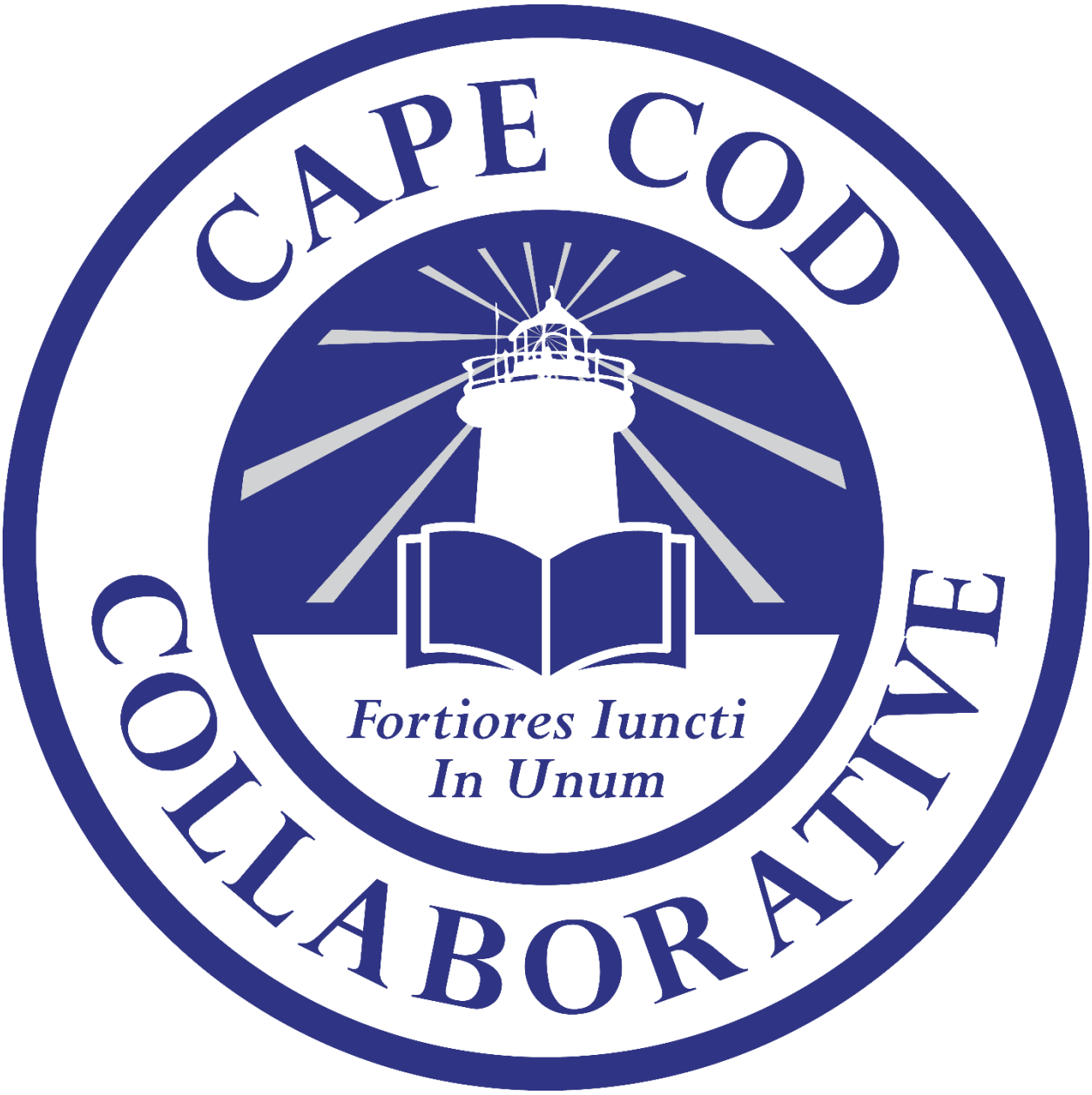


Benefits Handbook

2018-2019

Workers Compensation Insurance

Employees are covered for medical and disability under Workers' Compensation Insurance at no cost to them. Report a job-related accident immediately to your supervisor and complete a Notice of Injury Form. In order to qualify you must report an accident immediately (within 24 hours) or the claim may be denied.

Tax Sheltered Annuity—Deferred Compensation Plan

Cape Cod Collaborative 403(b) Plan—Available to all part-time and full-time employees, this allows employees to defer compensation (minimum of $250 annually) for retirement. Select an investment account from participating vendors and authorize the Collaborative to withhold funds through payroll deduction. It is important to understand that withdrawal of these funds prior to age 59 1/2 could result in substantial penalty and tax.

Retirement Plans

Massachusetts Teachers Retirement System
Certified Educators/Administrators

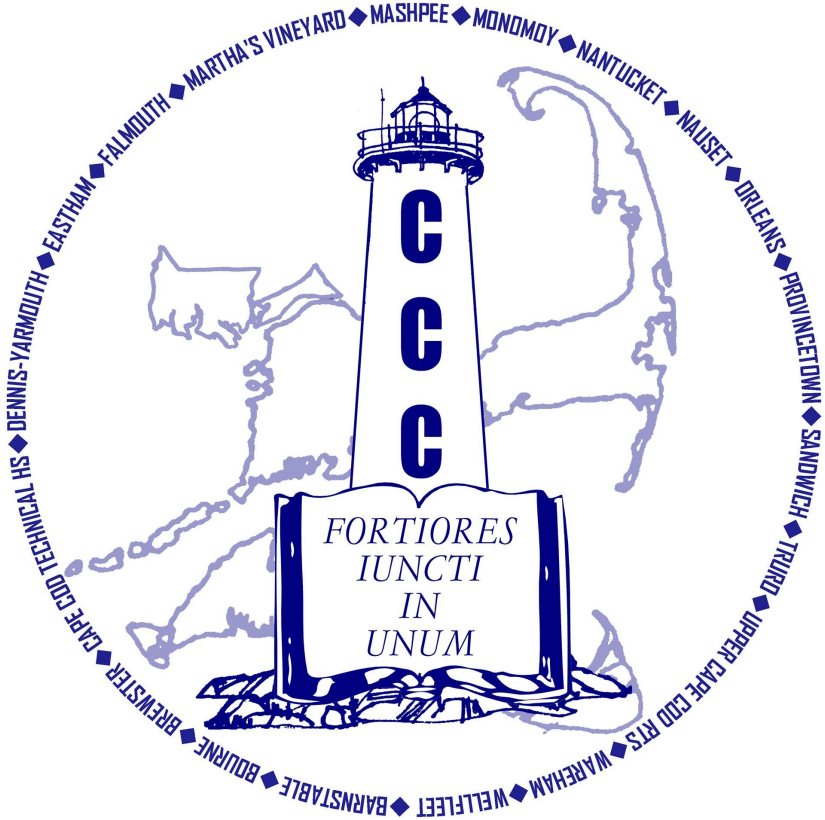
The MTRS is meant to take the place of Social Security for Certified Therapists, Teachers, Clinicians, Nurses and Administrators in Massachusetts. The amount of the deduction depends upon when you enter the system, but generally is 11% of your compensation. If you are a Certified Teacher, you must enroll in the MTRS prior to your first paycheck by visiting the website: http://www.mass.gov/mtrs. (If you are retired under the MTRS you are exempt from this withholding requirement.)

Massachusetts State Retirement—Full Time Staff

Since most municipalities and the Collaborative do not participate in Social Security, full time employees, other than Certified Teachers, are required to contribute to the MSRS. The employee contribution is generally 9% for compensation under $30,000 and 2% on the amount over. (If you are currently retired under the MSRS, you are exempt from this withholding requirement but are required to contribute to the OBRA 457(b) Plan until age 70.)

OBRA 457(b) Plan

Since most municipalities and the Collaborative do not participate in Social Security, part-time employees and employees retired under MSRS are required to contribute to the OBRA 457(b) Plan. The employee contribution is 7.5% of compensation. Members of another retirement system may participate on a voluntary basis up to the IRS maximum (depending on employee age).



Cape Cod Collaborative

Employee Benefits Summary

As of July 1, 2018

Collaborative Health Plans

Available to employees who work 20+ hours per week.

Network Blue (HMO) **BCBS High Deductible HMO/HSA***
Harvard Pilgrim (HMO) **Harvard Pilgrim High Deductible HMO/HSA***

HMO—These plans generally require a referral from the Primary Care Physician (PCP) prior to seeing a medical specialist. They may require that you use physicians within their Network of Doctors, unless you are away from home and in an emergency. (Under this situation, you will need to notify the provider within 24 hours.)

Cape Cod Municipal Health Group

As a health or dental plan enrollee you can participate in Cape Cod Municipal Health Group (CCMHG) health and wellness programs. A wealth of information, including: health and dental plan website links, wellness events, CanaRx and the Diabetes Reward Program can be found on the CCMHG website: ***www.ccmhg.com***.

Retiree Health Plans—Collaborative employees can chose Medicare supplemental plans available from Blue Cross, Harvard Pilgrim and Tufts.

Dental

see CCMHG above

Offered through Delta Dental, this insurance offers coverage to $1,000 calendar maximum for dental services for each family member. Dependents are covered to age 19, full time students to age 23. Please see the Coverage Summary for details regarding deductibles and orthodontic coverage.

Open Enrollment—Existing participants may elect coverage, add, delete or change coverage **in May** of this year unless there is a qualifying event. (Examples of a qualifying event are birth, marriage, divorce, or loss of employment.) Changes made during open enrollment will take effect July 1, 2018.

Cost—Currently, the cost is shared 55% Collaborative, 45% Employee. Deductions are made pre-tax through payroll deduction (see Section 125 Cafeteria Plan).

COBRA coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the plan. For additional information about your rights and obligations under the plan and under federal law, please review the Summary Plan Description.

Health Insurance Marketplace Coverage Options

The Affordable Care Act created the Health Insurance Marketplace to provide assistance as you evaluate insurance options. Please visit **HealthCare.gov** for more information.

Section 125 Cafeteria Plan

Pre-tax employee portion—This is available to all employees. It allows those with health or dental premium payments to pay them with pre-tax dollars. This can represent a significant tax savings for employees.

FSA—Flexible Spending Account—Employees can deposit up to $2,600 for medical expenses and/or up to $5,000 for dependent care expenses into their FSA through payroll deduction.*

***Health Savings Account (HSA)** - Eligible Employees who enroll in High-Deductible HMO health coverage will establish an HSA account. The Collaborative will contribute 1/2 of the Plan deductible to this account each year ($1,000 for individual, $2,000 for family). These contributions will be made on a monthly basis, over 10 months. Employees may elect to contribute to this account through payroll deductions. Employer and employee contributions to this account are not taxable. Maximum contributions for 2018: $3,450 for individual coverage, $6,850 for family coverage plus $1,000 catch-up contribution for account holders over age 55. (Please refer to eligibility requirements.)

