical Equipment - Deductible Applies</b>	Member pays 20%, plan pays 80% with no limit	Member pays 20%, plan pays 80% with no limit*	40% coinsurance after deductible	Member pays 20%, plan pays 80% with no limit	Covered in full after deductible -breast, hand, arm and feet prosthetics Member pays 20%, plan pays 80%

# SVRHT Plan Benefit Comparison

## Deductible Plans - Effective 7-1-24

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.

*After Deductible	BLUE CROSS BLUE SHIELD		HEALTH NEW ENGLAND	HARVARD PILGRIM	
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO	Best Buy HMO
		In-Network	Out-of-Network		
<b>Ambulance - Deductible Applies</b>	Covered in full after ded (for emergency or medically necessary transport)	Covered in full after deductible (for emergency or medically necessary transport)	Deductible then 20% coinsurance* other medically necessary ambulance transport	\$25 co-pay per member per day (included Chair Van services)	Covered in full after deductible
<b>Routine Pediatric Dental (under age 12)</b>	Nothing (covered services each six months)	Not Covered	Not Covered	Not Covered	\$20 copay up to age 13
<b>Chiropractor Visits</b>	\$20 copay per visit (up to 12 visits per calendar year)	\$20 copay per visit (up to 12 visits per calendar year)	20% coinsurance (up to 12 visits per calendar year)	\$20 copay per visit (up to 12 visits per calendar year)	\$20 copay per visit (up to 12 visits per year)
<b>Prescription Drugs</b>	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  CVS Caremark is the PBM	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  CVS Caremark is the PBM	OON NOT COVERED	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  OptumRx is the PBM for retail and mail order.	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$50.00 copay  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$110.00 copay  Optum Rx is the PBM
<b>Weight Loss</b>	Up to \$150 per family toward fees paid hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals, WeightWatchers®	Up to \$150 per family toward fees paid hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals, WeightWatchers®	Up to \$150 per family toward fees paid hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals, WeightWatchers®	Up to \$200/ind and \$400/fam reimbursement per calendar year towards fitness club membership, Aerobic and Wellness classes, Personal Trainer fees and school and town sports registration fees, wellness and fitness apps, nutrition apps, mindfulness apps, bike shares and Weight Watchers® program.	Discount and Savings programs available such as Eat Right Now, Inside Tracker, Daily Burn, ProSourceFit, and more
<b>Fitness Benefit</b>	Up to \$150 reimbursement per family a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training	Up to \$150 reimbursement per family a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training	Up to \$150 reimbursement per family a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular		Up to \$150 fitness reimbursement per household, per plan year.

# SVRHT Plan Benefit Comparison

## Deductible Plans - Effective 7-1-24

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.

	BLUE CROSS BLUE SHIELD		HEALTH NEW ENGLAND	HARVARD PILGRIM
*After Deductible				
BENEFIT	NETWORK BLUE HMO	BLUE CARE ELECT PREFERRED PPO		HMO
		In-Network	Out-of-Network	Best Buy HMO
	programs; or virtual /online fitness memberships,subscriptions , programs providing the same. Now includes home gym equipment	programs; or virtual /online fitness memberships,subscriptions , programs providing the same. Now includes home gym equipment	and strength-training programs; or virtual /online fitness memberships,subscriptions , programs providing the same. Now includes home gym equipment	





## **SVRHT-Insured employees**

**Blue Cross Blue Shield** - BCBS members are entitled to reimbursement for up to \$150 per calendar year for qualified fitness centers and \$150 per calendar year for WW® & other weight loss programs.

**Health New England** - Reimburses \$200/ind, \$400/family, per year for: qualifying fitness club membership; personal trainer fees; aerobic/wellness classes; school and town sports registration fees; CSA farm shares and up to \$150 per calendar year for Weight Watchers®.

For the Medicare Advantage plan, HNE offers an allowance of \$150 per calendar year for joining a Fitness Club or WW® or for certain Safety Items.

**Tufts** - Up to \$150 per calendar year for fitness center membership; \$150 per calendar year for a weight loss program.

**Wellness Works! Points Program BCBS, HNE, Tufts** Subscribers and spouses (including retirees) through Scantic Valley Regional Health Trust can earn up to a \$200 (BCBS). \$150 (HNE and Tufts) gift card for participating in various activities.

**CanaRx** Money-saving program for brand name prescription medications. For more information, call 1-866-893-6337 or go to [www.SVRHTCanaRx.com](http://www.SVRHTCanaRx.com). For additional information, [click here](#)

**Good Health Gateway Diabetes Care Rewards Program** Voluntary program to receive diabetes medications and supplies for \$0 co-pays. Call 1-800- 643-8028 or visit [www.GoodHealthGateway.com](http://www.GoodHealthGateway.com) for more information.

