

Town of Duxbury, Massachusetts

OFFICE OF THE BOARD OF SELECTMEN AND TOWN MANAGER



Via Certified US and Electronic Mail (delivery confirmation and return receipt requested)

To: Public Employee Committee Representatives

From: Richard MacDonald, Town Manager

CC: Russell Dupere, Esq., Labor Specialist
John Madden, Finance Director
Jeannie Horne, Human Resources Officer
Dr. Benedict Tantillo, III, Superintendent of Schools
Board of Selectmen
School Committee
Peter Savage, Insurance Consultant
Ralph White, RSCME
Secretary of Administration and Finance (MunicipalHealth@state.ma.us)
Pam Kocher, Executive Office for Administration and Finance

Date: February 27, 2012

Re: Implementation Notice

This notice is being provided to you pursuant to 801 CMR 52.03 and includes the Town of Duxbury's estimated savings from implementing changes to its health insurance plans pursuant to M.G.L. Chapter 32B, Sections 21 and 22. This notice includes all the information required by 801 CMR 52.03.

The Town is proposing modification of our current Blue Cross Blue Shield health insurance plans to match, as closely as possible, the benefit design of the Group Insurance Commission's most popular plan, the Tuft's Navigator, effective September 1, 2012.

878 Tremont Street, Duxbury, MA 02332 Telephone: 781-934-1100 x149 Fax: 781-934-9011
Town-Manager@town.duxbury.ma.us

The mission of the Town of Duxbury is to deliver excellent services to the community in the most fiscally responsible and innovative manner while endeavoring to broaden our sense of community and preserve the unique character of our town.

52.03: The Implementation Notice:

a. Proposed changes to the Town's health insurance benefits:

Current Health Insurance Plans:

1. Appendix A Town of Duxbury's Proposal, New Plan Design & Mitigation Plan, Municipal Health Reform Law, details the Town's:
 - a. In-force health insurance plans, related co-pays, and other cost-sharing design features for active employee and retiree plans.
 - b. Breakdown of enrollment by individual and family plans as of 9/20/11 and the related premium costs.
 - c. Includes the Town's 75% contribution for active employee plans and 50% for retiree plans.
2. Description of the Proposed Changes:
 - a. The earliest practical date for implementing changes under the law is 9/1/12.
 - b. A summary of each proposed plan design including co-pays, deductibles and other cost sharing features are detailed in Appendix A. The Town's estimate of anticipated savings of such changes and the supporting information and analysis, conducted by Cook & Company, is also found in Appendix A, including but not limited to:
 1. The total projected premium costs and enrollment of plans under the existing coverage for the first 12 month period in which the Town seeks to make changes.
 2. The anticipated total projected premium costs of plans, including plans with proposed changes and anticipated enrollment for the same 12 month period.
 - b. As provided under 801 CMR 52.03 (d) the town is proposing to create a mitigation fund equal to up to 25% of the total year one (1) savings. This mitigation proposal includes:
 1. An estimate of the cost to fund the mitigation proposal is found in Appendix A.

Appendix B contains the distribution list used for this memo.

Please contact me immediately if you have any questions or concerns regarding this implementation notice.

878 Tremont Street, Duxbury, MA 02332 Telephone: 781-934-1100 x149 Fax: 781-934-9011
Town-Manager@town.duxbury.ma.us

Appendix A

Town of Duxbury Municipal Health Reform Law Proposal New Plan Design & Mitigation Plan

Duxbury Health Plan Proposal
9/1/12 – 8/31/13

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 - Budget

EXECUTIVE
SUMMARY

**Town Of Duxbury
Municipal Health Reform Law
Executive Summary**

The recently passed Municipal Health Reform Law outlines the procedure for Massachusetts municipalities to either modify their plans to resemble the Group Insurance Commission's (GIC) most popular plan design or to join the GIC plans directly. The following is the Town of Duxbury's proposal for modifying our plans to match as closely as possible the benefit design of the GIC's most popular plan, the Tuff's Navigator.

You will note that our proposal intends to remain with our current carriers, change the benefit design, and as outlined in the new law, share a percentage of the total first year savings with our employees over and above the savings realized by reduced rates. Please also note that, due to contract language, the plan year calculations are from September 1, 2012 through August 31, 2013. Duxbury will, however, remain on a fiscal year anniversary.

In compliance with the new law, we will meet with the Public Employee Committee as often as necessary during the next thirty days to attempt to reach an agreement among all parties. Absent an agreement within 30 days, this proposal will be forwarded to a three person panel who will review it for compliance and, if they agree with the proposal, will instruct the Town to either implement these changes, return to the table to adjust any inconsistencies or to join the GIC plans.

We believe this proposal would reduce the total plan year cost by \$1,032,352. The employee share of the rates would be reduced by \$303,339 and an additional \$258,088 would be set aside by the Town to mitigate the cost of the design changes for employees. In total the employees would receive 54% of the combined savings between rate reduction and the mitigation plan in the first year.

Respectfully Submitted,
The Town of Duxbury

FINANCIAL
SUMMARY

Duxbury Summary
PLAN YEAR 9/1/12-8/31/13

| | <u>Town Cost</u> | <u>Employee Cost</u> | <u>Total</u> |
|---|------------------|----------------------|--------------|
| Projected GIC PLAN 2013 | | | |
| A. MHP to Ind & Balance to HPHC PPO | 6,769,520 | 3,134,592 | 9,904,112 |
| Savings | 623,308 | 314,592 | 937,900 |
| <hr/> | | | |
| B. MHP to IND & half to HPHC & Tufts | 6,490,031 | 3,019,309 | 9,509,340 |
| Savings | 902,797 | 429,875 | 1,332,672 |
| <hr/> | | | |
| C. Same but 2% to Limited HMOs | 6,374,441 | 2,970,606 | 9,345,047 |
| Savings | 1,018,387 | 478,578 | 1,496,965 |
| <hr/> | | | |

Projected Modified Plan Savings

| | | | |
|------------------------------|------------------|------------------|------------------|
| Projected Plan Year 2013 | | | |
| In Force Plans | 7,392,828 | 3,449,184 | 10,842,012 |
| Proposed Plan 2013 New Plans | <u>6,663,815</u> | <u>3,145,845</u> | <u>9,809,660</u> |
| Projected Savings | 729,013 | 303,339 | 1,032,352 |
| Mitigation Fund | <u>-258,088</u> | <u>258,088</u> | <u></u> |
| NET SAVINGS | 470,925 | 561,427 | 1,032,352 |

PROPOSED
MITIGATION
PLANS

**TOWN OF DUXBURY
MITIGATION PROPOSAL**

The Town of Duxbury proposes to take twenty-five percent (25%) of the estimated first year savings achieved by modifying the health insurance benefits and create a mitigation fund. While the statute requires that the Town share an amount **up to** 25% of the estimated savings, the Town is proposing to share the **full** 25% of the estimated savings.

The Town proposes to administer the mitigation fund in the following manner: based on projected rates, the \$258,088 mitigation amount equates to a Town issued check in the amount of \$456 for family plan subscribers and \$228 for individual plan subscribers. This will only pertain to those employees/retirees who are enrolled in the Town's plans as of August 31, 2012.

In total the employees would receive slightly more than 54% of the combined savings between rate reduction and the mitigation plan in the first year.

**TOWN OF DUXBURY
PROPOSED MITIGATION PLANS***

TOTAL AVAILABLE \$258,552

| | | | Town Total Cost |
|--------------------------|---------------------------|-----------|----------------------------|
| Town issued check | \$228 per 490 individuals | \$111,720 | |
| | \$456 per 322 family | \$146,832 | \$258,552 |

*All mitigation monies exclude Police Patrol, Police Commander and COBRA Participants.
These funds will be allocated to those participants whose plan designs have changed.

CURRENT
PLAN
YEAR



DUXBURY - FISCAL YEAR 2012

For Period 7/1/11 Through 6/30/12

(as of 9/20/11)