Life Insurance

Offered through the Boston Mutual Life Insurance Company
Available to employees who work 20+ hours per week

Basic Term Life AD&D—$10,000 of Term Life insurance. Cost is shared 55% Collaborative, 45% Employee.

Voluntary Term Life—Additional Term Life insurance is available in increments of $10,000 up to a maximum of $500,000. The Premiums depend upon the amount of insurance selected and the age of the employee. The cost is paid entirely by the employee through payroll deduction. Term Life insurance coverage is also available to the spouse and dependent children of the employee.

Voluntary Long Term Disability—Available to full-time employees on a voluntary basis. Premiums depend upon the employee's monthly salary and age. The cost is paid entirely by the employee through payroll deduction.

Please see the Employee Handbook addenda for further details.
www.CapeCodCollaborative.org

***Employees who have established a Medical FSA account are not eligible to contribute to an HSA.**

Updated 01/24/2018

*2018-2019 Employee Portion of Benefits***

ADMIN

		Pay Options -	*21 Weeks*	*26 Weeks*	21 + Lump Sum		38 Weeks	*52 Weeks*	*26 Weeks*	*52 Weeks*
Single	Total Premium	EE Share	Coverage through August 31st*	Coverage through August 31st*	Coverage through August 31st*	Lump sum check Deduction	Coverage through August 31st*	Weekly Rate coverage to June 30th	coverage to June 30th	
Network (HMO) Blue	858.00	386.10	225.04	181.76	181.76	908.82	124.36	89.10	178.20	89.10
Harvard Pilgrim (EPO)	852.00	383.40	223.47	180.49	180.49	902.46	123.50	88.48	176.95	88.48
BCBS-HSA Plan	718.00	323.10	188.32	152.11	152.11	760.53	104.07	74.56	149.12	74.56
HP-HSA Plan	672.00	302.40	176.26	142.36	142.36	711.80	97.40	69.78	139.57	69.78
Dental	40.00	18.00	10.49	8.47	8.47	42.37	5.80	4.15	8.31	4.15
Boston Mutual (Employee Only)	1.70	0.77	0.45	0.36	0.36	1.80	0.25	0.18	0.35	0.18
Parent & One Child	Total Premium	EE Share	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Network (HMO) Blue	1,731.00	778.95	454.02	366.71	366.71	1,833.53	250.90	179.76	359.52	179.76
Harvard Pilgrim (EPO)	1,704.00	766.80	446.93	360.99	360.99	1,804.93	246.99	176.95	353.91	176.95
BCBS-HSA Plan	1,450.00	652.50	380.31	307.18	307.18	1,535.88	210.17	150.58	301.15	150.58
HP-HSA Plan	1,363.00	613.35	357.50	288.75	288.75	1,443.73	197.56	141.54	283.08	141.54
Dental	79.00	35.55	20.72	16.74	16.74	83.68	11.45	8.20	16.41	8.20
Boston Mutual (Employee Only)	1.70	0.77	0.45	0.36	0.36	1.80	0.25	0.18	0.35	0.18
Family	Total Premium	EE Share	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Network (HMO) Blue	2,303.00	1,036.35	604.04	487.88	487.88	2,439.41	333.81	239.16	478.32	239.16
Harvard Pilgrim (EPO)	2,279.00	1,025.55	597.75	482.80	482.80	2,413.99	330.34	236.67	473.33	236.67
BCBS-HSA Plan	1,927.00	867.15	505.42	408.23	408.23	2,041.14	279.31	200.11	400.22	200.11
HP-HSA Plan	1,810.00	814.50	474.74	383.44	383.44	1,917.21	262.35	187.96	375.92	187.96
Dental	103.00	46.35	27.02	21.82	21.82	109.10	14.93	10.70	21.39	10.70
Boston Mutual (Employee Only)	1.70	0.77	0.45	0.36	0.36	1.80	0.25	0.18	0.35	0.18

* Rates reflect a 12% estimated increase for July and August. The new plan year begins July 1st.

**** All changes must be made during the open enrollment period; thereafter, changes can be made only for a qualifying event.**

The Cape Cod Collaborative offers four health insurance plans:

BCBS Network Blue HMO

Harvard Pilgrim HMO

BCBS Access Blue New England Saver

Harvard Pilgrim Best Buy HAS HMO

Following are plan summaries for each.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, see **www.ccmhg.com/blue-cross-blue-shield**.
For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at **www.bluecrossma.com/sbcglossary** or call **1-800-782-3675** to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$300** member / **$600** two-person / **$900** family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care, prenatal care, prescription drugs, most office visits, mental health visits, and therapy visits.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For medical benefits, **$2,000** member / **$4,000** family; and for prescription drug benefits, **$3,000** member / **$6,000** family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See http://www.bluecrossma.com/findadoctor or call 1-800-821-1388 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 / visit	Not covered	None
	Specialist visit	$45 / visit; Not covered / chiropractor visit	Not covered	None
	Preventive care/screening/immunization	No charge	Not covered	GYN exam limited to one exam per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	Deductible applies first
	Imaging (CT/PET scans, MRIs)	$100	Not covered	Deductible applies first; copayment applies per category of test / day; pre-authorization required for certain services
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bluecrossma.com/medications	Generic drugs	$10 / retail supply or $25 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	$30 / retail supply or $75 / mail service supply	Not covered	
	Non-preferred brand drugs	$65 / retail supply or $165 / mail service supply	Not covered	
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$250 / admission	Not covered	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If you need immediate medical attention	Emergency room care	$100 / visit	$100 / visit	Deductible applies first; copayment waived if admitted or for observation stay
	Emergency medical transportation	No charge	No charge	Deductible applies first
	Urgent care	$45 / visit	$45 / visit	Out-of-network coverage limited to out of service area
If you have a hospital stay	Facility fee (e.g., hospital room)	$500 / admission	Not covered	Deductible applies first; pre-authorization required
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$20 / visit	Not covered	Pre-authorization required for certain services
	Inpatient services	$500 / admission	Not covered	Deductible applies first; pre-authorization required for certain services
If you are pregnant	Office visits	No charge	Not covered	Deductible applies first except for prenatal care; cost sharing does not apply for preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	$500 / admission	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Deductible applies first; pre-authorization required
	Rehabilitation services	$20 / visit	Not covered	Limited to 60 visits per calendar year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	Habilitation services	$20 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	Skilled nursing care	No charge	Not covered	Deductible applies first; limited to 100 days per calendar year; pre-authorization required
	Durable medical equipment	20% coinsurance	Not covered	Deductible applies first; cost share waived for one breast pump per birth
	Hospice services	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	Limited to one exam every 12 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge	Not covered	Limited to children under age 12 (every 6 months) and under age 18 with a cleft palate / cleft lip condition

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Children's glasses
- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Hearing aids ($2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment
- Routine eye care - adult (one exam every 12 months)
- Routine foot care (only for patients with systemic circulatory disease)
- Weight loss programs ($150 per calendar year per policy)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or www.mass.gov/doi. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting www.mahealthconnector.org. For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? [Yes]
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? [Yes]
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Disclaimer: This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- **The plan's overall deductible** **$300**
- **Delivery fee copay** **$0**
- **Facility fee copay** **$500**
- **Diagnostic tests copay** **$0**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,713**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$300
Copayments	$516
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$876**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **$300**
- **Specialist visit copay** **$45**
- **Primary care visit copay** **$20**
- **Diagnostic tests copay** **$0**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$7,389**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$134
Copayments	$1,674
Coinsurance	$0
What isn't covered	
Limits or exclusions	$55
The total Joe would pay is	**$1,863**

Jacquie's Simple Fracture
(in-network emergency room visit and follow-up care)

- **The plan's overall deductible** **$300**
- **Specialist visit copay** **$45**
- **Emergency room copay** **$100**
- **Ambulance services copay** **$0**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$1,925**

In this example, Jacquie would pay:

Cost Sharing	
Deductibles	$300
Copayments	$250
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Jacquie would pay is	**$550**

The **plan** would be responsible for the other costs of these EXAMPLE covered services.

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MASSACHUSETTS

MCC Compliance

This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

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MASSACHUSETTS

Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscoordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **hhs.gov**.

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Harvard Pilgrim Health Care

Clarification on SBC format

As of April 1, 2017 the federal government has issued a new format for the *Summary of Benefits and Coverage* (SBC) document. One of the most significant changes to the format is the way deductibles are referenced in the cost-sharing chart. The cost-sharing chart shows copayments and coinsurance **after** the deductible has been met.

- A statement appears at the top of the chart noting that all copayments and coinsurance are **after the deductible has been met**, if a deductible applies (see example below). Please note that this wording appears only at the top of the chart.

⚠	**All copayments and coinsurance cost shown in this chart after your deductible has been met, if a deductible applies.**

- If the deductible does not apply to a benefit, the phrase "deductible does not apply" appears in the chart.
- If the "What You Will Pay" column, indicates "no charge," this means no charge **after** the deductible has been met.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	X-rays: No charge Laboratory: Select Providers: No charge; deductible does not apply. Other Plan Providers: No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Cost sharing may vary for certain imaging services.

We encourage readers to reference *Schedule of Benefits* documents for cost-sharing details. The *Schedule of Benefits* is the contract between a member and Harvard Pilgrim Health Care and is the more complete document.

Harvard Pilgrim Health Care

Massachusetts

The Harvard Pilgrim HMO

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 07/01/2018 — 06/30/2019
Coverage for: Individual + Family | **Plan Type:** HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, **www.harvardpilgrim.org/LGsampleEOC**. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other **underlined** terms see the Glossary. You can view the Glossary at **www.healthcare.gov/sbc-glossary** or call **1-888-333-4742** to request a copy.

Important Questions	Answers	Why this matters
What is the overall deductible?	$300 member/ $900 family Benefits are administered on a Plan Year basis.	Generally you must pay all the costs up to the **deductible** amount before this **plan** begins to pay. If you have other family members on the policy, they have to meet their own individual **deductible** until the overall family **deductible** amount has been met.
Are there services covered before you meet your deductible?	Yes: prescription drugs, outpatient mental health services, **preventive care**, **provider** office visits, **rehabilitation services**, **habilitation services**, routine eye exams, are covered before you meet your **deductibles**.	This **plan** covers some items and services even if you haven't yet met the **deductible** amount. But, a **copayment** or **coinsurance** may apply.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services
What is the out–of–pocket limit for this plan?	$2,000 member/ $4,000 family Separate **out-of-pocket limit** applies to Pharmacy, see "If you need drugs to treat your illness or condition".	The **out-of-pocket limit** is the most you could pay in a year of covered services. If you have other family members in this plan, they have to meet their own **out-of-pocket limit** until the overall family **out-of-pocket limit** has been met.