Programs in **red** are available to all employees and family members who get their insurance through the Scantic Valley Regional Health Trust

**EVENTS: "Maintain Campaign"** Our yearly commitment to support everyone's effort to keep our weight in check during the holiday season. It involves a weigh-in before Thanksgiving and a weigh-out after the New Year. Weekly emails containing tips to stay on track are sent to all participants. Everyone who stays within 2 pounds of their weigh-in weight will be entered into a drawing for various incentive gifts. SVRHT Wellness Program Incentives

**Numerous additional webinars, challenges, and healthy activities** will be available to all employees throughout the year. Watch for information in the monthly newsletters and staff emails. Many programs will have gift card raffles and other raffle prizes for participation.

### **Smoking Cessation\* "Quit Smoking Your Way and We'll Pay"**

Benefitted/benefit-eligible employees and their spouses can have smoking cessation-related expenses waived and earn up to \$200 in gift cards for staying quit. You must register for this program and schedule verification appointments in order to receive incentives.

**Wellness Works! Points Program** Employees who do not get health insurance through work can earn up to 10 chances in a raffle for incentives for participating in various activities.

If you have an idea that you would like to see become part of the wellness program, please let us know! Our program gets better when you are engaged!

**For more information** on any of the programs offered by the SVRTH Wellness Program, please contact Marcy Morrison - [Marcy@scantichealth.org](mailto:Marcy@scantichealth.org) or call 617-431-6651

**Colonoscopy \*** Benefitted/benefit-eligible employees and spouses can earn \$100 for completing a preventive screening colonoscopy (once every 5 years maximum).

**Community Discounts** Longmeadow Parks & Recreation, East Longmeadow Recreation Department and Hampden Parks & Recreation Benefitted/benefit-eligible employees receive a 40% discount on most adult fitness programs/classes. Receive discount upon registration.

### **Local Fitness Center Discounts\*\***

**ATTAIN Therapy and Fitness** (East Longmeadow) – 15% discount for first responders; 10% discount for school and town employees for adult strength and conditioning classes.

**Blue Diamond CrossFit** (80 Denslow Road) in East Longmeadow offers a 20% discount for Military, Police, Fire, Teachers and Students (with valid ID)  
**Century Fitness** (East Longmeadow) – Twelve-month membership with no start-up fee for \$19.99 per month.

**Glenmeadow Retirement Community** (Longmeadow) - \$10 off monthly Lifestyle Pass for ages 62 and over.

**Healthtrax** (East Longmeadow) - \$10 off per month with yearly membership.  
**PureBarre** (East Longmeadow/Northampton) – 10% off monthly packages and clothing.

**Scantic Valley YMCA** (Wilbraham) - 50% off of the joiner's fee and 20% discount off of the regular monthly membership rates. \*\*Please tell staff that you are a town employee when purchasing membership

**For more information**, please see our website, [www.scantichealth.org](http://www.scantichealth.org) or contact Marcy Morrison - [Marcy@Scantichealth.org](mailto:Marcy@Scantichealth.org) 617-431-6651  
Like us on Facebook! <https://www.facebook.com/scanticvalleywellness/>

Offers in **purple** are also available for all benefit-eligible employees, even if you don't have town/school insurance.

Life comes with challenges.  
**Your Assistance Program  
is here to help.**

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

**Mental Health Sessions**

Manage stress, anxiety, and depression, resolve conflict, improve relationships, overcome substance abuse, and address any personal issues.

**Life Coaching**

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

**Financial Consultation**

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

**Legal Consultation**

Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

**Work-Life Resources and Referrals**

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

**Personal Assistant**

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

**Medical Advocacy**

Get help navigating insurance, obtaining doctor referrals, securing medical equipment or transportation, and planning for transitional care and discharge.

**Member Portal and App**

These digital tools enable you to access your benefits 24/7/365 with online requests and chat options. They also provide easy access to thousands of articles, webinars, podcasts, and tools covering total well-being.



Contact AllOne Health EAP  
**Call: 800.451.1834**  
Visit: [www.allonehealthep.com](http://www.allonehealthep.com)  
Code: lpvec

**ALL ONE**  
HEALTH

## Why participate in the Diabetes Care Rewards Program

We'll help you improve your health and reduce your risk of heart disease and stroke.

Plus you'll get a Good Health Gateway® RX Rewards Card to get your \$0 copays on covered diabetes medications and supplies.



Good Health  
G A T E W A Y  
Diabetes Care Rewards Program

**RX REWARDS CARD**  
PRIMARY COVERAGE

**\$0 COPAYS FOR DIABETES RX & SUPPLIES**

Name FirstName LastName

RxBIN BIN RxCN PCN  
RxGrp GroupName ID MemberId

**PHARMACISTS: SUBMIT AS PRIMARY COVERAGE**  
for diabetes medications and supplies.

## How to get your Good Health Gateway RX Rewards Card for \$0 copays



Register at [GoodHealthGateway.com](http://GoodHealthGateway.com) to start your 90-day Introductory Period.