| Plan Name | Enrollment | I/F | # of Months | Rate | EMPLOYER Share | EMPLOYER Cost | EMPLOYEE Share | EMPLOYEE Cost | TOTAL Cost | Employer % |
|-------------------------------|-----------------------------------|-----|-------------|---------|----------------|------------------|----------------|------------------|------------------|------------|
| MASTER HEALTH PLUS | 10 | I | 12 | 1121.30 | 840.98 | 100,917 | 280.33 | 33,639 | 134,556 | 75.00 |
| | 12 | F | 12 | 2820.52 | 2115.39 | 304,616 | 705.13 | 101,539 | 406,155 | 75.00 |
| | 0 | I | 12 | 1121.30 | 0.00 | - | 1121.30 | - | - | 0.00 |
| COBRA | 0 | F | 12 | 2820.52 | 0.00 | - | 2820.52 | - | - | 0.00 |
| 10% | MASTER HEALTH PLUS TOTALS: | | | | | 405,533 | | 135,178 | 540,711 | |
| MASTER HEALTH PLUS (RETIREES) | 6 | I | 12 | 1121.30 | 560.65 | 40,367 | 560.65 | 40,367 | 80,734 | 50.00 |
| | 2 | F | 12 | 2820.52 | 1410.26 | 33,846 | 1410.26 | 33,846 | 67,692 | 50.00 |
| 10% | MASTER HEALTH PLUS TOTALS: | | | | | 74,213 | | 74,213 | 148,426 | |
| BLUE CARE ELECT | 51 | I | 12 | 662.49 | 496.87 | 304,083 | 165.62 | 101,361 | 405,444 | 75.00 |
| | 113 | F | 12 | 1657.14 | 1242.86 | 1,685,311 | 414.29 | 561,770 | 2,247,082 | 75.00 |
| COBRA | 0 | I | 12 | 662.49 | 0.00 | - | 662.49 | - | - | 0.00 |
| | 0 | F | 12 | 1657.14 | 0.00 | - | 1657.14 | - | - | 0.00 |
| 0% | BLUECARE ELECT TOTALS: | | | | | 1,989,394 | | 663,131 | 2,652,526 | |
| BLUE CARE ELECT (RETIREES) | 45 | I | 12 | 662.49 | 331.25 | 178,872 | 331.25 | 178,872 | 357,745 | 50.00 |
| | 25 | F | 12 | 1657.14 | 828.57 | 248,571 | 828.57 | 248,571 | 497,142 | 50.00 |
| 0% | BLUECARE ELECT TOTALS: | | | | | 427,443 | | 427,443 | 854,887 | |
| HMO BLUE | 86 | I | 12 | 598.96 | 449.22 | 463,595 | 149.74 | 154,532 | 618,127 | 75.00 |
| | 176 | F | 12 | 1497.38 | 1123.04 | 2,371,850 | 374.35 | 790,617 | 3,162,467 | 75.00 |
| COBRA | 2 | I | 12 | 598.96 | 0.00 | - | 598.96 | 14,375 | 14,375 | 0.00 |
| | 1 | F | 12 | 1497.38 | 0.00 | - | 1497.38 | 17,969 | 17,969 | 0.00 |
| 0% | HMO BLUE TOTALS: | | | | | 2,835,445 | | 977,492 | 3,812,937 | |
| HMO BLUE (RETIREES) | 18 | I | 12 | 598.96 | 299.48 | 64,688 | 299.48 | 64,688 | 129,375 | 50.00 |
| | 13 | F | 12 | 1497.38 | 748.69 | 116,796 | 748.69 | 116,796 | 233,591 | 50.00 |
| 0% | HMO BLUE TOTALS: | | | | | 181,483 | | 181,483 | 362,967 | |
| MEDEX | 276 | I | 12 | 396.00 | 198.00 | 655,776 | 198.00 | 655,776 | 1,311,552 | 50.00 |
| 0% | MEDEX TOTALS: | | | | | 655,776 | | 655,776 | 1,311,552 | |
| Managed Blue for Seniors | 0 | I | 12 | 318.16 | 159.08 | - | 159.08 | - | - | 50.00 |
| | MBS TOTALS: | | | | | - | | - | - | |
| Budget Totals: | | | | | | 6,569,288 | | 3,114,717 | 9,684,005 | |
| | | | | | | 67.84% | | 32.16% | 100.00% | |
| Section 18 Penalty | | | | | | 41,000 | | | | |
| TOTAL | | | | | | 6,610,288 | | | | |

PROJECTED
PLAN YEAR
9/1/12-8/31/13
NO CHANGES



DUXBURY - PLAN YEAR 2013
 For Period 9/1/12 Through 8/31/13
 As of 1/30/12 (FOR SAVINGS CALCULATIONS)

| Plan Name | Enrollment | I/F | # of Months | Rate | EMPLOYER | | EMPLOYEE | | TOTAL Cost | Employer % |
|-----------------------------------|------------|-----|-------------|---------|----------|------------------|----------|------------------|------------------|------------|
| | | | | | Share | Cost | Share | Cost | | |
| MASTER HEALTH PLUS | 10 | I | 12 | 1345.56 | 1009.17 | 121,100 | 336.39 | 40,367 | 161,467 | 75.00 |
| 20% | 12 | F | 12 | 3384.62 | 2538.47 | 365,539 | 846.16 | 121,846 | 487,385 | 75.00 |
| MASTER HEALTH PLUS TOTALS: | | | | | | 486,639 | | 162,213 | 648,852 | |
| MASTER HEALTH PLUS (RETIREEES) | 6 | I | 12 | 1345.56 | 672.78 | 48,440 | 672.78 | 48,440 | 96,880 | 50.00 |
| 20% | 2 | F | 12 | 3384.62 | 1692.31 | 40,615 | 1692.31 | 40,615 | 81,231 | 50.00 |
| MHP RETIREE TOTALS: | | | | | | 89,056 | | 89,056 | 178,111 | |
| BLUE CARE ELECT | 51 | I | 12 | 781.74 | 586.31 | 358,819 | 195.44 | 119,606 | 478,425 | 75.00 |
| 18% | 113 | F | 12 | 1955.43 | 1466.57 | 1,988,672 | 488.86 | 662,891 | 2,651,563 | 75.00 |
| BLUECARE ELECT TOTALS: | | | | | | 2,347,491 | | 782,497 | 3,129,988 | |
| BLUE CARE ELECT (RETIREEES) | 45 | I | 12 | 781.74 | 390.87 | 211,070 | 390.87 | 211,070 | 422,140 | 50.00 |
| 1% | 25 | F | 12 | 1955.43 | 977.72 | 293,315 | 977.72 | 293,315 | 586,629 | 50.00 |
| BLUECARE ELECT TOTALS: | | | | | | 504,384 | | 504,384 | 1,008,769 | |
| HMO BLUE | 86 | I | 12 | 658.86 | 494.15 | 509,958 | 164.72 | 169,986 | 679,944 | 75.00 |
| 10% | 175 | F | 12 | 1647.68 | 1235.76 | 2,595,096 | 411.92 | 865,032 | 3,460,128 | 75.00 |
| COBRA | 2 | I | 12 | 658.86 | 0.00 | - | 658.86 | 15,813 | 15,813 | 0.00 |
| HMO BLUE TOTALS: | | | | | | 3,105,054 | | 1,050,831 | 4,155,884 | |
| HMO BLUE (RETIREEES) | 18 | I | 12 | 658.86 | 329.43 | 71,157 | 329.43 | 71,157 | 142,314 | 50.00 |
| 10% | 13 | F | 12 | 1647.68 | 823.84 | 126,519 | 823.84 | 128,519 | 257,038 | 50.00 |
| HMO BLUE TOTALS: | | | | | | 199,676 | | 199,676 | 399,352 | |
| MEDEX | 278 | I | 12 | 396.00 | 198.00 | 660,528 | 198.00 | 660,528 | 1,321,056 | 50.00 |
| 0% | | | | | | | | | | |
| MEDEX TOTALS: | | | | | | 660,528 | | 660,528 | 1,321,056 | |
| Managed Blue for Seniors | 0 | I | 12 | 318.16 | 159.08 | - | 159.08 | - | - | 50.00 |
| MBS TOTALS: | | | | | | - | | - | - | |

Budget Totals: 7,392,828 3,449,184 10,842,012

68.19% 31.81% 100.00%

Section 18 Penalty 41,000

TOTAL 7,433,828

PROJECTED
GIC
BUDGETS



DUXBURY - FISCAL YEAR 2013
 For Period 7/1/12 Through 6/30/13
GIC (all BCE & HMO to HPHC PPO as of 11/30/11)

A

| Plan Name | Enrollment | I/F | # of Months | Rate | EMPLOYER | | EMPLOYEE | | TOTAL Cost | Employer % |
|-------------------------------------|------------|-----|-------------|---------|----------|------------------|----------|------------------|------------------|------------|
| | | | | | Share | Cost | Share | Cost | | |
| UNICARE INDEMNITY | 10 | I | 12 | 910.21 | 682.66 | 81,919 | 227.55 | 27,306 | 109,225 | 75.00 |
| with CIC | 12 | F | 12 | 2125.01 | 1593.76 | 229,501 | 531.25 | 76,500 | 306,001 | 75.00 |
| 7/1/12-6/30/13 5% | | | | | | 311,420 | | 103,807 | 415,227 | |
| UNICARE INDEMNITY TOTALS: | | | | | | | | | | |
| UNICARE INDEMNITY | 6 | I | 12 | 910.21 | 455.11 | 32,768 | 455.11 | 32,768 | 65,535 | 50.00 |
| with CIC Retiree | 2 | F | 12 | 2125.01 | 1062.51 | 25,500 | 1062.51 | 25,500 | 51,000 | 50.00 |
| 7/1/12-6/30/13 5% | | | | | | 58,268 | | 58,268 | 116,535 | |
| UNICARE INDEMNITY TOTALS: | | | | | | | | | | |
| HPHC PPO | 137 | I | 12 | 685.50 | 514.13 | 845,222 | 171.38 | 281,741 | 1,126,962 | 75.00 |
| 7/1/12-6/30/13 5% | 289 | F | 12 | 1672.64 | 1254.48 | 4,350,537 | 418.16 | 1,450,179 | 5,800,716 | 75.00 |
| INDEPENDENCE | | | | | | 5,195,758 | | 1,731,919 | 6,927,678 | |
| HPHC INDEPENDENCE TOTALS: | | | | | | | | | | |
| HPHC PPO Retiree | 63 | I | 12 | 685.50 | 342.75 | 259,119 | 342.75 | 259,119 | 518,238 | 50.00 |
| 7/1/12-6/30/13 5% | 38 | F | 12 | 1672.64 | 836.32 | 381,362 | 836.32 | 381,362 | 762,724 | 50.00 |
| INDEPENDENCE | | | | | | 640,481 | | 640,481 | 1,280,962 | |
| HPHC INDEPENDENCE TOTALS: | | | | | | | | | | |
| HPHC PPO COBRA | 2 | I | 12 | 685.50 | 0.00 | - | 685.50 | 16,452 | 16,452 | 0.00 |
| 7/1/12-6/30/13 5% | 1 | F | 12 | 1672.64 | 0.00 | - | 1672.64 | 20,072 | 20,072 | 0.00 |
| INDEPENDENCE | | | | | | - | | 36,524 | 36,524 | |
| HPHC INDEPENDENCE TOTALS: | | | | | | | | | | |
| UNICARE MEDICARE EXTENSION with CIC | 276 | I | 12 | 375.52 | 187.76 | 621,861 | 187.76 | 621,861 | 1,243,722 | 50.00 |
| 7/1/12-6/30/13 5% | | | | | | 621,861 | | 621,861 | 1,243,722 | |
| TUFTS MCP TOTALS: | | | | | | 621,861 | | 621,861 | 1,243,722 | |

| | | | |
|-----------------------|------------------|------------------|------------------|
| Budget Totals: | 6,769,520 | 3,134,592 | 9,904,112 |
| | 68.35% | 31.65% | 100.00% |