Important Questions	Answers	Why this matters
What is not included in the out–of–pocket limit?	Prescription drugs, premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See **https://www.providerlookuponline.com/harvardpilgrim/po7/Search.aspx** or call **1-888-333-4742** for a list of preferred providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes, some exceptions apply.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	**Level 1:** $20 copay/visit; deductible does not apply	Not covered	None
	Specialist visit	**Level 1:** $20 copay/visit **Level 2:** $45 copay/visit; deductible does not apply	Not covered	None
	Preventive care/ screening/ immunization	No charge; deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	$100 copay/procedure	Not covered	Cost sharing may vary for certain imaging services.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at **www.harvardpilgrim.org/2018Premium3T**.	Generic drugs	**30-Day Retail Tier 1:** $10 copay/prescription; deductible does not apply **90-Day Mail Tier 1:** $25 copay/prescription; deductible does not apply		Prescription drug Out-of-Pocket Maximum:. $3,000 member/ $6,000 family
	Preferred brand drugs	**30-Day Retail Tier 2:** $30 copay/prescription; deductible does not apply **90-Day Mail Tier 2:** $75 copay/prescription; deductible does not apply		Some generic drugs are in this tier.
	Non-preferred brand drugs	**30-Day Retail Tier 3:** $65 copay/prescription; deductible does not apply **90-Day Mail Tier 3:** $165 copay/prescription; deductible does not apply		Same as above.
	Specialty drugs	All drugs are covered in Retail Pharmacy and Mail Order Pharmacy Tiers 1 — 3		Some drugs must be obtained through a Specialty Pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$250 copay/visit	Not covered	None
	Physician/surgeon fees	No charge	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	$100 copay/visit	Same As Participating Provider	None
	Emergency medical transportation	No charge	Same As Participating Provider	None
	Urgent care	**Convenience care clinic:** $20 copay/visit; deductible does not apply **Urgent care clinic (including hospital urgent care clinic):** $45 copay/visit; deductible does not apply	Not Covered	Services with non-participating providers are only covered outside of the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	$500 copay/admit	Not covered	None
	Physician/surgeon fee	No charge	Not covered	
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	**Level 1:** $20 copay/visit; deductible does not apply	Not covered	None
	Inpatient services	$500 copay/admit	Not covered	
If you are pregnant	Office visits	**Level 1:** $20 copay/visit; deductible does not apply	Not covered	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	$500 copay/admit	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	None
	Rehabilitation services	**Level 1:** $20 copay/visit; deductible does not apply	Not covered	Occupational therapy – 30 visits /Plan Year Physical therapy – 30 visits /Plan Year
	Habilitation services	**Level 1:** $20 copay/visit; deductible does not apply	Not covered	
	Skilled nursing care	$500 copay/admit	Not covered	100 days/Plan Year
	Durable medical equipment	20% coinsurance of equipment cost to HPHC, not to exceed a Member's total expense of $1,000/Plan Year	Not covered	None
	Hospice services	No charge	Not covered	For inpatient services, see "If you have a hospital stay".
If your child needs dental or eye care	Children's eye exam	No charge; deductible does not apply	Not covered	1 exam/Plan Year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up – Up to age of 13	No charge; deductible does not apply	Not covered	2 exams/Plan Year

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Chiropractic Care
- Long-Term (Custodial) Care
- Most Cosmetic Surgery
- Most Dental Care (Adult)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Services that are not Medically Necessary
- Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Hearing Aids - $2,000/aid every 36 months, for each impaired ear
- Infertility Treatment
- Routine eye care (Adult) – 1 exam/Plan Year

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or **www.dol.gov/ebsa**, or the U.S. Department of Health and Human Services at **1-877-267-2323 x61565** or **www.cciio.cms.gov**. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit **www.HealthCare.gov** or call **1-800-318-2596**.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information to submit a **claim**, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact:

HPHC Member Appeals-Member Services Department
Harvard Pilgrim Health Care, Inc.
1600 Crown Colony Drive
Quincy, MA 02169
Telephone: 1-888-333-4742
Fax: 1-617-509-3085

Department of Labor's Employee Benefits Security Administration
1-866-444-3272
www.dol.gov/ebsa/healthreform

Health Care for All
30 Winter Street, Suite 1004
Boston, MA 02108
1-800-272-4232
http://www.hcfama.org/helpline

Does this plan provide Minimum Essential Coverage? Yes

If you don't have **Minimum Essential Coverage** for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this Coverage Meet the Minimum Value Standard? Yes

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium** tax credit to help you pay for a **plan** through the **Marketplace**.

Language Access Services:

Para obtener asistencia en Español, llame al 1-888-333-4742.

如果需要中文的帮助，请拨打这个号码 1-888-333-4742.

De assistência em Português, por favor ligue 1-888-333-4742.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your **providers** charge, and many other factors. Focus on the cost sharing amounts (deductible, copayment and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ **The plan's overall deductible**	$300	■ **The plan's overall deductible**	$300	■ **The plan's overall deductible**	$300
■ **Specialist *copayment***	$45	■ **Specialist *copayment***	$45	■ **Specialist *copayment***	$45
■ **Hospital (facility) *copayment***	$500	■ **Hospital (facility) *copayment***	$500	■ **Hospital (facility) *copayment***	$500
■ **Other**	$0	■ **Other**	$0	■ **Other**	$0
This EXAMPLE event includes services like:		**This EXAMPLE event includes services like:**		**This EXAMPLE event includes services like:**	
Specialist office visits (*prenatal care*)		Primary care physician office visits (*including disease education*)		Emergency room care (*including medical supplies*)	
Childbirth/Delivery Professional Services		Diagnostic tests (*blood work*)		Diagnostic test (*x-ray*)	
Childbirth/Delivery Facility Services		Prescription drugs		Durable medical equipment (*crutches*)	
Diagnostic tests (*ultrasounds and blood work*)		Durable medical equipment (*glucose meter*)		Rehabilitation services (*physical therapy*)	
Specialist visit (*anesthesia*)					
Total Example Cost	**$12,731**	**Total Example Cost**	**$7,389**	**Total Example Cost**	**$1,925**
In this example, Peg would pay:		**In this example, Joe would pay:**		**In this example, Mia would pay:**	
Cost Sharing		*Cost Sharing*		*Cost Sharing*	
Deductibles	$300	Deductibles	$130	Deductibles	$300
Copayments	$580	Copayments	$1,690	Copayments	$150
Coinsurance	$0	Coinsurance	$0	Coinsurance	$40
What isn't covered		*What isn't covered*		*What isn't covered*	
Limits or exclusions	$0	Limits or exclusions	$30	Limits or exclusions	$0
The total Peg would pay is	**$880**	**The total Joe would pay is**	**$1,850**	**The total Mia would pay is**	**$490**

The plan would be responsible for the other costs of these EXAMPLE covered services.

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

BlueCross® BlueShield®

SUMMARY OF BENEFITS

Access Blue New England Saver

Cape Cod Municipal Health Group

This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

An Association of Independent Blue Cross and Blue Shield Plans

Your Care

Access

This plan gives you the option to go directly to a specialist or any doctor in the HMO Blue New England network without a referral. Just show your Blue Cross Blue Shield of Massachusetts ID card and receive care. However, some services do require authorization. See your benefit description for details.

Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to select a doctor who is accepting you and your family members as new patients and participates in our network of providers in New England. For children, you may designate a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians: visit the Blue Cross Blue Shield of Massachusetts website at **www.bluecrossma.com**; consult the Provider Directory; or call the Physician Selection Service at **1-800-821-1388**.

If you have trouble choosing a doctor, the Physician Selection Service can help. They can give you the doctor's gender, the medical school she or he attended, and whether there are languages other than English spoken in the office.

Your provider may also work with Blue Cross Blue Shield of Massachusetts regarding Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your benefit description.

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **$2,000** per individual membership (or **$4,000** per family membership). **The entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.**

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible and copayments (including prescription drug copayments) for covered services. Your out-of-pocket maximum is **$5,000** per member (or **$10,000** per family).

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 meeting your deductible, you pay nothing for emergency room services.

Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should 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. See your benefit description for more information.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost
Preventive Care Well-child care visits	Nothing, no deductible
Preventive dental care for children under age 12 (one visit each six months)	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, including routine tests	Nothing, no deductible
Hearing aids (up to $2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum after deductible
Routine vision exams (one per calendar year)	Nothing, no deductible
Family planning services–office visits	Nothing, no deductible
Outpatient Care Emergency room visits	Nothing after deductible
Office visits	Nothing after deductible
Mental health or substance abuse treatment	Nothing after deductible
Chiropractors' office visits	Nothing after deductible
Short-term rehabilitation therapy–physical and occupational (up to 60 visits per calendar year*)	Nothing after deductible
Speech, hearing, and language disorder treatment–speech therapy	Nothing after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible
Home health care and hospice services	Nothing after deductible
Oxygen and equipment for its administration	Nothing after deductible
Durable medical equipment–such as wheelchairs, crutches, and hospital beds	Nothing after deductible**
Prosthetic devices	Nothing after deductible
Surgery in an office setting	Nothing after deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	Nothing after deductible
Inpatient Care (including maternity care) General or chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	Nothing after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing 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.
** Cost share waived for one breast pump per birth.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	$10 after deductible for Tier 1 $30 after deductible for Tier 2 $65 after deductible for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	$25 after deductible for Tier 1*** $75 after deductible for Tier 2 $165 after deductible for Tier 3

* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.
** Cost share may be waived for certain covered drugs and supplies.
*** Certain generic medications are available through the mail service pharmacy at $9, no deductible. For more information, go to www.bluecrossma.com/mail-service-pharmacy.

Get the Most from Your Plan

Visit us at **www.bluecrossma.com** or call **1-800-782-3675** to learn about discounts, savings, resources, and special programs

Wellness Participation Program **Reimbursement for a membership at a health club or for fitness classes** This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)	$150 per calendar year per policy
Reimbursement for participation in a qualified weight loss program This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)	$150 per calendar year per policy
Blue Care Line®—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call **1-800-782-3675**, or visit us online at **www.bluecrossma.com**. Interested in receiving information from us 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; 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. **Note**: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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BlueCross® BlueShield®

Harvard Pilgrim Health Care

Clarification on SBC format

As of April 1, 2017 the federal government has issued a new format for the *Summary of Benefits and Coverage* (SBC) document. One of the most significant changes to the format is the way deductibles are referenced in the cost-sharing chart. The cost-sharing chart shows copayments and coinsurance **after** the deductible has been met.

- A statement appears at the top of the chart noting that all copayments and coinsurance are **after the deductible has been met**, if a deductible applies (see example below). Please note that this wording appears only at the top of the chart.

⚠	**All copayments and coinsurance cost shown in this chart after your deductible has been met, if a deductible applies.**

- If the deductible does not apply to a benefit, the phrase "deductible does not apply" appears in the chart.
- If the "What You Will Pay" column, indicates "no charge," this means no charge **after** the deductible has been met.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	X-rays: No charge Laboratory: Select Providers: No charge; deductible does not apply. Other Plan Providers: No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Cost sharing may vary for certain imaging services.