Or call our **Good Health Gateway** HelpLine at 800.643.8028 Monday through Thursday 8:30 am - 6:00 pm and Friday 8:30 am - 5:00 pm EST.

During your Introductory Period, you can get \$0 copays using your **Good Health Gateway Rx Rewards Card** at your local, in-network pharmacy or through OPTUMRx® Home Delivery.



To keep your \$0 copays beyond your Introductory Period, send us a Provider Confirmation Form or other acceptable documentation showing you completed the medical exams and lab tests listed below. Upload your documents through the website, send by mail, or fax to 877.378.4480.

Any of the exams/labs completed in the past year will count toward the requirement.

- Annual foot exam
- Annual eye exam
- Annual laboratory work-up of your fasting blood lipid levels
- Annual laboratory work-up of your urine/protein levels
- Laboratory work-up of your Hemoglobin A1c levels every 6 months



Continue to get your \$0 copays as long as you keep your diabetes labs and exams up to date.

Scantic Valley Regional Health Trust is committed to helping you achieve your best health status. Rewards for participating in this wellness program are available to employees and their dependents on a Scantic Valley Regional Health Trust health plan who meet the program requirements. If your doctor determines you do not need one of the activities required in this program, they can simply indicate not needed beside that requirement, and you will receive credit for this requirement.

Participation in the program is voluntary and confidential. HIPAA privacy and security standards are used to ensure the protection of your healthcare information.

**800.643.8028**  
**GOODHEALTHGATEWAY.COM**

Available to the following member employers of the Scantic Valley Regional Health Trust:

Hampden Wilbraham Regional School District  
Lower Pioneer Valley Educational Collaborative

Town of:

East Longmeadow  
Hampden  
Longmeadow  
Wilbraham

For employees and their covered dependents of the above employers insured through one of the following Scantic Valley Regional Health Trust sponsored health plans:

Blue Cross Blue Shield of Massachusetts  
Network Blue HMO, Network Blue HMO Deductible, Blue Care Elect Preferred PPO, Blue Care  
Elect Preferred PPO Deductible

Health New England  
HNE HMO, HNE HMO Deductible

Tufts Health Plan  
Tufts Choice Co-pay EPO, Tufts Advantage EPO Deductible



## Scantic Valley Regional Health Trust

Towns of East Longmeadow, Hampden, Longmeadow and Wilbraham, the Hampden-Wilbraham Regional School District and the Lower Pioneer Valley Educational Collaborative

# SIMPLE. SAFE. SMART.



**SIGN UP TODAY**

**Medications FREE to your door!**

See reverse for a full list of medications.

CANARX is a voluntary international mail order prescription program that is available to eligible employees, non-Medicare eligible retirees and their dependents enrolled in a health plan with the Scantic Valley Regional Health Trust (SVRHT).

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered DIRECT TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom and Australia. YOU PAY NOTHING thanks to the savings CANARX brings to your plan.

### Getting started is super easy!

1. Check to see if a medication is offered. Call **1-866-893-6337** and speak with a CANARX representative or view the complete formulary and print enrollment material at [www.canarx.com](http://www.canarx.com) (WebID: **SVRHT**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 weeks!

- ✓ \$0 Copay
- ✓ 450+ FREE Brand Name Medications
- ✓ Easy, convenient refills
- ✓ Refills only, no "new to you" meds
- ✓ No additional costs

## For More Information



**1-866-893-6337**  
[www.canarx.com](http://www.canarx.com)  
WebID: **SVRHT**

April 2023







# Overview of Health Insurance Marketplaces

## **THIS NOTICE IS REQUIRED BY THE NATIONAL HEALTH REFORM LAW (ALSO KNOWN AS THE AFFORDABLE CARE ACT OR ACA)**

This notice is meant to help you understand health insurance Marketplaces, which were set up to make it easier for consumers to compare health insurance plans and enroll in coverage. In Massachusetts, the state Marketplace is known as the Massachusetts Health Connector. Your employer is required by law to provide you the information contained in this notice. You may or may not qualify for subsidized health insurance through the Health Connector. If you are offered coverage by

your employer that is considered “affordable” and meets a “minimum value” standard according to federal definitions (see below), you most likely will not qualify for the subsidized coverage offered through the Health Connector described in this notice. However, it may still be helpful for you to read and understand the information included here. Please ask your employer for more information if you have questions.

### **Overview:**

As a result of the Affordable Care Act (ACA), there is an easy way for many individuals and small businesses in Massachusetts to buy health insurance: the Massachusetts Health Connector. This notice provides some basic information about the Health Connector, and how coverage available through the Health Connector relates to any coverage that may be offered by your employer. You can find out more by visiting **MAhealthconnector.org**.