DUXBURY - FISCAL YEAR 2013

B

For Period 7/1/12 Through 6/30/13

GIC (all BCE & HMO split HPHC & Tufts PPO as of 11/30/11)

| Plan Name | Enrollment | I/F | # of Months | Rate | EMPLOYER | | EMPLOYEE | | TOTAL Cost | Employer % |
|-------------------------------------|------------|-----|-------------|----------------------------------|----------|------------------|----------|----------------|------------------|------------|
| | | | | | Share | Cost | Share | Cost | | |
| UNICARE INDEMNITY | 10 | I | 12 | 910.21 | 682.66 | 81,919 | 227.55 | 27,306 | 109,225 | 75.00 |
| with CIC | 12 | F | 12 | 2125.01 | 1593.76 | 229,501 | 531.25 | 76,500 | 306,001 | 75.00 |
| 7/1/12-6/30/13 5% | | | | UNICARE INDEMNITY TOTALS: | | 311,420 | | 103,807 | 415,227 | |
| UNICARE INDEMNITY | 6 | I | 12 | 910.21 | 455.11 | 32,768 | 455.11 | 32,768 | 65,535 | 50.00 |
| with CIC Retirees | 2 | F | 12 | 2125.01 | 1062.51 | 25,500 | 1062.51 | 25,500 | 51,000 | 50.00 |
| 7/1/12-6/30/13 5% | | | | UNICARE INDEMNITY TOTALS: | | 58,268 | | 58,268 | 116,535 | |
| HPHC PPO | 69 | I | 12 | 685.50 | 514.13 | 425,696 | 171.38 | 141,899 | 567,594 | 75.00 |
| 7/1/12-6/30/13 5% | 145 | F | 12 | 1672.64 | 1254.48 | 2,182,795 | 418.16 | 727,598 | 2,910,394 | 75.00 |
| INDEPENDENCE | | | | HPHC INDEPENDENCE TOTALS: | | 2,608,491 | | 869,497 | 3,477,988 | |
| HPHC PPO Retiree | 32 | I | 12 | 685.50 | 342.75 | 131,616 | 342.75 | 131,616 | 263,232 | 50.00 |
| 7/1/12-6/30/13 5% | 19 | F | 12 | 1672.64 | 836.32 | 190,681 | 836.32 | 190,681 | 381,362 | 50.00 |
| INDEPENDENCE | | | | HPHC INDEPENDENCE TOTALS: | | 322,297 | | 322,297 | 644,594 | |
| HPHC PPO COBRA | 2 | I | 12 | 652.86 | 0.00 | - | 652.86 | 15,669 | 15,669 | 0.00 |
| 7/1/12-6/30/13 5% | 1 | F | 12 | 1592.99 | 0.00 | - | 1592.99 | 19,116 | 19,116 | 0.00 |
| INDEPENDENCE | | | | HPHC INDEPENDENCE TOTALS: | | - | | 34,785 | 34,785 | |
| TUFTS PPO | 68 | I | 12 | 619.86 | 464.90 | 379,354 | 154.97 | 126,451 | 505,806 | 75.00 |
| 7/1/12-6/30/13 5% | 144 | F | 12 | 1511.57 | 1133.68 | 1,958,995 | 377.89 | 652,998 | 2,611,993 | 75.00 |
| NAVIGATOR | | | | TUFTS NAVIGATOR TOTALS: | | 2,338,349 | | 779,450 | 3,117,799 | |
| TUFTS PPO Retirees | 31 | I | 12 | 619.86 | 309.93 | 115,294 | 309.93 | 115,294 | 230,588 | 50.00 |
| 7/1/12-6/30/13 5% | 19 | F | 12 | 1511.57 | 755.79 | 172,319 | 755.79 | 172,319 | 344,638 | 50.00 |
| NAVIGATOR | | | | TUFTS NAVIGATOR TOTALS: | | 287,613 | | 287,613 | 575,226 | |
| UNICARE MEDICARE EXTENSION with CIC | 276 | I | 12 | 375.52 | 187.76 | 621,861 | 187.76 | 621,861 | 1,243,722 | 50.00 |
| 7/1/12-6/30/13 5% | | | | TUFTS MCP TOTALS: | | 621,861 | | 621,861 | 1,243,722 | |

| | | | |
|-----------------------|------------------|------------------|------------------|
| Budget Totals: | 6,490,031 | 3,019,309 | 9,509,340 |
| | 68.25% | 31.75% | 100.00% |



DUXBURY - FISCAL YEAR 2013

C

For Period 7/1/12 Through 6/30/13

GIC @ 5%

HP to Ind (98% BCE & HMO split HPHC & Tufts PPO, 2% Limited as of 10/30/11)

| Plan Name | Enrollment | I/F | # of Months | EMPLOYER | | | EMPLOYEE | | TOTAL Cost | Employer % |
|-------------------------------------|------------|-----|-------------|----------|---------|------------------|----------|----------------|------------------|------------|
| | | | | Rate | Share | Cost | Share | Cost | | |
| UNICARE INDEMNITY | 10 | I | 12 | 910.21 | 682.66 | 81,919 | 227.55 | 27,306 | 109,225 | 75.00 |
| with CIC | 12 | F | 12 | 2125.01 | 1593.76 | 229,501 | 531.25 | 76,500 | 306,001 | 75.00 |
| UNICARE INDEMNITY TOTALS: | | | | | | 311,420 | | 103,807 | 415,227 | |
| UNICARE INDEMNITY | 6 | I | 12 | 910.21 | 455.11 | 32,768 | 455.11 | 32,768 | 65,535 | 50.00 |
| with CIC Retired | 2 | F | 12 | 2125.01 | 1062.51 | 25,500 | 1062.51 | 25,500 | 51,000 | 50.00 |
| UNICARE INDEMNITY TOTALS: | | | | | | 58,268 | | 58,268 | 116,535 | |
| HPHC PPO | 68 | I | 12 | 685.50 | 514.13 | 419,526 | 171.38 | 139,842 | 559,368 | 75.00 |
| INDEPENDENCE | 142 | F | 12 | 1672.64 | 1254.48 | 2,137,634 | 418.16 | 712,545 | 2,850,179 | 75.00 |
| HPHC INDEPENDENCE TOTALS: | | | | | | 2,557,160 | | 852,387 | 3,409,547 | |
| HPHC PPO Retiree | 31 | I | 12 | 685.50 | 342.75 | 127,503 | 342.75 | 127,503 | 255,006 | 50.00 |
| INDEPENDENCE | 18 | F | 12 | 1672.64 | 836.32 | 180,645 | 836.32 | 180,645 | 361,290 | 50.00 |
| HPHC INDEPENDENCE TOTALS: | | | | | | 308,148 | | 308,148 | 616,296 | |
| HPHC PPO COBRA | 2 | I | 12 | 685.50 | 0.00 | - | 685.50 | 16,452 | 16,452 | 0.00 |
| INDEPENDENCE | 1 | F | 12 | 1672.64 | 0.00 | - | 1672.64 | 20,072 | 20,072 | 0.00 |
| HPHC INDEPENDENCE TOTALS: | | | | | | - | | 36,524 | 36,524 | |
| HPHC Primary Choice | 1 | I | 12 | 548.41 | 411.31 | 4,936 | 137.10 | 1,645 | 6,581 | 75.00 |
| HMO | 3 | F | 12 | 1338.11 | 1003.58 | 36,129 | 334.53 | 12,043 | 48,172 | 75.00 |
| HPHC Primary Choice TOTALS: | | | | | | 41,065 | | 13,688 | 54,753 | |
| HPHC Primary Choice | 1 | I | 12 | 548.41 | 274.21 | 3,290 | 274.21 | 3,290 | 6,581 | 50.00 |
| HMO Retired | 1 | F | 12 | 1338.11 | 669.06 | 8,029 | 669.06 | 8,029 | 16,057 | 50.00 |
| HPHC Primary Choice TOTALS: | | | | | | 11,319 | | 11,319 | 22,638 | |
| TUFTS PPO | 67 | I | 12 | 619.86 | 464.90 | 373,776 | 154.97 | 124,592 | 498,367 | 75.00 |
| NAVIGATOR | 141 | F | 12 | 1511.57 | 1133.68 | 1,918,182 | 377.89 | 639,394 | 2,557,576 | 75.00 |
| TUFTS NAVIGATOR TOTALS: | | | | | | 2,291,958 | | 763,986 | 3,055,944 | |
| TUFTS PPO Retirees | 30 | I | 12 | 619.86 | 309.93 | 111,575 | 309.93 | 111,575 | 223,150 | 50.00 |
| NAVIGATOR | 19 | F | 12 | 1511.57 | 755.79 | 172,319 | 755.79 | 172,319 | 344,638 | 50.00 |
| TUFTS NAVIGATOR TOTALS: | | | | | | 283,894 | | 283,894 | 567,788 | |
| Tufts Health Plan Spirit | 1 | I | 12 | 495.89 | 371.92 | 4,463 | 123.97 | 1,486 | 5,951 | 75.00 |
| HMO | 3 | F | 12 | 1209.25 | 906.94 | 32,650 | 302.31 | 10,883 | 43,533 | 75.00 |
| TUFTS SPIRIT TOTALS: | | | | | | 37,113 | | 12,371 | 49,484 | |
| Tufts Health Plan Spirit | 1 | I | 12 | 495.89 | 247.95 | 2,975 | 247.95 | 2,975 | 5,951 | 50.00 |
| HMO Retired | 0 | F | 12 | 1209.25 | 604.63 | - | 604.63 | - | - | 50.00 |
| TUFTS SPIRIT TOTALS: | | | | | | 2,975 | | 2,975 | 5,951 | |
| UNICARE MEDICARE EXTENSION with CIC | 276 | I | 12 | 375.52 | 187.76 | 621,861 | 187.76 | 621,861 | 1,243,722 | 50.00 |
| TUFTS MCP TOTALS: | | | | | | 621,861 | | 621,861 | 1,243,722 | |

| | | | |
|-----------------------|------------------|------------------|------------------|
| Budget Totals: | 6,374,441 | 2,970,606 | 9,345,047 |
| | 68.21% | 31.79% | 100.00% |