We encourage readers to reference *Schedule of Benefits* documents for cost-sharing details. The *Schedule of Benefits* is the contract between a member and Harvard Pilgrim Health Care and is the more complete document.

Harvard Pilgrim Health Care

Massachusetts

The Harvard Pilgrim Best Buy HSA HMO

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 07/01/2018 — 06/30/2019

Coverage for: Individual + Family | **Plan Type:** HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, **www.harvardpilgrim.org/LGsampleEOC**. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other **underlined** terms see the Glossary. You can view the Glossary at **www.healthcare.gov/sbc-glossary** or call **1-888-333-4742** to request a copy.

Important Questions	Answers	Why this matters
What is the overall deductible?	**Medical & Prescription Drug Deductible:** $2,000 member/ $4,000 family Benefits are administered on a Plan Year basis.	Generally you must pay all the costs up to the **deductible** amount before this **plan** begins to pay. If you have other family members on the policy, the overall family **deductible** must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes: **preventive care**, routine eye exams, are covered before you meet your **deductibles**. Certain preventive drugs will not apply to the prescription drug **deductible**. For a list of those drugs please visit **www.harvardpilgrim.org/rx**.	This **plan** covers some items and services even if you haven't yet met the **deductible** amount. But, a **copayment** or **coinsurance** may apply.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services
What is the out–of–pocket limit for this plan?	$5,000 member/ $10,000 family	The **out-of-pocket limit** is the most you could pay in a year of covered services. If you have other family members in this plan, they have to meet their own **out-of-pocket limit** until the overall family **out-of-pocket limit** has been met.

Important Questions	Answers	Why this matters
What is not included in the out–of–pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See **https://www.providerlookuponline.com/harvardpilgrim/po7/Search.aspx** or call **1-888-333-4742** for a list of preferred providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes, some exceptions apply.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	Not covered	None
	Specialist visit	No charge	Not covered	None
	Preventive care/ screening/ immunization	No charge; deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Cost sharing may vary for certain imaging services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at **www.harvardpilgrim.org/2018Premium3T**.	Generic drugs	**30-Day Retail Tier 1:** $10 copay/prescription **90-Day Mail Tier 1:** $25 copay/prescription		None
	Preferred brand drugs	**30-Day Retail Tier 2:** $30 copay/prescription **90-Day Mail Tier 2:** $75 copay/prescription		Some generic drugs are in this tier.
	Non-preferred brand drugs	**30-Day Retail Tier 3:** $65 copay/prescription **90-Day Mail Tier 3:** $165 copay/prescription		Same as above.
	Specialty drugs	All drugs are covered in Retail Pharmacy and Mail Order Pharmacy Tiers 1 — 3		Some drugs must be obtained through a Specialty Pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	None
	Physician/surgeon fees	No charge	Not covered	
If you need immediate medical attention	Emergency room care	No charge	Same As Participating Provider	None
	Emergency medical transportation	No charge	Same As Participating Provider	None
	Urgent care	**Convenience care clinic:** No charge **Urgent care clinic (including hospital urgent care clinic):** No charge	Not Covered	Services with non-participating providers are only covered outside of the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	None
	Physician/surgeon fee	No charge	Not covered	
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	No charge	Not covered	None
	Inpatient services	No charge	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	No charge	Not covered	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	None
	Rehabilitation services	No charge	Not covered	Occupational therapy – 30 visits /Plan Year Physical therapy – 30 visits /Plan Year
	Habilitation services	No charge	Not covered	
	Skilled nursing care	No charge	Not covered	100 days/Plan Year
	Durable medical equipment	No charge	Not covered	Wigs – $350/Plan Year
	Hospice services	No charge	Not covered	For inpatient services, see "If you have a hospital stay".
If your child needs dental or eye care	Children's eye exam	No charge; deductible does not apply	Not covered	1 exam/Plan Year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up – Up to age of 13	No charge	Not covered	2 exams/Plan Year

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

• Acupuncture	• Long-Term (Custodial) Care • Most Cosmetic Surgery • Most Dental Care (Adult)	• Private-duty nursing • Routine foot care • Services that are not Medically Necessary

	• Non-emergency care when traveling outside the U.S.	• Weight Loss Programs
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
• Bariatric surgery	• Chiropractic Care - 20 visits/Plan Year • Hearing Aids - $2,000/aid every 36 months, for each impaired ear	• Infertility Treatment • Routine eye care (Adult) – 1 exam/Plan Year

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or **www.dol.gov/ebsa**, or the U.S. Department of Health and Human Services at **1-877-267-2323 x61565** or **www.cciio.cms.gov**. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit **www.HealthCare.gov** or call **1-800-318-2596**.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information to submit a **claim**, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact:

HPHC Member Appeals-Member Services Department
Harvard Pilgrim Health Care, Inc.
1600 Crown Colony Drive
Quincy, MA 02169
Telephone: 1-888-333-4742
Fax: 1-617-509-3085

Department of Labor's Employee Benefits Security Administration
1-866-444-3272
www.dol.gov/ebsa/healthreform

Health Care for All
30 Winter Street, Suite 1004
Boston, MA 02108
1-800-272-4232
http://www.hcfama.org/helpline

Does this plan provide Minimum Essential Coverage? Yes

If you don't have **Minimum Essential Coverage** for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this Coverage Meet the Minimum Value Standard? Yes

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium** tax credit to help you pay for a **plan** through the **Marketplace**.

Language Access Services:

Para obtener asistencia en Español, llame al 1-888-333-4742.

如果需要中文的帮助，请拨打这个号码 1-888-333-4742.

De assistência em Português, por favor ligue 1-888-333-4742.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your **providers** charge, and many other factors. Focus on the cost sharing amounts (deductible, copayment and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ **The plan's overall deductible**	$2,000
■ **Specialist**	$0
■ **Hospital (facility)**	$0
■ **Other**	$0
This EXAMPLE event includes services like:	
Specialist office visits (*prenatal care*)	
Childbirth/Delivery Professional Services	
Childbirth/Delivery Facility Services	
Diagnostic tests (*ultrasounds and blood work*)	
Specialist visit (*anesthesia*)	
Total Example Cost	**$12,731**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$2,000
Copayments	$70
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Peg would pay is	**$2,070**

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
■ **The plan's overall deductible**	$2,000
■ **Specialist**	$0
■ **Hospital (facility)**	$0
■ **Other**	$0
This EXAMPLE event includes services like:	
Primary care physician office visits (*including disease education*)	
Diagnostic tests (*blood work*)	
Prescription drugs	
Durable medical equipment (*glucose meter*)	
Total Example Cost	**$7,389**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$2,000
Copayments	$1,160
Coinsurance	$0
What isn't covered	
Limits or exclusions	$30
The total Joe would pay is	**$3,190**

Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ **The plan's overall deductible**	$2,000
■ **Specialist**	$0
■ **Hospital (facility)**	$0
■ **Other**	$0
This EXAMPLE event includes services like:	
Emergency room care (*including medical supplies*)	
Diagnostic test (*x-ray*)	
Durable medical equipment (*crutches*)	
Rehabilitation services (*physical therapy*)	
Total Example Cost	**$1,925**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$1,930
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,930**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Four Facts: The Harvard Pilgrim Best Buy HSA HMO – *Massachusetts*

1 Most services, including prescription drugs, are subject to the deductible.*

Please see the other side of this flyer for a partial list of services that are subject to the deductible. Once you meet the deductible, your services may be covered in full for the rest of the year, or you may have to pay cost sharing (e.g., copayments or coinsurance). See the *Schedule of Benefits* for details.

2 There are no individual contribution limits within the family deductible.

This means that individual family members will continue to pay deductible expenses until the total family deductible amount is reached. After the full, annual family deductible is met, family members on your policy no longer have to make payments toward the deductible.

3 Many preventive tests and services are covered in full.

A large number of preventive tests and services are covered at no charge. Please note that you may receive some tests and services that are subject to the deductible during a preventive visit.

4 Harvard Pilgrim will send you an Activity Summary for services you receive.

The Activity Summary is not a bill. It lists the services you received, any payments Harvard Pilgrim made to the provider for your care, and any amounts you may owe the provider. A new summary will post each month to your secure *HPHConnect* for Members account at **www.harvardpilgrim.org.**

You'll receive a monthly Activity Summary in the mail when you are responsible for a deductible, coinsurance or an amount not covered by the plan.

Your provider will bill you separately. Compare the provider's bill with your Activity Summary to verify the services you received and any amounts you may have paid or still may owe to the provider.

If you have questions about your Best Buy HSA HMO coverage, please call the Member Services department at **(888) 333-4742.** For TTY service, please call **711.**

* The deductible will not apply to certain preventive medications if your plan includes the Preventive Drug Benefit.

Harvard Pilgrim Health Care

The Harvard Pilgrim Best Buy HSA HMO – *Massachusetts*

These are examples of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in the event that the information in this document is different.

No charge

- Preventive tests and services, including:
  - Adult annual visits
  - Well child visits
  - Annual gynecological visits
  - Routine pre-natal and post-partum visits
  - Cervical cancer screening, including Pap smears
  - Immunizations, including flu shots (for children and adults as appropriate)
  - Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
  - Cholesterol screening (adults only) and total cholesterol tests
  - Diabetes screenings
  - Blood pressure screening (adults, without known hypertension)
  - Breast cancer screening, including mammograms and counseling for genetic susceptibility
- Fetal ultrasounds
- Inpatient physician care for healthy newborn

Deductible, then cost sharing or no charge

- Exams for illness or injuries
- Lab tests and diagnostic procedures, including EKGs, MRIs, X-rays and colonoscopies, other than those listed under "Preventive tests and services"
- Treatments and procedures, including chemotherapy, surgical procedures, allergy treatments and dialysis
- Therapeutic procedures, including occupational therapy, speech therapy, physical therapy, early intervention and cardiac rehabilitation
- Inpatient hospital services, including inpatient maternity
- Inpatient mental health, drug and alcohol rehabilitation, and detoxification
- Hospital outpatient department services and day surgery
- Outpatient mental health services
- Home health care services
- Skilled nursing care
- Ambulance transport

Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.

Harvard Pilgrim Health Care

Any employee who enrolls in either the

BCBS Access Blue New England Saver

or

Harvard Pilgrim Best Buy HAS HMO

will have a Health Savings Account (HSA) established in his/her name.

Over the course of the year, the Collaborative will contribute one-half the total deductible to the HSA account.

More information on HSA accounts can be found by visiting the Health Equity website: https://www.healthequity.com/learn/hsa/

The Cape Cod Municipal Health Group offers a wealth of information on its website:

http://ccmhg.com/high-deductible-hsa-qualified-health-plans/

Cape Cod Collaborative

Notice of Privacy Practices

Your Information.
Your Rights.
Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on the back page. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you.	***Example:*** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. • **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.	***Example:*** *We use health information about you to develop better services for you.*
Pay for your health services	• We can use and disclose your health information as we pay for your health services.	***Example:*** *We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your plan	• We may disclose your health information to your health plan sponsor for plan administration.	***Example:*** *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

continued on next page

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as:
	  • Preventing disease
	  • Helping with product recalls
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence
	  • Preventing or reducing a serious threat to anyone's health or safety

Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With health oversight agencies for activities authorized by law
	  • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations.