### **What is the Massachusetts Health Connector?**

The Health Connector is our state’s health insurance Marketplace. It helps individuals, families, and small businesses find health insurance that meets their needs and fits their budget. The Health Connector offers “one-stop shopping” to easily find and compare private health insurance options from the state’s leading health and dental insurance companies. Some individuals and families may also qualify for a federal tax credit that lowers their monthly premium right away, as well as cost sharing reductions that can lower out-of-pocket expenses. The next open enrollment for individuals and families to buy health insurance coverage through the Health Connector is scheduled to begin on November 1, 2024, through January 23, 2025. Individuals and families who experience a qualifying event can shop outside of open enrollment periods. You can find out more by visiting **MAhealthconnector.org**. or calling **1-877 MA ENROLL** (1-877-623-6765).

*Continued on next page >>>*

### **Questions?**

Visit **MAhealthconnector.org** or call **1-877 MA ENROLL** (1-877-623-6765) or TTY: 1-877-623-7773, Monday to Friday, 8:00 a.m. to 6:00 p.m.

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Employees that live outside of Massachusetts can visit [healthcare.gov](http://healthcare.gov) to find out about Marketplaces in their region.

## Can I qualify for federal and state assistance that reduces my health insurance premiums and out-of-pocket expenses through the Health Connector?

Depending on your income, you may qualify for federal and/or state tax credits and other subsidies that reduce your premiums and lower your out-of-pocket expenses if you shop through the Health Connector. You can find out more about the income criteria for qualifying for these subsidies by visiting [MAhealthconnector.org](http://MAhealthconnector.org), or calling **1-877 MA ENROLL** (1-877-623-6765).

## Does access to employer-sponsored coverage affect my eligibility for help paying for coverage through the Health Connector?

An offer of health coverage from your employer could affect your eligibility for subsidies through the Health Connector. If your income meets the eligibility criteria, you will qualify for subsidies through the Health Connector if:

- Your employer does not offer coverage to you, **or**
- Your employer does offer you coverage, **but**:
  - ▶ Your employer's offer of an employee-only or family plan for your household would require you to spend more than the following percentage(s) of your household income:

### Is your employer's health insurance coverage affordable?

Coverage for <b>2024</b>	<b>8.39%</b> of household income
Coverage for <b>2023</b>	<b>9.12%</b> of household income

- ▶ **Or**, the coverage your employer provides does not meet the "minimum value" standard set by federal law (which says that the plan offered has to cover at least 60 percent of total allowed costs).

If you have coverage through your employer but are interested in shopping through the Health Connector, be sure to check with your employer on the rules around how and when you can disenroll from your employer's group coverage. If you purchase a health plan through the Health Connector instead of accepting health coverage offered by your employer, please note that you will lose the employer contribution (if any) for your health insurance. Also, the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes.

**Please note:** You can find the most up to date percentages used to calculate affordability here: [www.mahealthconnector.org/esi-affordability-calculator](http://www.mahealthconnector.org/esi-affordability-calculator).

Continued on next page >>>

## Questions?

Visit [MAhealthconnector.org](http://MAhealthconnector.org) or call **1-877 MA ENROLL** (1-877-623-6765) or TTY: 1-877-623-7773, Monday to Friday, 8:00 a.m. to 6:00 p.m.

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## EMPLOYER-SPONSORED HEALTH COVERAGE

This section will help you collect information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

### **Does this employer offer any of the following health coverage options for at least some employees?**

Check all that apply.

- Employer-sponsored health insurance that meets federal standards for affordability and minimum value. Note: Whether a plan meets “minimum value” can be found on the plan’s Summary of Benefits and Coverage (SBC).
- Individual Coverage Health Reimbursement Arrangement (ICHRA)
- Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

**If the employer offers any of the above options, and if the employee receiving this notice qualifies for such benefits, they can find out more by contacting:** \_\_\_\_\_

*(may be an HR contact, a resource, or an appendix to this document)*

**If no health coverage options are offered, or if employee receiving notice does not qualify for such benefits,** the Health Connector can help employees evaluate coverage options, cost and eligibility. Please visit **MAhealthconnector.org** for more information, including an online application for health insurance coverage.

**Note:** If the employee is offered an unaffordable ICHRA and would like to apply for financial help through the Health Connector, they must opt out of the ICHRA and notify the employer.

If the employee is offered an unaffordable QSEHRA, they can **not** opt out of their QSEHRA. However, they may still qualify for financial assistance through the Health Connector.

## Questions?

Visit **MAhealthconnector.org** or call **1-877 MA ENROLL** (1-877-623-6765) or TTY: 1-877-623-7773, Monday to Friday, 8:00 a.m. to 6:00 p.m.

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