PROPOSED
NEW
PLANS

GIC TUFTS NAVIGATOR VERSUS TOWN OF DUXBURY HEALTH PLANS

| | | GIC | | | | IN FORCE PLANS | | | |
|----------------------------------|----------------------------|----------------------------|---|----------------------|----------------------|---------------------------|---|----------------------|----------------------|
| | | TUFTS NAVIGATOR | | HMO BLUE | | Blue Care Elect Preferred | | Master Health Plus | |
| | | Calendar Year | Calendar Year | HMO BLUE | | Plan Year | Plan Year | Master Health Plus | |
| | | In Network | Out of Network | HMO BLUE | | In Network | Out of Network | Master Health Plus | |
| Calendar Year Deductible | Individual Family | \$250 \$750 | \$400 \$800 | NA | NA | NA | \$250 \$500 | NA | NA |
| Primary Care Office Visit | | \$20 | 20% Co pay* | \$10 | \$10 | \$10 | 20% Co pay* | \$10 | \$10 |
| Preventive Services | | Covered in Full | 20% Co Pay* | \$10 | \$10 | \$10 | 20% Co pay* | \$10 | \$10 |
| Specialist Office Visit | Tier 1 Tier 2 Tier 3 | \$25 \$35 \$45 | \$35 Plus Balance | \$10 | \$10 | \$10 | 20% Co pay* | \$10 | \$10 |
| Emergency Room | | \$100* | \$100* | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Hospital Admission | Tier 1 Tier 2 Tier 3 | \$300* \$700* | 20% Co pay* Plus any Balance | Covered in Full | Covered in Full | Covered in Full | 20% Co pay* | Covered in Full | Covered in Full |
| Ambulatory Outpatient Surgery | | \$150* | 20% Co pay* Plus any Balance | Covered in Full | Covered in Full | Covered in Full | 20% Co pay* | Covered in Full | Covered in Full |
| High Tech Imaging (MRI, CT, PET) | Tier 1 Tier 2 Tier 3 | \$100* \$100* \$100* | 20% Co pay* Plus any Balance | Covered in Full | Covered in Full | Covered in Full | 20% Co pay* | Covered in Full | Covered in Full |
| Prescriptions | | | | | | | | | |
| Retail 30-day supply | Tier 1 Tier 2 Tier 3 | \$10 \$25 \$50 | Not Covered Not Covered Not Covered | \$10 \$20 \$35 | \$10 \$20 \$35 | \$10 \$20 \$35 | Not Covered Not Covered Not Covered | \$10 \$20 \$35 | \$10 \$20 \$35 |
| Mail Order 90-day supply | Tier 1 Tier 2 Tier 3 | \$20 \$50 \$110 | Not Covered Not Covered Not Covered | \$10 \$20 \$35 | \$10 \$20 \$35 | \$10 \$20 \$35 | Not Covered Not Covered Not Covered | \$10 \$20 \$35 | \$10 \$20 \$35 |

* After Deductible

GIC TUFTS NAVIGATOR VERSUS TOWN OF DUXBURY PROPOSED HEALTH PLANS

| | GIC | | PROPOSED PLANS | | | | |
|----------------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|---|----------------------------|---|
| | TUFTS NAVIGATOR | | NET BLUE NE 250/750 Deduct | | Blue Care Elect HCCS | | MHP GIC Type |
| | Calendar Year | Calendar Year | Plan Year** | Plan Year** | Plan Year** | Plan Year** | Plan Year** |
| Deductible Individual Family | In Network | Out of Network | | | | | |
| | \$250 \$750 | \$400 \$800 | \$250 \$750 | \$250 \$750 | \$400 \$800 | \$250 \$750 | \$250 \$750 |
| Primary Care Office Visit | \$20 | 20% Co pay* | \$20 | \$20 | 20% Co pay* | \$20 | \$20 |
| Preventive Services | Covered in Full | 20% Co Pay* | Covered in Full | Covered in Full | 20% Co Pay* | Covered in Full | Covered in Full |
| Specialist Office Visit | Tier 1 Tier 2 Tier 3 | \$25 \$35 \$45 | \$35 | \$35 | 20% Co pay* | \$20 | \$20 |
| Emergency Room | \$100* | \$100* | \$100* | \$100* | \$100* | \$100 | \$100 |
| Hospital Admission | Tier 1 Tier 2 Tier 3 | \$300* \$700* Max 4 per year | \$300 \$300* \$700* | \$300* \$300* \$700* | 20% Co pay* 20% Co pay* 20% Co pay* | \$300 \$300* \$700* | OOP Max \$1200/P \$300 \$300* \$700* |
| Ambulatory Outpatient Surgery | \$150* Max 4 per year | 20% Co pay* Plus any Balance | \$150* \$150* | \$150* | 20% Co pay* | \$150* \$150* | OOP Max \$600/P \$150* \$150* |
| High Tech Imaging (MRI, CT, PET) | Tier 1 Tier 2 Tier 3 | \$100* \$100* \$100* | \$100* \$100* \$100* | \$100* \$100* \$100* | 20% Co pay* 20% Co pay* 20% Co pay* | \$100* \$100* \$100* | \$100* \$100* \$100* |
| Prescriptions Retail | Tier 1 Tier 2 Tier 3 | \$10 \$25 \$50 | \$10 \$25 \$50 | \$10 \$25 \$50 | Not Covered Not Covered Not Covered | \$10 \$25 \$50 | \$10 \$25 \$50 |
| Mail Order 90-day supply | Tier 1 Tier 2 Tier 3 | \$20 \$50 \$110 | \$20 \$50 \$110 | \$20 \$50 \$110 | Not Covered Not Covered Not Covered | \$20 \$50 \$110 | \$20 \$50 \$110 |

* After Deductible

* After Deductible

** Plan Year Out Of Pocket Max \$2,000/\$4,000

***PPO Out of Network OOP Individual Max \$3,000

GIC UNICARE OME VERSUS TOWN OF DUXBURY MEDEX

| | UNICARE OME | CURRENT TOWN OF DUXBURY MEDEX | PROPOSED TOWN OF DUXBURY MEDEX |
|--|--|-------------------------------------|--|
| Office Visit | \$0 after \$35 calendar | Covered in Full | \$0 after \$35 calendar year deductible |
| Preventive Services | Covered in Full | Covered in Full | Covered in Full |
| Emergency Room | \$25 | Covered in Full | \$25 |
| Hospital Admission | \$50 per admission (max 1 co-pay per calendar quarter) | Covered in Full | \$50 per admission (max 1 co-pay per calendar quarter) |
| Prescriptions Retail 30-day supply | Tier 1 Tier 2 Tier 3 | \$10 \$20 \$35 | \$10 \$20 \$35 |
| Mail Order 90-day supply | Tier 1 Tier 2 Tier 3 | \$10 \$20 \$35 | \$20 \$40 \$70 |

DRAFT

By: czabil01 2:58 pm Dec 28, 2011



BlueCross®
BlueShield®



Network Blue®

Plan-Year Deductible: \$250/\$750

Summary of Benefits

Town of Duxbury



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2011, as part of the Massachusetts Health Care Reform Law.

An Association of Independent Blue Cross and Blue Shield Plans

Your Care

Your Primary Care Provider.

When you enroll in Network Blue, you must choose a primary care provider (PCP) for you and each member of your family. There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the Provider Directory; or call our Physician Selection Service at 1-800-821-1388. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

Referrals You Can Feel Better About.

Your PCP is the first person you call when you need routine or sick care (see *Emergency Care—Wherever You Are* for emergency care services). If you and your PCP decide that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist. The specialist will usually be one your PCP knows, probably someone affiliated with your PCP's hospital or medical group. Your provider may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description.

Your Cost Share.

This plan has two levels of hospital benefits. You will pay a higher cost share when you receive inpatient care in "higher cost share hospital,"

Please note: If your PCP refers you to another hospital it is important to check whether the hospital you are referred to is affiliated with one of the higher cost share hospitals listed below. Your cost will be greater when you receive inpatient services at these hospitals, even if your PCP refers you.

Higher Cost Share Hospitals.

The Massachusetts hospitals listed below are the hospitals in which your cost share will be higher. Blue Cross Blue Shield will let you know if this list changes.

- Baystate Medical Center
- Berkshire Medical Center
- Brigham and Women's Hospital
- Cape Cod Hospital
- Children's Hospital Medical Center
- Dana-Farber Cancer Institute
- Fairview Hospital
- Harrington Memorial Hospital
- Massachusetts General Hospital
- North Shore Medical Center – Salem Campus
- North Shore Medical Center – Union Campus
- South Shore Hospital
- Sturdy Memorial Hospital
- UMass Memorial Medical Center – Memorial Campus

- UMass Memorial Medical Center – University Campus

Your Deductible.

You must pay a plan-year deductible before coverage is provided for certain services. If you are not sure when your plan year begins, contact your group. Your deductible is \$250 per member each plan year (or \$750 per family). **This deductible does not apply to all services.** See the chart on the opposite and back page for the list of services that are subject to the deductible.

Your Out-of-Pocket Maximum.

When the money you pay for the deductible, copayments that are more than \$100 per visit (if any) and co-insurance equals \$2,000 for a member in a plan year (or \$4,000 per family), benefits for that member (or that family) will be provided in full for those covered services, based on the allowed charge, for the rest of that plan year. The money you pay for prescription drug benefits is not included in calculating the out-of-pocket maximum. You will still have to pay any costs that are not included in calculating the out-of-pocket maximum.

Emergency Care—Wherever You Are.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). After your deductible, you pay a \$100 copayment per visit for emergency room services. The copayment is waived if you're admitted to the hospital or for an observation stay.