Cape Cod Collaborative
418 Bumps River Road
Osterville, MA 02655
www.capecodcollaborative.org

Beth Deck, Human Resources/Personnel
508-420-6950 x 1122
bdeck@capecodcollaborative.org

July 1, 2018

Cape Cod Collaborative
Initial Notice: Continuation Coverage Rights under COBRA

Introduction
You are receiving this notice because you are covered under a group health plan through the **Cape Cod Collaborative**. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualified event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the **Cape Cod Collaborative** and that bankruptcy results in the loss of coverage for any retired employee covered by the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

Attn: Human Resources/Personnel
Cape Cod Collaborative
418 Bumps River Road
Osterville, MA 02655

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must provide this information to:

Cape Cod Collaborative
418 Bumps River Road
Osterville, MA 02655

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Cape Cod Collaborative
418 Bumps River Road
Osterville, MA 02655

SPECIAL ENROLLMENT NOTICE
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 your dependents lose eligibility for that other coverage (or if the employer stops contributing toward 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:
Beth Deck, Human Resources/Personnel
Cape Cod Collaborative
418 Bumps River Road
Osterville, MA 02655
508-420-6950 x 1122
bdeck@capecodcollaborative.org

WHCRA ANNUAL NOTICE
Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

PATIENT PROTECTION DISCLOSURE
Health insurance plans offered by the Cape Cod Collaborative generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the plan network and who is available to accept you. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your primary care physician in order to obtain access to obstetrical or gynecological care from a health care professional in the plan's network who specializes in obstetrics or gynecology. The health care professional may, however, be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, please visit the website for the plan provider of choice:
www.bluecrossma.com
www.harvardpilgrim.org

What to do about Medicare –

Medicare Hospital Insurance (Part A) and Medical Insurance (Part B) provide coverage to you if you are 65 years old or older and if you have worked enough quarters contributing to Social Security. There is no cost for Part A, but you must contact your Social Security office to enroll. If you would like Part B benefits, you have to apply for this coverage. There is a cost for Part B which will either be deducted from your monthly Social Security check (if you are collecting Social Security benefits) or billed to you at home.

It is not necessary for you or your spouse to enroll in Medicare Part B if you are covered by your employer's group health insurance plan. If you have chosen your group plan as your primary insurance and decide not to enroll in Part B, please note the following Part B enrollment information:

- If you decide to enroll in Part B later, the usual late enrollment penalty (10% higher premium for every year you were eligible for Part B but did not enroll) will be waived as *long as you, or your spouse, continue to be covered under your group health plan.*
- When you leave your group plan, you won't have to wait for the normal Part B enrollment period (January through March) to apply for Part B coverage. There is a special seven-month enrollment period beginning when you leave your group plan. To enroll, simply apply for Part B coverage at your Social Security Office.
  Important: If you enroll in the first month of your special enrollment period, your Medicare Part B coverage will begin on the first day of that month. If you enroll later in your enrollment period, your Part B coverage will not begin until the first day of the month following the date you enrolled.

When you have decided –

Please notify the Employee Benefits office when you, *or your spouse,* have decided which plan you want as your primary insurance. You will be asked to confirm your decision by signing the form provided to you.*

- If you, *or your spouse,* decide to carry your group health plan as your primary insurance, please be sure to advise the hospital or physician (when you receive medical services) that your group health plan is your primary insurance. If you are enrolled in Medicare, you should *also* give your Medicare Health Insurance Claim Number and indicate that Medicare will be the *secondary* insurance.
- If you, *or your spouse,* decide to carry Medicare as your primary insurance, they will be removed from the group insurance plan and will need to convert to a non-group Medicare supplement plan.

*Employees who are enrolled in Medicare <u>are not eligible</u> to contribute to an HSA account.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Beth Deck, Human Resources/Personnel 508-420-6950 x 1122.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains 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. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
Cape Cod Collaborative	04-2566040
5. Employer address	**6. Employer phone number**
418 Bumps River Road	508-420-6950

7. City	8. State	9. ZIP code
Osterville	MA	02655

10. Who can we contact about employee health coverage at this job?	
Beth Deck, Human Resources/Personnel	
11. Phone number (if different from above)	**12. Email address**
508-420-6950 x 1122	bdeck@capecodcollaborative.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  ☒ All employees. Eligible employees are:

  Employees who regularly work 20+ hours per week

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  Spouse and dependent children

  ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☑ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $302.40
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☑ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $302.40
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☑ Monthly ☐ Quarterly ☐ Yearly

• An employer–sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

The Cape Cod Collaborative

Section 125 Pre-Tax Premium Program

allows employees to have deductions for health, dental and group (basic) life insurance deducted from payroll pre-tax.

420 WASHINGTON STREET ♦ SUITE LL8 BRAINTREE MA 02184 ♦ (781) 848-9848

SECTION 125 PRE-TAX PREMIUM PROGRAM

MAKE THE MOST OF YOUR PAYCHECK

"It's not what you earn, It's what you keep that counts"

The Section 125 program is a tremendous opportunity for you to enhance your benefits package. Your employer knows that this is a highly beneficial program and wants you to have the opportunity to participate in a Section 125 program.

The **Premium Only Plan** is the building block of the Section 125 Plan. It allows for certain employee paid group insurance premiums (such as Health, Dental, Vision, Cancer, or Accident insurance premiums) if offered by your employer to be paid with ***pre-tax dollars***.

When you use pre-tax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck as these pre-taxed premiums are exempt from Federal, State, and Medicare & FICA Taxes. Under a Section 125 program, you can actually have more spendable income.

Your employer wants you to fully understand the advantages of your Section 125 program. Following are the most frequently asked questions about Section 125. This information will help you better understand how you can make better use of your paycheck.

What is Section 125?
Section 125 is part of the Internal Revenue Code that allows employees to convert a taxable cash benefit (salary) into non-taxable benefits. Under a Section 125 program, you may choose to pay qualified benefit premiums before any taxes are deducted from your paycheck.

Is Section 125 legal?
Yes. Even though Section 125 may sound "too good to be true", the program is legal and beneficial. The United States Congress created Code Section 125 in an effort to make benefit programs more affordable for employees. Code Section 125 was established in the Revenue Act of 1978.

What are pre-tax dollars?
Pre-tax dollars are the premiums you pay for qualified benefits under your Section 125 program. These premiums are deducted from your gross earnings – before taxes are taken out.

How can Section 125 work for me?
Your Section 125 program can make your benefits plan more affordable. You can pay for your qualified benefits with pre-tax dollars. By paying for qualified benefits before you pay taxes, you actually lower your taxable income, which means you pay less taxes. Paying less taxes usually results in more spendable income. When you take advantage of your Section 125 program, you will actually get "more for your money".

Can I enroll in a Section 125 program whenever I want to?
Your employers Section 125 plan is an annual plan. You enroll <u>initially</u> in the Section 125 plan during the eligible enrollment period or during the plan year if you experience a qualifying event or change in family status. Participation can continue each plan year unless you opt out at the open enrollment period.

What do I do to participate?
If you decide to enroll in the plan, you will simply need to sign the election form to indicate your participation and approval to have your premiums deducted on a pre-taxed basis.

Do I have to participate?
No. You are under no obligation to participate in a Section 125 program. However, you are required to sign an election form to indicate your choice.

Who is offering me this plan?
Your employer is offering this Section 125 program and has endorsed it to provide you with an enhanced employee benefits package.

Who can I call if I have a question about this plan?
Cafeteria Plan Advisors, Inc specializes in pre-tax plans and can be reached at 781-848-9848. Additional information is located on the web at: **www.cpa125.com**

The Section 125 Program is a positive step toward making your benefits package more affordable. Your employer offers this program and recommends that you take advantage of this opportunity to make the most of your paycheck.

Flexible Spending Accounts* are a means of setting aside funds for health-related expenses or dependent care.

These plans run on a calendar year, with open enrollment occurring in November for changes to take effect January 1st.

*Regulations prohibit an employee from having both a Health Savings Account and a Flexible Spending Account.

Flexible Spending Open Enrollment Period

Cape Cod Collaborative **Now through 12/1/2017**

What is Flexible Spending?

Flexible Spending Account plans are a tremendous opportunity for you to enhance your benefits package. Your employer is aware that these are highly beneficial programs and wants all of its employees to have the opportunity to participate in an IRS Section 125/Flexible Spending Account Plan administered by Cafeteria Plan Advisors, Inc.

Most employees pay for dependent care and health/dental care expenses on an after tax basis. Flex programs allow you to set aside a portion of your paycheck tax free to pay for these eligible expenses. The result is a reduction in your taxable income, which will give you an increase in your take home pay. Don't miss out on this opportunity to save an average of 30%, depending on your tax status!

Health Care/Dental Account

Employees may set aside up to **$2,650** per plan year to pay for out-of-pocket health care/dental expenses for themselves and their family members. Examples include:

- Copays for office visits and prescription drugs
- Health and Dental Deductibles
- Orthodontia and other dental expenses
- Contact Lenses, eye glasses, laser eye surgery
- Visits for Chiropractic Care or Acupuncture

If you or your spouse are 'contributing' to a Health Savings Account (HSA), you are NOT ELIGIBLE for the FSA Health Care Account.

Dependent Care Account

Employees can set aside up to **$5,000** per plan year to pay for out-of-pocket dependent care expenses for children under the age of 13 or elderly parents. This includes:

- Day Care
- Before School Care & After School Care
- Summer Day Camp
- Elder Care

Although you can claim dependent care expenses when you file your taxes, in most cases, people are able to save more money this way. Dependent Care participants must complete a Dependent Care Claim Form each new plan year for reimbursement.

PLAN YEAR

1/1/2018 – 12/31/2018

Benny Card

Health Care Account FSA participants will receive 2 debit "Benny" cards. Your spouse or IRS dependent can sign the second card. Cards arrive pre-loaded with the amount you elected, and can be used the first day of the plan year. You may use your debit card to pay for eligible expenses at the point of sale.

Do not throw your cards away when you have exhausted your election *– when you re-enroll in the following plan year, your new election value will be added to your existing card.*

75 Day Grace Period

Your employer has elected to implement a grace period at the end of the plan year. This grace period will give enrollees an additional 75 days (until 3/15/2019) to spend any money that may be left in their medical accounts at the end of the plan year.

How it Works:

- It's as simple as using the 'available funds' in your account that are loaded on to your BENNY Card, or just saving your receipts and submitting them, along with the Health Care Expense Claim Form to Cafeteria Plan Advisors.
- Participants are required to have the funds 'available' in your account. Reimbursements or the debit card will not work if an amount exceeds your current balance!
- Expenses must be incurred (not paid) within the plan year.
- Current Participants must re-enroll each new plan year to continue in the flex plan.

How to Enroll?

Current Participants – Online Enrollment using the Consumer Portal

- Visit our website to access the Consumer Portal
- Enter your Username (first initial, last name and last 4 digits of SSN# **(example: jsmith6266)**
- Enter your Password. *Please Note: If you have never accessed the Consumer Portal, you will enter your Username in this field as well, and this will gain you access for the first time. You will be prompted to then create a new password.*
- Click "Enroll Now" to begin your enrollment process.

New Enrollee's - Paper Enrollment:

- Complete the FSA Enrollment Authorization form.
- Complete the form and return it to us before your deadline. Return the form to us one of 3 ways:
    - Email the completed form to **info@cpa125.com**
    - Fax completed form directly to us at **781-848-8477**
    - Mail completed enrollment form directly to us.

Follow your account online at
www.cpa125.com

or on our app
CPA FLEX MOBILE

Dental Insurance is offered to Collaborative Employees, their spouses and eligible dependents up to age 19. Full-time students are eligible for coverage up to age 23.

Visit deltadentalma.com for detailed benefit information

Coverage Summary for Cape Cod Municipal Group

Deductible: $50 per individual / $100 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: $1,000 per person.

Category / Procedure	**Qualifications**	**Co-insurance** In Network	**Co-insurance** Out of Network*
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months.		
Periodic Oral Exam	Twice per calendar year.		
Full Mouth X- rays	Once every 60 months.		
Bitewing X-rays	Twice per calendar year.		
Single Tooth X-rays	As needed.		
Preventive		100%	100%
Teeth Cleaning	Twice per calendar year.		
Fluoride Treatments	Twice per calendar year for members under age 19.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay.		
Chlorhexidine Mouthrinse	This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing.		
Fluoride Toothpaste	This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.		
Restorative		80%	80%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.		
White Fillings (Back Teeth)	Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge.		
Temporary Fillings	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth.		
Oral Surgery		80%	80%
Simple Extractions	Once per tooth.		
Surgical Extractions	Once per tooth.		
Periodontics		80%	80%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.		
Scaling and Root Planing	Once in 24 months, per quadrant.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
Endodontics		80%	80%
Root Canal Treatment	Once per tooth.		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		80%	80%
Bridge or Denture Repair	Once within 12 months, same repair.		
Rebase or Reline of Dentures	Once within 36 months.		
Recement of Crowns & Onlays	Once per tooth.		
Emergency Dental Care		80%	80%
Minor treatment for Pain Relief	Three occurrences in 12 months.		
General Anesthesia	General Anesthesia and IV sedation are allowed with covered surgical impacted wisdom teeth only.		
Prosthodontics		50%	50%
Dentures	Once within 60 months.		
Fixed Bridges and Crowns	When part of a bridge. Once within 60 months.		
Implants (only in lieu of a 3-unit bridge)	An Endosteal Implant: Only when it is to replace one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimates recommended).		
Major Restorative		50%	50%
Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.		

Orthodontics: Covered at 50% of Maximum Plan Allowance charges to any age. $1,000 separate LIFETIME maximum.

Dependent Eligibility: Eligible dependents up to age 19 and full time-students to age 23.

Additional Benefit Information

Deductible waived for periodontal cleanings.
This plan is eligible for Rollover Max. See the benefit guide for details.
Deductible met in fourth quarter are carried over

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental Premier with National Coverage

DELTA DENTAL®

Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental Premier *with National Coverage* subscriber, you have access to Delta Dental's extensive national network — Delta Dental Premier is the largest dental network in the country with more than 314,000 dentist locations. Three out of four dentists nationwide participate in this network.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

To find a dentist, simply visit **www.deltadentalma.com** (click on the *Find a Dentist link* and select *Delta Dental Premier*) or call Delta Dental customer service at 1-800-872-0500.

Learn more at deltadentalma.com

You can find more information about your benefits plan in the Delta Dental Member Guide, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life. Visit www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

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SP564 (9/14) 50M

Rollover Max is easy and automatic.

- To qualify for *Rollover Max*, you must receive at least one cleaning or one oral exam in the plan year. If you don't receive a cleaning or exam, you won't be eligible to roll over any of your benefit dollars to the following year.
- In addition, your paid claims must not exceed the maximum "threshold" amount of your current annual plan maximum (*see chart inside brochure*).
- Once you qualify, a portion of your unused annual maximum benefit dollars will roll over for use in your next plan year and beyond. This amount varies based on your annual maximum benefit payment (*see chart inside brochure*).
- Annual maximum dollars are used first. *Rollover Max* dollars are used after the annual maximum is met.

Rollover Max rules and details:

- If you disenroll from your plan (for example, if you marry and enroll under your spouse's plan), you will lose your current rollover balance/amount.
- *Rollover Max* does not apply to lifetime maximums that may exist (such as orthodontics). Your benefits administrator can tell you if your plan includes any lifetime maximums.
- If your dental plan does not cover major restorative services, you are not eligible for *Rollover Max*.
- Eligibility for *Rollover Max* accrual is based on your benefit year.*
- If you enroll after the beginning of the fourth quarter of the benefit period, you will not be eligible to begin rollover accrual until the beginning of your group's next benefit period.
- Claims not received by the last day of the calendar year may affect any *Rollover Max* dollars deposited in January of the following year. If claims for services covered in the prior year are received after the date the maximum is calculated, the calculation will be adjusted accordingly.

**Rollover Max amounts for groups with plan years (for example, July to June rather than the calendar year) will be calculated during that plan year (July to June).*

DELTA DENTAL®

Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129-1454
www.deltadentalma.com | 1-800-872-0500

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SP518 (5/11) 30M

DELTA DENTAL®

Rollover Max

A Delta Dental benefit feature that lets you roll over part of your unused spending in one year to increase your benefits for the following year, and beyond.

With *Rollover Max* from Delta Dental, you won't lose what you don't use.

Thanks to *Rollover Max* from Delta Dental, there's good news if you don't hit your maximum dental benefit limit during the year.

This valuable benefit feature allows you to roll over a portion of your unused spending to increase your maximum benefit limit next year, and beyond. So, you can save and accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future—such as bridges, crowns, and root canals.

How to check your *Rollover Max* balance online at www.deltadentalma.com:

- Log on with your User ID and password. If this is your first visit, you'll be asked to register.
- Once logged in, click on *Claims Status – Deductibles and Maximums.*
- The rollover amount for each member will be listed under *Rollover Maximum Available.*
- This is the amount available once your plan's annual maximum has been satisfied.

Rollover Max increases your dental benefit value.

You get more flexibility in planning and paying for your dental care, as well as the peace of mind knowing you have more benefits—if you need them, when you need them. Best of all, *Rollover Max* comes as part of your Delta Dental coverage. There's no additional fee.

How *Rollover Max* works.

The chart below shows how *Rollover Max* is calculated based on various annual maximum benefit levels. Annual maximum amounts vary by plan, so check with your company's benefits administrator to find out what your plan's annual maximum benefit amount is.

Your plan's annual maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
$500 – $700	$200	$150	$500
$750 – $950	$300	$200	$500
$1,000 – $1,200	$500	$350	$1,000
$1,250 – $1,450	$600	$450	$1,250
$1,500 – $1,950	$700	$500	$1,250
$2,000 – $2,450	$800	$600	$1,500
$2,500 – $2,950	$900	$700	$1,500
$3,000 or more	$1,000	$750	$1,500

The chart below is a four-year example of how *Rollover Max* is applied based on a member's annual maximum amount of $1,000.

	Year One	Year Two	Year Three	Year Four
Your annual maximum amount	$1,000	$1,000	$1,000	$1,000
Rollover amount from previous year	N/A	$350	$350	$150
Benefit dollars available	$1,000	$1,350	$1,350	$1,150
Your total claims paid*	$400 (less than $500)	$800 (over $500)	$1,200** (over $500)	$300 (less than $500)
Cleaning or oral exam during year	Yes	Yes	Yes	Yes
Rollover amount	$350	$0	$0	$350
Accumulated *Rollover Max* total	$350	$350	$150	$500

The benefit dollars available to this member in Year Five would be $1,500.

**In this example, "Your total claims paid" cannot exceed the "threshold" amount (of $500) based on the annual maximum amount of $1,000. In order to qualify for* Rollover Max*, your total claims paid must not exceed the designated "threshold" amount for your plan's annual maximum amount. Reference the second column of the top chart for your plan's "threshold" amount.*

***In Year Three, the $1,000 annual maximum was exceeded, but the member had enough* Rollover Max *dollars accumulated ($350) to cover the additional $200 cost.*

Eligible employees may elect to set aside funds for retirement by establishing a 403(b) account.

A list of Authorized Investment Providers can be found here:
https://www.tsacg.com/individual/plan-sponsor/massachusetts/cape-cod-collaborative/

Employers

Select your state from the list below.

01

Massachusetts

02

Cape Cod Collaborative

Cape Cod Collaborative

Authorized Investment Providers

For specific investment provider information, please click on the investment provider name of your choice to visit the company's website.

403(b)

AXA Equitable Life Insurance Company	(800) 628-6673
Fidelity Investments - Plan Number: 95454	(800) 343-0860
Global Atlantic (issued by Commonwealth)	(508) 460-2400
Lincoln Investment Planning, LLC	(800) 242-1421
New York Life Insurance & Annuity Corp.	(800) 598-2019
Oppenheimer Funds	(888) 470-0862

Forms

For employer specific forms and information, please click on the corresponding PDF listed below.

403(b) Salary Reduction Agreement (https://tsav8.blob.core.windows.net/cmsroot/tsa/media/tsa/employer-vendor-forms/massachusetts/cape-cod-collaborative/403(b)-Salary-Reduction-Agreement.pdf?ext=.pdf)

Meaningful Notice (https://tsav8.blob.core.windows.net/cmsroot/tsa/media/tsa/employer-vendor-forms/massachusetts/cape-cod-collaborative/Meaningful-Notice.pdf?ext=.pdf)

Employer Point Of Contact

Cape Cod Collaborative

(mailto:)

(mailto:)

418 Bumps River Rd
Osterville, MA 02655

http://www.capecodcollaborative.org/ (http://www.capecodcollaborative.org/)

Helpful Links

Employers (/individual/plan-sponsor/)

Plan Transactions (/individual/plan-transactions/)

Educational Videos (/individual/educational-videos/)

MAC Calculator (/individual/mac-calculator/)

Contribution Guidelines (/individual/contribution-guidelines/)

Retirement Research (/individual/retirement-research/)

Retirement System Links (/individual/retirement-system-links/)

What Is ART? (/individual/what-is-art-(1)/)

ART Assistance (/individual/what-is-art/)

ART Login (/individual/art-help/)

Most Popular Forms

Click on the appropriate link below to download PDF.