Service Area.

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts.

When Outside the Service Area.

If you're traveling outside the service area and you need urgent or emergency care, go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. Please see your benefit description for more information.

Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

| Plan-Year Deductible | \$250 per member/\$750 per family |
|---|---|
| Covered Services | Your Cost |
| Outpatient Services | |
| Well-child care visits | Nothing, no deductible |
| Routine adult physical exams, including related tests | Nothing, no deductible |
| Routine GYN exams, including related lab tests (one per calendar year) | Nothing, no deductible |
| Routine hearing exams | Nothing, no deductible |
| Routine vision exams (one every 12 months) | Nothing, no deductible |
| Preventive dental care for children under age 12 (one visit each six months) | Nothing, no deductible |
| Family planning services—office visits | Nothing, no deductible |
| Emergency room visits | \$100 per visit, after deductible (copayment waived if admitted or for observation stay) |
| Mental health and substance abuse treatment | \$20 per visit, no deductible |
| Office visits | |
| • When performed by your PCP, OB/GYN, network nurse practitioner, or nurse midwife | \$20 per visit, no deductible |
| • When performed by other network providers | \$35 per visit, no deductible |
| Chiropractor services (up to 12 visits per calendar year) | \$20 per visit, no deductible |
| Surgery in an office setting | |
| • When performed by your PCP or OB/GYN | \$20 per visit, no deductible |
| • When performed by other network providers | \$35 per visit, no deductible |
| Short-term rehabilitation therapy—physical and occupational (up to 30 visits per calendar year for each type of therapy*) | \$20 per visit, no deductible |
| Speech, hearing, and language disorder treatment—speech therapy | \$20 per visit, no deductible |
| Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests | Nothing after deductible |
| CT scans, MRIs, PET scans, and nuclear cardiac imaging tests | \$100 per date of service after deductible |
| Oxygen and equipment for its administration | Nothing after deductible |
| Home health care and hospice services | Nothing after deductible |
| Prosthetic devices | 20% co-insurance after deductible |
| Durable medical equipment—such as wheelchairs, crutches, hospital beds | 20% co-insurance after deductible |
| Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit | \$150 per admission after deductible |
| Inpatient Care (including maternity care) | |
| • General care hospital (as many days as medically necessary) | \$300 per admission after deductible |
| • In higher cost share hospitals (as many days as medically necessary) | \$700 per admission after deductible |
| Chronic disease hospital care (as many days as medically necessary) | Nothing after deductible |
| Mental health or substance abuse care | |
| • General hospital (as many days as medically necessary) | \$300 per admission after deductible |
| • Mental hospital or substance abuse facility (as many days as medically necessary) | \$300 per admission after deductible |
| Rehabilitation hospital care (up to 60 days per calendar year) | Nothing, no deductible |
| Skilled nursing facility care (up to 100 days per calendar year) | Nothing, no deductible |

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

Your Medical Benefits (continued)

| Covered Services | Your Cost |
|--|---|
| Prescription Drug Benefits (These services are not subject to the plan-year deductible) At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill) | No Deductible \$10 for Tier 1 \$25 for Tier 2 \$50 for Tier 3 |
| Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill) | No Deductible \$20 for Tier 1 \$50 for Tier 2 \$110 for Tier 3 |

Get the Most from Your Plan

Visit us at www.bluecrossma.com/membercentral or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

| | |
|---|---------------------------------------|
| A Fitness Benefit toward membership at a health club (see your benefit description for details) | \$300 per year, per individual/family |
| Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program | \$150 per year, per individual/family |
| Blue Care Line SM to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583) | No additional charge |

Questions? Call 1-800-782-3675.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

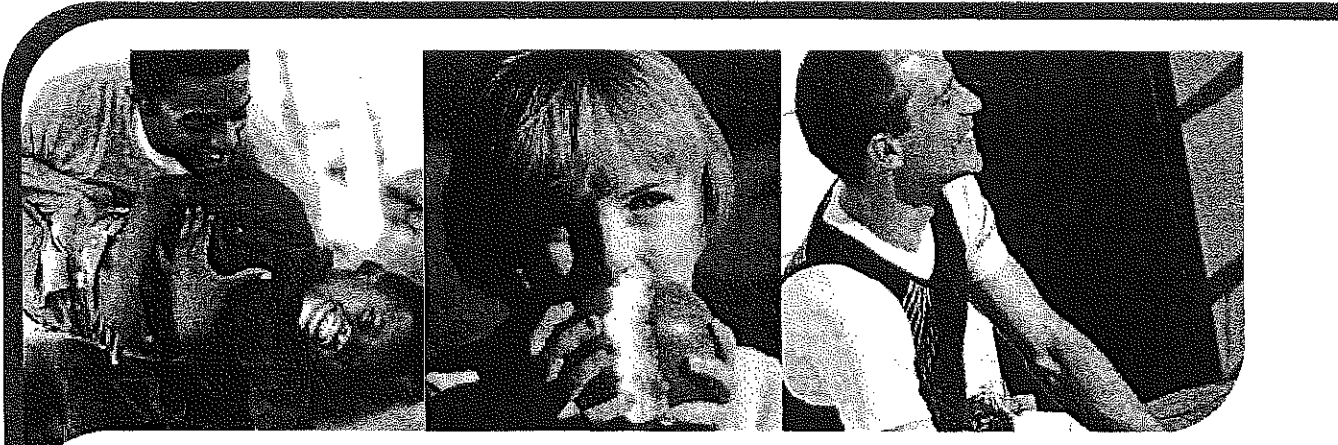
Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Please Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

DRAFT

By: czabil01 9:09 am, Feb 02, 2012



Blue Care ElectSM Preferred (PPO)

Summary of Benefits

Town of Duxbury

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of in-network cost share (such as copayments and/or co-insurance) for certain services depending on the preferred general hospital you choose to furnish those covered services. For most preferred general hospitals, you will pay the lowest in-network cost sharing level. However, if you receive certain covered services from any of the preferred general hospitals listed in this Summary of Benefits, you pay the highest in-network cost sharing level. A preferred general hospital's cost sharing level may change from time to time. Overall changes to add another preferred general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a preferred general hospital (not listed in this Summary of Benefits) for which you pay the lowest in-network cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/findadoctor and select the Hospital Choice Cost Sharing Benefit Feature.

✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect as of January 1, 2011, as part of the Massachusetts Health Care Reform Law.

An Association of Independent Blue Cross and Blue Shield Plans

Your Choice

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your "in-network" benefits. You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your "out-of-network" benefits.

When You Choose Preferred Providers.

Your deductible is calculated on a plan-year basis. Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for some benefits under this plan. The plan year begins on July 1 and ends on June 30. Your deductible is the first \$250 of covered charges per member each plan year (or \$750 per family). You must also pay a copayment for some services. See the chart on the opposite and back page for services that are subject to the deductible and your cost share amounts.

When the money paid for the deductible, co-insurance and copayments that are more than \$100 per visit (if any) equals \$2,000 for a member in a plan year (or \$4,000 per family), benefits for that member (or that family) will be provided in full for those covered services, based on the allowed charge, for the rest of that plan year. The money you pay for prescription drug benefits is not included in calculating the out-of-pocket maximum. You will still have to pay any costs that are not included in calculating the out-of-pocket maximum.

Please note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you're still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

Higher Cost Share Hospitals.

The Massachusetts hospitals listed below are the hospitals in which your cost share will be higher. Blue Cross Blue Shield will let you know if this list changes.

- Baystate Medical Center
- Berkshire Medical Center
- Brigham and Women's Hospital
- Cape Cod Hospital
- Children's Hospital Medical Center
- Dana-Farber Cancer Institute
- Fairview Hospital
- Harrington Memorial Hospital
- Massachusetts General Hospital
- North Shore Medical Center – Salem Campus
- North Shore Medical Center – Union Campus
- South Shore Hospital
- Sturdy Memorial Hospital
- UMass Memorial Medical Center – Memorial Campus
- UMass Memorial Medical Center – University Campus

How to Find a Preferred Provider.

There are several ways to find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory, call Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com for Massachusetts providers.
- Visit the BlueCard® Provider Finder website at <http://provider.bcbs.com>.
- Call the BlueCard Program at 1-800-810-BLUE (2583), 24 hours a day, seven days a week.

When You Choose Non-Preferred Providers.

You must pay a separate plan-year deductible for most out-of-network covered services. The deductible is \$400 for each member (or \$800 per family). After you have met your deductible, you pay 20 percent co-insurance for most out-of-network covered services.

When the money you pay for the deductible, co-insurance and copayments that are more than \$100 per visit (if any) equals \$3,000 for a member in a plan year, benefits for that member will be provided in full for those covered services, based on the allowed charge, for the rest of that plan year. The money you pay for prescription drug benefits is not included in calculating the out-of-pocket maximum. You will still have to pay any costs that are not included in calculating the out-of-pocket maximum.

Payments for out of network benefits are based on the Blue Cross Blue Shield of Massachusetts allowed charge as defined in your benefit description. You will be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or your coinsurance).

Emergency Room Services.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). After your deductible, you pay a \$100 copayment per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. There is no deductible for these services.

Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Pre-Service Approval for certain outpatient services, Concurrent Review and Discharge Planning, and Individual Case Management. If you need non-emergency or non-maternity hospitalization, you or someone on your behalf must call the number on your ID card for pre-approval. Information concerning Utilization Review is detailed in your benefit description and riders. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

| Plan Specifics | Your Cost In-Network | Your Cost Out-of-Network |
|--|--|--|
| Plan-year deductible | \$250 per member \$750 per family | \$400 per member \$800 per family |
| Plan-year out-of-pocket maximum | \$2,000 per member \$4,000 per family | \$3,000 per member |
| Covered Services | | |
| Preventive Care Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life • One visit per calendar year from age 2 through age 18 | Nothing, no deductible | 20% co-insurance after deductible |
| Routine adult physical exams, including related tests, for members age 19 or older (one per calendar year) | Nothing, no deductible | 20% co-insurance after deductible |
| Routine GYN exams, including related lab tests (one per calendar year) | Nothing, no deductible | 20% co-insurance after deductible |
| Routine hearing exams, including routine tests | Nothing, no deductible | 20% co-insurance after deductible |
| Routine vision exams (one every 24 months) | Nothing, no deductible | 20% co-insurance after deductible |
| Family planning services—office visits | Nothing, no deductible | 20% co-insurance after deductible |
| Other Outpatient Care Emergency room visits | \$100 per visit after deductible (copayment waived if admitted or for observation stay) | \$100 per visit after deductible (copayment waived if admitted or for observation stay) |
| Office visits <ul style="list-style-type: none"> • Primary care providers • Most specialists | \$20 per visit, no deductible \$35 per visit, no deductible | 20% co-insurance after deductible 20% co-insurance after deductible |
| Chiropractors' office visits | \$20 per visit, no deductible | 20% co-insurance after deductible |
| Mental health and substance abuse treatment | \$20 per visit, no deductible | 20% co-insurance after deductible |
| Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*) | \$20 per visit, no deductible | 20% co-insurance after deductible |
| Speech, hearing, and language disorder treatment—speech therapy | \$20 per visit, no deductible | 20% co-insurance after deductible |
| Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, and PET scans and nuclear cardiac imaging tests | Nothing after deductible | 20% co-insurance after deductible |
| CT scans, MRIs, and PET scans and nuclear cardiac imaging tests | \$100 per category per date of service after deductible | 20% co-insurance after deductible |
| Oxygen and equipment for its administration | Nothing after deductible | 20% co-insurance after deductible |
| Home health care and hospice services | Nothing after deductible | 20% co-insurance after deductible |
| Prosthetic devices | 20% co-insurance after deductible | 40% co-insurance after deductible |
| Durable medical equipment—such as wheelchairs, crutches, hospital beds | 20% co-insurance after deductible | 40% co-insurance after deductible |
| Surgery and related anesthesia in an office or health center setting <ul style="list-style-type: none"> • Primary care providers • Most specialists | \$20 per visit, no deductible \$35 per visit, no deductible | 20% co-insurance after deductible 20% co-insurance after deductible |
| Surgery and related anesthesia in other than an office setting | \$150 per admission after deductible | 20% co-insurance after deductible |

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

Your Medical Benefits (continued)

| Covered Services | Your Cost In-Network | Your Cost Out-of-Network |
|--|--|-----------------------------------|
| Inpatient Care (including maternity care) | | |
| • General or chronic disease hospital care (as many days as medically necessary) | \$300 per admission after deductible | 20% co-insurance after deductible |
| • In higher cost share hospitals (as many days as medically necessary) | \$700 per admission after deductible | 20% co-insurance after deductible |
| Mental hospital or substance abuse facility care (as many days as medically necessary) | \$300 per admission after deductible | 20% co-insurance after deductible |
| Rehabilitation hospital care (up to 60 days per calendar year) | Nothing after deductible | 20% co-insurance after deductible |
| Skilled nursing facility care (up to 100 days per calendar year) | Nothing after deductible | 20% co-insurance after deductible |
| Prescription Drug Benefits | | |
| At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill) | \$10 for Tier 1 \$25 for Tier 2 \$50 for Tier 3 | Not covered |
| Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill) | \$20 for Tier 1 \$50 for Tier 2 \$110 for Tier 3 | Not covered |

Get the Most from Your Plan

Visit us at www.bluecrossma.com/membercentral or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

| | |
|---|---------------------------------------|
| A Fitness Benefit toward membership at a health club (see your benefit description for details) | \$300 per year, per individual/family |
| Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program | \$150 per year, per individual/family |
| Blue Care Line SM to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583) | No additional charge |

Questions? Call 1-800-782-3675.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. The benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit descriptions and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Please Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

DRAFT

By: ppayac01 3:11 pm, Dec 28, 2011



MASSACHUSETTS



Master Health Plus[®]

Summary of Benefits

Town of Duxbury

✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect as of January 1, 2011, as part of the Massachusetts Health Care Reform Law.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

About the Plan

You Are Free to Choose.

With Master Health Plus, you may use any Blue Cross Blue Shield-participating provider in the United States. In Massachusetts, all general hospitals and most physicians participate with Blue Cross Blue Shield. There are no claim forms for services you receive in Massachusetts by a participating provider. Your plan gives you nationwide access to participating hospitals and medical, surgical, and other health care providers.

To Find a Provider.

To find a participating provider within Massachusetts, call our Physician Selection Service at 1-800-821-1388 or visit our website at www.bluecrossma.com. If you're receiving care outside of Massachusetts and you need to locate a doctor or hospital that participates with the local Blue Cross Blue Shield plan, or if you need help finding a specialist, just call 1-800-810-BLUE (2583).

Your Deductible.

Your deductible is calculated on a plan-year basis. For some services, you must meet the plan-year deductible before benefits are provided. Your plan year is from July 1 through June 30. The deductible is \$250 for each member (or \$750 per family) each plan year.

Out-of-Pocket Maximum for Certain Copayments.

You're protected by an out-of-pocket maximum of \$2,000 in a plan year (or \$4,000 per family). The deductible, copayments that are more than \$100 per visit, and co-insurance are counted toward the out-of-pocket maximum. Prescription drug copayments are not included in calculating the out-of-pocket maximum. You will have to pay any costs that are not included in the out-of-pocket maximum.

The BlueCard® Program.

The BlueCard Program gives you access to participating providers throughout the United States. There are no claims to submit, no paperwork, and no up-front costs. You need only go to a BlueCard-participating doctor or hospital and show your ID card when you need care. If you choose to see a non-participating provider, you may have to file the claim yourself to be reimbursed for your expenses. (Please note: participating providers are restricted from billing you for the balance of their charges that exceed the negotiated discount amount except as provided otherwise by law.)

You can find participating providers or check a provider's current status in several ways:

- Call 1-800-810-BLUE (2583). Please have your ID card ready. If you have not received your ID card, let the representative know that you are looking for participating providers in the area in which you wish to seek care.
- Visit the BlueCard Provider Finder website at <http://provider.bcbs.com>.

Please note: If you are outside the United States and need medical care, call 1-800-810-BLUE (2583). A medical assistance coordinator, along with a nurse, will make a doctor's appointment for you or arrange for hospitalization if necessary.

Emergency Room Services.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). After the deductible, you pay a \$100 copayment per visit for emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. ~~There is no deductible for these services.~~

Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Concurrent Review and Discharge Planning, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description. If you need non-emergency or non-maternity hospitalization, you, or someone on your behalf, must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

| Plan Specifics | Your Cost |
|--|--|
| Plan-year deductible | \$250 per member \$750 per family |
| Plan-year out-of-pocket maximum (includes deductible, copayments that are more than \$100 per visit, and co-insurance) | \$2,000 per member \$4,000 per family |
| Covered Services | |
| Outpatient Care | |
| Emergency room services | \$100 per visit after deductible (waived if admitted or for observation stay) |
| Hospital outpatient department services | \$25 per visit |
| Professional provider and health center services for emergency care | \$25 per visit |
| Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • Six visits during the first year of life • Three visits during the second year of life • One visit per calendar year from age 2 through age 18 | Nothing |
| Routine adult physical exams, including related tests, for members age 19 or older (one per calendar year) | Nothing |
| Routine GYN exams, including related lab tests (one per calendar year) | Nothing |
| Routine hearing exams | Nothing |
| Routine vision exams (one every 12 months) | Nothing |
| Family planning services—office visits | Nothing |
| Physicians', podiatrists', and chiropractors' office visits | \$25 per visit |
| Mental health and substance abuse treatment <ul style="list-style-type: none"> • Hospital services • Office visits or health center services | \$25 per visit \$25 per visit |
| Short-term rehabilitation therapy—physical and occupational <ul style="list-style-type: none"> • Hospital services • Professional provider or health center services | \$25 per visit \$25 per visit |
| Speech, hearing, and language disorder treatment—speech therapy <ul style="list-style-type: none"> • Hospital services • Health center, speech/language pathologists', and audiologists' services | \$25 per visit \$25 per visit |
| Diagnostic X-rays, lab tests, and other tests, excluding MRIs, CT scans, PET scans, and nuclear cardiac imaging tests | Nothing after deductible |
| CT scans, MRIs, PET scans, and nuclear cardiac imaging tests | \$100 per category per date of service after deductible |
| Home health care and hospice services | Nothing after deductible |
| Durable medical equipment—such as wheelchairs, crutches, hospital beds | 20% co-insurance after deductible |
| Oxygen and equipment for its administration | 20% co-insurance after deductible |
| Prosthetic devices | 20% co-insurance after deductible |
| Surgery and related anesthesia <ul style="list-style-type: none"> • Office setting • Ambulatory surgical facility, hospital, or surgical day care unit | \$25 per visit \$150 per admission after deductible |
| Prescription Drug Benefits | |
| At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill) | \$10 for Tier 1 \$25 for Tier 2 \$50 for Tier 3 |
| Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill) | \$20 for Tier 1 \$50 for Tier 2 \$110 for Tier 3 |

Your Medical Benefits (continued)

| Covered Services | Your Cost |
|--|--------------------------------------|
| Inpatient Care (including maternity care) | |
| General or chronic disease hospital care (as many days as medically necessary) | \$500 per admission after deductible |
| Mental hospital or substance abuse facility care (as many days as medically necessary) | \$500 per admission after deductible |
| Rehabilitation hospital care (as many days as medically necessary) | Nothing after deductible |
| Skilled nursing facility care (as many days as medically necessary) | Nothing after deductible |

Get the Most from Your Plan.

Visit us at www.bluecrossma.com/membercentral or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs that are available to you.

Questions? Call 1-800-782-3675.