Transaction Information Form (/TSA/media/TSA/content-files/forms/Transaction_Information_Form.pdf?ext=.pdf)

403(b) Hardship Disclosure Form (/TSA/media/TSA/content-

2018

Plan Summary Information

Cape Cod Collaborative, MA

403(b) Plan

The 403(b) Plan is a valuable retirement savings option available through Cape Cod Collaborative, MA. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) Plan.

Plan administration services for the 403(b) plan are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website (tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, enrollment, exchanges or transfers, 403(b) loans, and rollovers.

Eligibility

All employees, with the exception of private contractors, appointed/elected trustees and/or school board members and student workers, are eligible to participate in the 403(b) plan immediately upon employment. Employees may make voluntary elective deferrals to the 403(b) plan. Participants are fully vested in their contributions and earnings at all times.

Employee Contributions

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) account up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Salary deferral contributions to the participant's 403(b) account are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

The Basic Contribution Limit for 2018 is $18,500.

Additional provision allowed if selected by the employer:

Age-Based Additional Amount

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to $6,000.

Enrollment

Employees who wish to enroll in the employer's Supplemental 403(b) Retirement Plan must first select the provider and investment product best suited for their 403(b) account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and any disclosure forms must be completed and submitted to the employer. This form authorizes the employer to withhold 403(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA must be completed to start, stop or modify contributions to a 403(b) account. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available on the Internet at www.tsacg.com.

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Investment Provider Information
A current list of authorized 403(b) Investment Providers and current employer forms are available on the employer's specific Web page at www.tsacg.com.

Plan Distribution Transactions
Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

403(b) Plan Loans
Participants may be eligible to borrow their 403(b) plan accumulations depending on the provisions of their 403(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

Plan-to-Plan Transfers
A plan-to-plan transfer is defined as the movement of a 403(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

Rollovers
Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

Distributions
Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. In most cases, any withdrawals made from a 403(b) account are taxable in full as ordinary income.

Exchanges
Participants may exchange account accumulations from one 403(b) investment provider to another 403(b) investment provider that is authorized under the plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange.

Hardship Withdrawals
Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. According to IRS Safe Harbor regulations, to be eligible for a hardship withdrawal, a participant must have exhausted all other available financial resources. The eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at www.tsacg.com. After receiving a hardship withdrawal, the participant may not make voluntary contributions to any employer sponsored retirement plan for a period of six months.

Employee Information Statement
Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

Plan Administrator Contact Information

TSA CONSULTING GROUP
website:
www.tsacg.com

Transactions
P.O. Box 4037
Ft. Walton Beach, FL 32549
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645

For overnight deliveries
73 Eglin Parkway NE, Suite 302
Ft. Walton Beach, FL 32548
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645

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Eligible employees may elect to set aside funds for retirement by enrolling in the Cape Cod Collaborative 457b Deferred Compensation Plan

https://www.empower-retirement.com/

Top 5 reasons why you should enroll

Cape Cod Collaborative, 457b Deferred Compensation Plan

5. An established provider

At Empower Retirement, we're helping more than 8 million people save for retirement. Administering over $400 billion in plan assets, we're the second largest retirement services company in the United States.[1] We define success as helping people like you work toward replacing — for life — the income they earned while working.

4. Powerful retirement planning tools

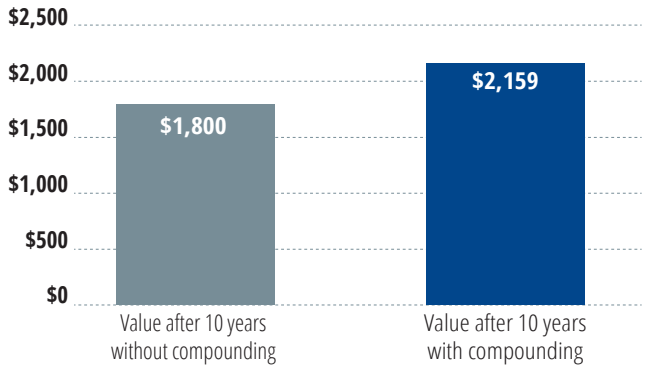
We have a whole new way of looking at your retirement savings, each time you log in to your plan website you will see your savings has been translated into an estimated monthly retirement income and how well your current savings and investing activity is preparing you for retirement.

3. Tax-deferred investing

When you contribute to your employer-sponsored retirement plan, you can take advantage of tax-deferred investing. Taxes are deferred on contributions to your plan and any potential earnings on those contributions until retirement.

2. Compounding

Compounding is the ability to generate earnings on any earnings as well as your contributions and may help your savings grow even faster. Compounding works like this. If you have $1,000 to invest and it earns 8% interest, at the end of the first year, you will have $1,080. For the second year, you will earn interest on $1,080, not just $1,000. By the end of 10 years, your $1,000 would have grown to $2,159 because of compounding. Without it, your $1,000 would amount to $1,800 at the end of year 10.



FOR ILLUSTRATIVE PURPOSES ONLY.

1. It's easy!

Contributions are deducted automatically from your paycheck and invested in your retirement savings plan account. You don't have to remember to send a check every month or transfer your money from one account to another. Enrolling in your plan offers an easy way to start saving for all your retirement dreams.

For more information, call Jan Richardson @508-723-2504 or visit: www.empower-retirement.com

1 Information based on total number of participant accounts for all retirement businesses of Great-West Life & Annuity Insurance Company and its subsidiaries on the Empower Retirement recordkeeping system. (Source: PLANSPONSOR, June 2016.) As of September 30, 2016. Information refers to the entire retirement business of Great-West Life & Annuity Insurance Company and its subsidiaries, including Great-West Life & Annuity Insurance Company of New York (GWL&A of NY). Of the total $469.5B, $9.6B represents AUA of GWL&A of NY. AUA does not reflect the financial stability or strength of a company. As of September 30, 2016, Great-West Life & Annuity Insurance Company's assets total $62B and liabilities of $59B. As of the same date, GWL&A of NY's assets total $2.0B and liabilities of $1.9B. Total participant accounts on this recordkeeping system, as of Sep. 30, 2016, are 8,031,602.

Representatives of Empower Retirement do not offer or provide investment, fiduciary, financial, legal or tax advice or act in a fiduciary capacity for any client unless explicitly described in writing. Please consult with your investment advisor, attorney and/or tax advisor as needed.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

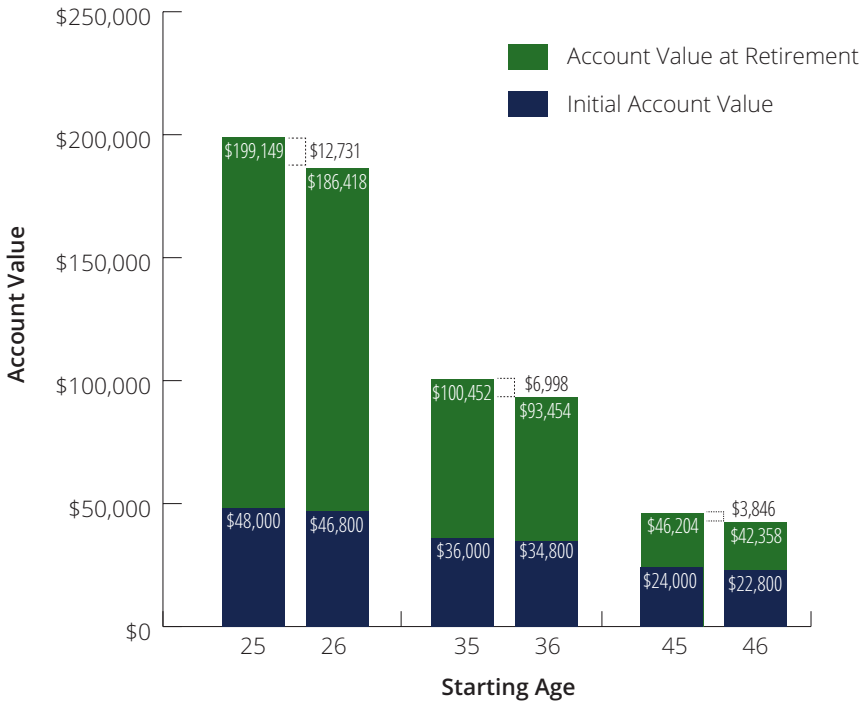
Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks and design elements used are owned by their respective owners and are used by permission.©2016 Great-West Life & Annuity Insurance Company. All rights reserved. Form# F3033 AM# 129048-0317

Unless otherwise noted: Not a Deposit | Not FDIC Insured | Not Bank Guaranteed | Funds May Lose Value | Not Insured by Any Federal Government Agency

Start contributing today!
One year can make a difference

Cape Cod Collaborative, 457b Deferred Compensation Plan

Waiting just one year to start saving and investing in your plan could cost you more than you might think. The sooner you start to save and invest, the sooner your money can start working for you. Your journey to retirement savings can start today!



FOR ILLUSTRATIVE PURPOSES ONLY. This hypothetical illustration is not intended as a projection or prediction of future investment results or as financial planning or investment advice. It is intended to show how the number of years invested in the plan could affect participant account values. It assumes monthly contributions of $100, an annual 6% hypothetical rate of return, reinvestment of earnings, retirement at age 65 and no withdrawals. The illustration does not reflect any charges, expenses or fees that may be associated with your plan. The tax-deferred accumulation shown at left would be reduced if these fees were deducted. Rates of return may vary.

For more information, call Jan Richardson @508-723-2504 or visit: www.empower-retirement.com

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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Unless otherwise noted: Not a Deposit | Not FDIC Insured | Not Bank Guaranteed | Funds May Lose Value | Not Insured by Any Federal Government Agency

Boston Mutual Life Insurance Company offers

Group (Basic) Life Insurance

Voluntary Life Insurance

Voluntary Long Term Disability Insurance

The Cape Cod Collaborative contributes 55% of the cost of the Group Life Policy. Voluntary Insurance premiums are paid by the employee.

BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891-

FAMILY MATTERS. NO MATTER WHAT.®

Basic Life and Accidental Death & Dismemberment (AD&D) Benefit Summary

Designed for the Employees of

Cape Cod Collaborative

ELIGIBILITY & BENEFIT FEATURES

Class 1: Full Time Active Employees except Drivers & Monitors

Basic Life and AD&D: $10,000

COST OF COVERAGE

The premium for your coverage is paid by you and your employer.

GUARANTEED ISSUE

No medical questions are required for amounts up to **$10,000** for first time applicants in their initial eligibility period.

REDUCTIONS IN BENEFITS

Employee coverage reduces upon the attainment of age **65** and periodically thereafter in accordance with the following schedule:

to 65 % of the original benefit at age 65

to 50 % of the original benefit at age 70

* *All insurance benefits shall terminate upon the employee's termination of employment or retirement.*

ADDITIONAL FEATURES

Accelerated Death Benefit: This provision enables an employee diagnosed and certified by a Doctor with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary. To be eligible, the employee must have at least $10,000 in basic life coverage.