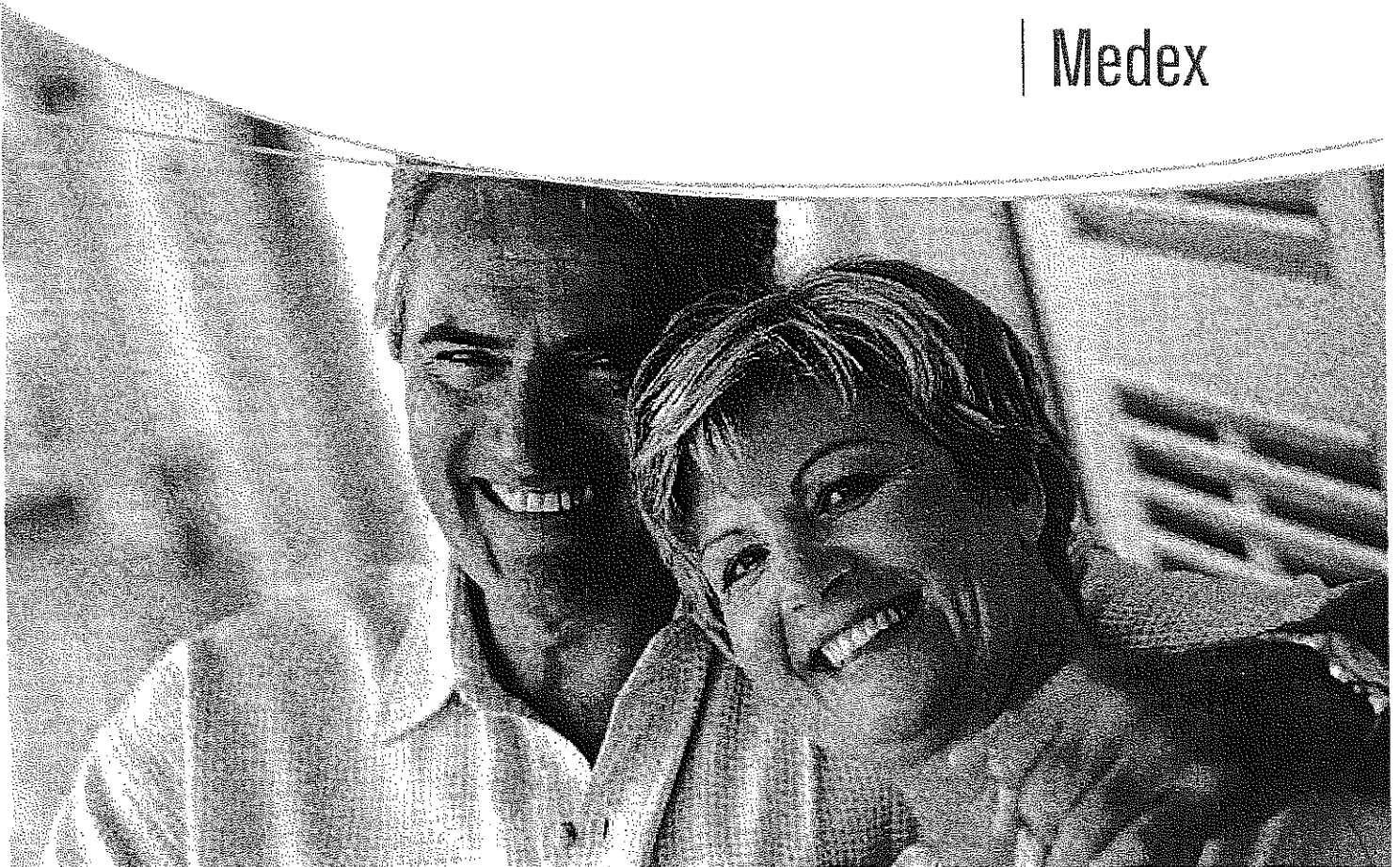
For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. In Massachusetts, benefits are provided only when a covered service or supply is furnished by a participating provider (except emergencies). **Please note:** Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payment only and does not assume financial risk for claims.





MedexSM 3 Plan 2012–Summary of Benefits

This Medex plan provides benefits for the:

- Medicare Part A Deductible and Co-insurances
- Medicare Part B Deductible and Co-insurance
- Prescription Drugs
- OBRA Benefits

Town of Duxbury



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance; however, the Commonwealth of Massachusetts has stated that enrollment in Original Medicare (Medicare Part A and Medicare Part B) satisfies these standards.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Your Medical Benefits

| | Medicare Provides | Medex Provides |
|---|--|---|
| Inpatient Care | | |
| Hospital care—including surgical services, X-rays and laboratory tests, anesthesia, drugs and medications, and intensive care services [†] | <ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$1,156 inpatient deductible • Coverage for days 61–90 after \$289 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$578 daily co-insurance | After a \$50 inpatient calendar-quarter copayment: <ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up^{††} |
| Physician or other professional provider services | 80% of approved charges after \$140 annual Part B deductible | Full coverage of Medicare deductible and co-insurance |
| Skilled nursing facility—participating with Medicare* | <ul style="list-style-type: none"> • Full coverage for days 1–20 • Coverage for days 21–100 after daily \$144.50 co-insurance | <ul style="list-style-type: none"> • Full coverage of Medicare daily co-insurance for days 21–100 • \$16 daily for days 101–365 |
| Skilled nursing facility—not participating with Medicare* | No benefits | \$16 daily for 365 days per benefit period |
| Outpatient Care | | |
| Office visits | 80% of approved charges after \$140 annual Part B deductible | Full coverage after member pays \$35 calendar-year deductible |
| Emergency room visits for accident treatment, sudden and serious medical emergency treatment | 80% of approved charges after \$140 annual Part B deductible | Full coverage after member pays \$25 per visit (waived if admitted or for observation stay) |
| Outpatient surgery, X-rays and lab tests | 80% of approved charges after \$140 annual Part B deductible | Full coverage of Medicare deductible and co-insurance |
| Radiation therapy, durable medical equipment, cardiac rehabilitation services, home health care services, and hospice services | 80% of approved charges after \$140 annual Part B deductible | Full coverage after member pays \$35 calendar-year deductible |
| Blood glucose monitors and materials to test for the presence of blood sugar | 80% of approved charges after \$140 annual Part B deductible for all diabetics | Full coverage of Medicare deductible and co-insurance |
| Urine test strips (Claims must be submitted on a Medex Subscriber Claim form.) | No benefits | Covered to the same extent as brand-name prescription drugs |
| Chiropractor services | 80% of approved charges after \$140 annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance for Medicare-approved charges only • 20% of the approved charges for services not covered by Medicare |
| Short-term rehabilitation | | |
| Physical therapy, speech-pathology, and occupational therapy | | |
| Professional provider outpatient services approved by Medicare | 80% of approved charges after \$140 annual Part B deductible | Full coverage after member pays \$35 calendar-year deductible |

Your Medical Benefits

| | Medicare Provides | Medex Provides |
|--|---|--|
| Mental Health and Substance Abuse Treatment | | |
| Biologically based mental conditions** | | |
| Inpatient admissions in a general or mental hospital | <ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$1,156 inpatient deductible • Coverage for days 61–90 after \$289 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$578 daily co-insurance • Coverage for mental hospital admissions is limited to 190 days per lifetime | After a \$50 inpatient calendar-quarter copayment:*** <ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime, when Medicare benefits are used up†† |
| Outpatient visits | Full coverage after \$140 annual Part B deductible and the Part B co-insurance | <ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare Part B deductible and co-insurance with no visit maximum • When visits are not covered by Medicare, full coverage with no visit maximum |
| Non-biologically based mental conditions | | |
| Inpatient admissions in a general hospital | <ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$1,156 inpatient deductible • Coverage for days 61–90 after \$289 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$578 daily co-insurance | After a \$50 inpatient calendar-quarter copayment: <ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime, when Medicare benefits are used up†† |
| Inpatient admissions in a mental hospital | Same coverage as a general hospital, but coverage is limited to 190 days per lifetime | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • When Medicare benefits are used up, full coverage up to 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)†† |
| Outpatient visits | Full coverage after \$140 annual Part B deductible and the Part B co-insurance | <ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare Part B deductible and co-insurance with no visit maximum • When not covered by Medicare, full coverage up to 24 visits per calendar year |

† Dental services are not covered by Medicare, however, when your medical or dental condition requires an inpatient admission, Medex provides full coverage for hospital and participating dentist charges for surgical removal of unerupted teeth or teeth impacted in bone, and the extraction of seven or more permanent teeth.

†† The additional days are a combination of days in a general or mental hospital.

* A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

** Treatment of rape-related mental or emotional disorders for victims of an assault with intent to rape is covered to the same extent as biologically based conditions.

*** The inpatient calendar-quarter copayment does not apply to admissions in a mental hospital.

Medicare Benefits Medex Provides

Prescription Drugs

| | | |
|--|---|--|
| At a designated retail pharmacy | Medicare does not provide coverage for prescription drugs used outside of the hospital. See your Medicare handbook for certain covered drugs. | Full coverage after a: <ul style="list-style-type: none"> • \$10 copayment for Tier 1 • \$20 copayment for Tier 2 • \$35 copayment for Tier 3 |
| Through the designated mail-service pharmacy (up to a 90-day supply for each prescription or refill) | No benefits | Full coverage after a: <ul style="list-style-type: none"> • \$20 copayment for Tier 1 • \$40 copayment for Tier 2 • \$70 copayment for Tier 3 |

Preventive Services Approved by Medicare and Medex

| | |
|--|---|
| <ul style="list-style-type: none"> • One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests) • One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests) • One routine colonoscopy every two years for a high-risk member (Full coverage for tests) • Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests) • Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test) | <ul style="list-style-type: none"> • One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment) • One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment) • One baseline mammogram during the five year period a member is age 35-39 and one routine mammogram per calendar year for members age 40 and older (Full coverage for screening) • One routine Pap smear test per calendar year (Full coverage for test) |
|--|---|

Important Information

| | |
|--|--|
| <ul style="list-style-type: none"> • Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary. • The Medicare inpatient deductible and co-insurance amounts are subject to change January 1 of each year. The deductibles and co-insurance amounts listed here are for the year 2012. | <ul style="list-style-type: none"> • Benefits are available immediately upon your effective date. • You are encouraged to use an Express Scripts pharmacy outside of Massachusetts. These pharmacies will file claims for you as long as you have your ID card with you. |
|--|--|

Questions? Call 1-800-782-3675. (TTY) 1-800-522-1254.

The Member Service staff can assist you Monday through Friday, 8 a.m. to 6 p.m.

Medicare Office Telephone Number in Massachusetts: 1-800-MEDICARE (1-800-633-4227)

For more information about Blue Cross Blue Shield of Massachusetts, log on to: www.bluecrossma.com.

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MASSACHUSETTS



DUXBURY - PLAN YEAR 2013

For Period 9/1/12 Through 8/31/13

NEW PLANS As of 11/30/11

| Plan Name | Enrollment | I/F | # of Months | Rate | EMPLOYER | | EMPLOYEE | | TOTAL Cost | Employer % |
|--------------------------|------------|-----|-------------|-----------------------------------|--------------|------------------|----------|------------------|------------------|------------|
| | | | | | Share | Cost | Share | Cost | | |
| MASTER HEALTH PLUS | 10 | I | 12 | 1211.00 | 908.25 | 108,990 | 302.75 | 36,330 | 145,320 | 75.00 |
| -9% | 10 | F | 12 | 3046.16 | 2284.62 | 274,154 | 761.54 | 91,385 | 365,539 | 75.00 |
| MASTER HEALTH PLUS | 0 | I | 12 | 1345.56 | 1009.17 | - | 336.39 | - | - | 75.00 |
| POLICE | 2 | F | 12 | 3384.62 | 2538.47 | 60,923 | 846.16 | 20,308 | 81,231 | 75.00 |
| MASTER HEALTH PLUS | 6 | I | 12 | 1211.00 | 605.50 | 43,596 | 605.50 | 43,596 | 87,192 | 50.00 |
| (RETIREES) | 2 | F | 12 | 3046.16 | 1523.08 | 36,554 | 1523.08 | 36,554 | 73,108 | 50.00 |
| -9% | | | | MASTER HEALTH PLUS TOTALS: | | 524,217 | | 228,172 | 752,390 | |
| BLUE CARE ELECT | 49 | I | 12 | 672.30 | 504.23 | 296,484 | 168.08 | 98,828 | 395,312 | 75.00 |
| -14% | 103 | F | 12 | 1681.67 | 1261.25 | 1,558,908 | 420.42 | 519,636 | 2,078,544 | 75.00 |
| BLUE CARE ELECT | 2 | I | 12 | 781.74 | 586.31 | 14,071 | 195.44 | 4,690 | 18,762 | 75.00 |
| POLICE | 10 | F | 12 | 1955.43 | 1466.57 | 175,989 | 488.86 | 58,663 | 234,652 | 75.00 |
| BLUE CARE ELECT | 45 | I | 12 | 672.30 | 336.15 | 181,521 | 336.15 | 181,521 | 363,042 | 50.00 |
| (RETIREES) | 25 | F | 12 | 1681.67 | 840.84 | 252,251 | 840.84 | 252,251 | 504,501 | 50.00 |
| -14% | | | | BLUECARE ELECT TOTALS: | | 2,479,224 | | 1,115,589 | 3,594,813 | |
| HMO BLUE | 84 | I | 12 | 599.56 | 449.67 | 453,267 | 149.89 | 151,089 | 604,356 | 75.00 |
| | 168 | F | 12 | 1499.39 | 1124.54 | 2,267,078 | 374.85 | 755,693 | 3,022,770 | 75.00 |
| COBRA | 2 | I | 12 | 599.56 | 0.00 | - | 599.56 | 14,389 | 14,389 | 0.00 |
| | 1 | F | 12 | 1499.39 | 0.00 | - | 1499.39 | 17,993 | 17,993 | 0.00 |
| -9% | | | | HMO BLUE TOTALS: | | 2,720,345 | | 939,164 | 3,659,509 | |
| HMO BLUE | 2 | I | 12 | 658.86 | 494.15 | 11,859 | 164.72 | 3,953 | 15,813 | 75.00 |
| POLICE | 7 | F | 12 | 1647.68 | 1235.76 | 103,804 | 411.92 | 34,601 | 138,405 | 75.00 |
| | | | | HMO BLUE TOTALS: | | 115,663 | | 38,554 | 154,218 | |
| HMO BLUE | 18 | I | 12 | 599.56 | 299.78 | 64,752 | 299.78 | 64,752 | 129,505 | 50.00 |
| (RETIREES) | 13 | F | 12 | 1499.39 | 749.70 | 116,952 | 749.70 | 116,952 | 233,905 | 50.00 |
| -9% | | | | HMO BLUE TOTALS: | | 181,705 | | 181,705 | 363,410 | |
| MEDEX | 276 | I | 12 | 388.08 | 194.04 | 642,660 | 194.04 | 642,660 | 1,285,321 | 50.00 |
| -2% | | | | MEDEX TOTALS: | | 642,660 | | 642,660 | 1,285,321 | |
| Managed Blue for Seniors | 0 | I | 12 | 318.16 | 159.08 | - | 159.08 | - | - | 50.00 |
| | | | | MBS TOTALS: | | | | | | |
| Budget Totals: | | | | | | 6,663,815 | | 3,145,845 | 9,809,660 | |
| | | | | | | 67.93% | | 32.07% | 100.00% | |
| Section 18 Penalty | | | | | | 41,000 | | | | |
| | | | | | TOTAL | 6,704,815 | | | | |

2/3/2012

Distribution List
801 CMR 52.02(2)(b)

| Prefix | First Name | Last Name | Title | Union/Organization | Location | Street Address | Town/State | Email |
|----------|------------|-------------|---|--|---------------------------|-----------------------|-------------------------|------------------------------------|
| Mr. | Matthew | Lynch | PEC Representative (DTA and DTA/A) | Duxbury Teachers Association | c/o Nancy Chacwick/DTA | PO Box 1611 | Duxbury, MA 02331-1611 | dlynch@notmail.com |
| Mr. | Brian | DeForest | PEC Representative | School Custodians, AFSCME 93 Local 1700 | | 11 Beach Road | Plymouth, MA 02360 | mr.deforest@verizon.net |
| Ms. | Lisa | Hart | PEC Representative | Duxbury Free Library Employees, SEIU Local 888 | Duxbury Free Library | 77 Alden Street | Duxbury, MA 02332 | lsh@edln.org |
| Mr. | G. John | Montosi | PEC Representative | Duxbury Permanent Fire Assoc., IAFF Local 2167 | | 30 Tarklin Road | Kingston, MA 02364 | Montosi92@yahoo.com |
| Mr. | William | Thomas | Union Steward | Public Safety Dispatchers, MCOP Local 376A | Duxbury Police Department | 443 West Street | Duxbury, MA 02332 | wthomas@duxburypolice.org |
| Mr. | Anthony | Vitale | President | Duxbury Police Union, MCOP Local 376B | Duxbury Police Department | 443 West Street | Duxbury, MA 02332 | anthonyvitale1988@yahoo.com |
| Lt. | Roger | Banfill | Union Steward/PEC Representative | Duxbury Police Commanders Assoc., MCOP Local 376 | Duxbury Police Department | 878 Tremont Street | Duxbury, MA 02332 | rbanfill@duxburypolice.org |
| Ms. | Trudy | Lavin | PEC Representative | Town of Duxbury Secretaries & Clerks, SEIU Local 888 | Duxbury Town Hall | 878 Tremont Street | Duxbury, MA 02332 | lavin@town.duxbury.ma.us |
| Mr. | Chip | Locketti | Union Steward/PEC Representative | Duxbury DPW Employees, AFSCME 93 Local 1700 | Duxbury Town Hall | 841 Pitchers Way | Hyannis, MA 02601 | clocketti@yahoo.com |
| Mr. | Richard | Bayramshian | Retiree Representative | | | 25 Vine Street | Duxbury, MA 02332 | rbayramshian@comcast.net |
| Attorney | Russell | Dupere | Town PEC Representative | | | P.O. Box 373 | South Hampton, MA 01073 | russell@dupere.law.offices.info |
| Mr. | Peter | Savage | Town Health Insurance Review Panel Representative/Health Insurance Consultant | | | | | psavage@cookandcompany.com |
| Mr. | Richard | MacDonald | Town Manager | Town of Duxbury | Duxbury Old Town Hall | 878 Tremont Street | Duxbury, MA 02332 | macdonald@town.duxbury.ma.us |
| Mr. | John | Madden | Finance Director | Town of Duxbury | Duxbury Town Hall | 878 Tremont Street | Duxbury, MA 02332 | madden@town.duxbury.ma.us |
| Ms. | Jennie | Horne | Human Resources Officer | Town of Duxbury | Duxbury Old Town Hall | 878 Tremont Street | Duxbury, MA 02332 | horne@town.duxbury.ma.us |
| Dr. | Benedict | Tantillo | Superintendent of Schools | Duxbury Public Schools | Duxbury Public Schools | 130 St. George Street | Duxbury, MA 02332 | btantillo@duxbury.k12.ma.us |
| | | | Board of Selectman | Town of Duxbury | Duxbury Old Town Hall | 878 Tremont Street | Duxbury, MA 02332 | mello@town.duxbury.ma.us |
| | | | School Committee | Duxbury Public Schools | Central Business Office | 130 St. George Street | Duxbury, MA 02332 | School_Committee@duxbury.k12.ma.us |
| Mr. | Ralph | White | President | Retired State, County and Municipal Employees Association of | | 11 Beacon Street | Boston, MA 02108 | municipalhealth@state.ma.us |
| Ms. | Pam | Kocher | Executive Office for Administration and Finance | | | State House Room 373 | Boston, MA 02133 | pam.kocher@state.ma.us |