Accidental Death & Dismemberment: Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions. An additional death benefit is paid if death is the result of a covered accident.

Portability: If you leave your employer prior to age **60** , the coverage is portable for you, your spouse under age **60** and all eligible dependent children. You may elect to exercise this option in accordance with the provisions as defined by the policy. The coverage would not include Waiver of Premium or AD&D.

Conversion: Employees have 31 days from the date of termination to convert their basic life insurance to an individual permanent life insurance policy without evidence of insurability. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion. Coverage will not include Waiver of Premium or AD&D.

EXCLUSIONS

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: self-inflicted injuries; suicide or attempted suicide; riot or war; diseases; ptomaine or bacterial infection; drug and/or alcohol abuse; commission of an assault or felony by an employee; accident while serving on active duty; travel or flight in any aircraft or device which can fly above the earth's surface *(does not apply to commercial flights);* or injury which occurred before the employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.

This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891-

FAMILY MATTERS. NO MATTER WHAT.®

Basic Life and Accidental Death & Dismemberment (AD&D) Benefit Summary

Designed for the Employees of

Cape Cod Collaborative

ELIGIBILITY & BENEFIT FEATURES

Class 1: All Full Time Active Drivers & Monitors

Basic Life and AD&D: $10,000

COST OF COVERAGE

The premium for your coverage is paid by you and your employer.

GUARANTEED ISSUE

No medical questions are required for amounts up to **$10,000** for first time applicants in their initial eligibility period.

REDUCTIONS IN BENEFITS

Employee coverage reduces upon the attainment of age **65** and periodically thereafter in accordance with the following schedule:

to 65 % of the original benefit at age 65

to 50 % of the original benefit at age 70

* *All insurance benefits shall terminate upon the employee's termination of employment or retirement.*

ADDITIONAL FEATURES

Accelerated Death Benefit: This provision enables an employee diagnosed and certified by a Doctor with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary. To be eligible, the employee must have at least $10,000 in basic life coverage.

Accidental Death & Dismemberment: Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions. An additional death benefit is paid if death is the result of a covered accident.

Portability: If you leave your employer prior to age **60** , the coverage is portable for you, your spouse under age **60** and all eligible dependent children. You may elect to exercise this option in accordance with the provisions as defined by the policy. The coverage would not include Waiver of Premium or AD&D.

Conversion: Employees have 31 days from the date of termination to convert their basic life insurance to an individual permanent life insurance policy without evidence of insurability. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion. Coverage will not include Waiver of Premium or AD&D.

EXCLUSIONS

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: self-inflicted injuries; suicide or attempted suicide; riot or war; diseases; ptomaine or bacterial infection; drug and/or alcohol abuse; commission of an assault or felony by an employee; accident while serving on active duty; travel or flight in any aircraft or device which can fly above the earth's surface *(does not apply to commercial flights);* or injury which occurred before the employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.

This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

Group Life and Accidental Death & Dismemberment Benefit Summary for Eligible Employees of Cape Cod Collaborative

The following information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Eligibility

All Active Full-Time Employees working 20 hours or more per week are eligible for coverage. *If you are not actively at work on the effective date then insurance will not become effective until you return to active employment.*

Life and AD&D Benefit

- **Flat $10,000.**
- Life and AD&D are reduced by 35% of the original benefit at age 65. The benefits are reduced by an additional 15% of the original benefit at age 70.
- Life and AD&D terminates at retirement.

Portability

If you leave your employment prior to age 60, the coverage is "portable" for yourself, your spouse under age 60 and all eligible dependent children if you elect within 31 days. The coverage would not include Waiver of Premium or AD&D. The ported coverage terminates at age 70.

Conversion

Employees have 31 days from the date of termination to convert their Group Life Insurance to an individual whole life policy without evidence of insurability. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion. Coverage will not include Waiver of Premium or AD&D.

Accelerated Death Benefit

This provision enables an employee diagnosed with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary.

Education Benefit

We will pay a percentage of an employee's life insurance benefit to a maximum of $2,500 per year, for up to four years of education, to each qualifying dependent if the employee's death is the result of an accident while covered under AD&D.

Seat Belt Benefit

We will pay an additional 50% of the AD&D benefit, not to exceed $10,000, in the event of an insured's death as a result of an automobile accident while wearing a properly secured seat belt.

Repatriation of Remains Benefit

If an employee dies as a result of an Accident while insured for AD&D and the death occurs outside a 100 mile radius from his or her primary residence, we will pay for Covered Expenses reasonably incurred to return his or her body to their primary residence up to $5,000.

Bereavement Counseling

Our Counseling partner, Health Management Systems of America a nationally recognized leader in the field of Mental and Behavioral Health Care Services, provides this service to all beneficiaries who experience the loss of a loved one.

Exclusions

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: self-inflicted injuries, suicide or attempted suicide, riot or war, diseases, ptomaine or bacterial infection, drug and/or alcohol abuse, commission of an assault or felony by an employee, accident while serving on active duty, travel or flight in any aircraft or device which can fly above the earth's surface (does not apply to commercial flights) or injury which occurred before the Employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.

Cost of Coverage

Your, the employer, pay 55% of the cost of this Group Life and AD&D coverage. Life and AD&D Rate: $0.17 per $1,000.

Cost Example:

1. $10,000 / $1,000 = $10
2. $10 x $0.17 = $1.70 per month
3. 45% Employee Paid = $1.70 / 2 = $.77 per month
4. Weekly Cost = $.77 x 12 months / 52 weeks = $.18 per week

BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891-

FAMILY MATTERS. NO MATTER WHAT.®

Voluntary Term Life and Accidental Death & Dismemberment Benefit Summary (Attained Age Pricing)

Designed for the Employees of

Cape Cod Collaborative

ELIGIBILITY & BENEFIT FEATURES

All eligible active employees working **20** or more hours per week, their spouse under age 70, unmarried children ages 14 days to 19 years *(25 if a full time student),* and handicapped children over the age of 19 are eligible for coverage.

Dependent coverage is available only if the employee elects coverage. Dependents may not be insured if they are confined to a medical facility. If the employee is not actively at work on the effective date of coverage, the insurance will become effective on the date of the employee's return to active employment.

Employee coverage maximum of **$500,000** , sold in increments of **$10,000** . Coverage cannot exceed **5** times base annual salary.

Spouse coverage maximum of **$100,000** , sold in increments of **$5,000** . Coverage cannot exceed **50** % of employee coverage amount elected.

Child coverage: Age 14 days to 1 year: **$1,000**

Age 1 to 19 years: **$10,000** *(age 25 for full-time students)*

A spouse or child who is also an employee cannot be insured as a dependent. If both spouses are insured as employees of the same group, their children can be insured as dependents of one spouse only.

COST OF COVERAGE

The premium for your coverage is paid by you.

Attained Age means premium rates for employees are based on the employee's age at the time of enrollment and change as the employee reaches the next age band. Premium rates for spouses are based on the spouse's age at the time of enrollment and change as the spouse reaches the next age band. After the initial rate guarantee period, the group is subject to an annual review and possible rate changes.

GUARANTEED ISSUE

No medical underwriting will be required unless you apply for coverage over the Guaranteed Issue amount, apply beyond the initial 31 day eligibility period, or have been previously declined coverage by Boston Mutual.

Guaranteed Issue Amounts

AGE	EMPLOYEE	SPOUSE
Under Age 60	$100,000	$30,000
Ages 60 - 69	$50,000	$20,000
Ages 70 & Over	$10,000	N/A

All life insurance coverage for dependent children is guaranteed issue if applied for during the initial 31 day eligibility period.

REDUCTIONS IN BENEFITS

Employee coverage reduces upon the attainment of age **70** and periodically thereafter in accordance with the following schedule:

to 65 % of the original benefit at age 70

to 50 % of the original benefit at age 75

to 35 % of the original benefit at age 80

to 25% of the original benefit at age 85

to 20% of the original benefit at age 90

to 15% of the original benefit at age 95

Spouse insurance terminates upon the attainment of age **70** *. Dependent children coverage terminates upon notice that all dependent children are no longer eligible. All insurance benefits shall terminate upon the employee's retirement.*

see other side

ADDITIONAL FEATURES

Accidental Death & Dismemberment: The Voluntary Life Insurance benefit is doubled if death is the result of a covered accident. Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions.

Portability: If you leave your employer prior to age **60** , the coverage is portable for you, your spouse under age **60** and all eligible dependent children. You may elect to exercise this option in accordance with the provisions as defined by the policy. The coverage would not include Waiver of Premium or Group Voluntary AD&D.

Conversion: Employees have 31 days from the date of termination to convert the voluntary life insurance to an individual permanent life insurance policy without evidence of insurability. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion. Coverage will not include Waiver of Premium or Voluntary AD&D.

Waiver of Premium: If you become totally disabled prior to age 60 and remain totally disabled for the period stated in the policy, Boston Mutual will continue your insurance without any further payment of premiums subject to the provisions of the contract.

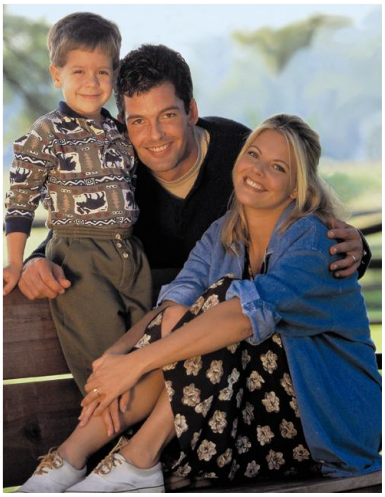
Accelerated Death Benefit: This provision enables an employee diagnosed and certified by a Doctor with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary. To be eligible, the employee must have purchased at least $10,000 in voluntary life coverage.

Also Included: Education Benefit, Seat Belt Benefit, and Repatriation of Remains Benefit.

EXCLUSIONS

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: intentionally self-inflicted injuries; suicide or attempted suicide; riot or war; diseases; ptomaine or bacterial infection; drug and/or alcohol abuse; commission of an assault or felony by an employee; accident while serving on active duty; travel or flight in any aircraft or device which can fly above the earth's surface *(does not apply to commercial flights);* or injury which occurred before the employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefits administrator.

This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.



Voluntary Life and Accidental Death & Dismemberment

Added Protection for You and Your Family…

Everyone has the need for financial security, but the needs of each employee can vary. To help meet these needs, ***Boston Mutual Life Insurance Company*** *and* ***Cape Cod Collaborative*** *is proud to offer a Group Term Voluntary Life and Accidental Death & Dismemberment program for you and your family.*

Eligibility:

You, as an active full-time employee, your spouse under age 70, your unmarried children ages 14 days to 19 years (to age 25 if a full-time student), and handicapped children over the age of 19 are eligible for coverage. *Dependents may not be insured if they are confined in a medical facility. Dependent coverage is available only if you, the employee, also elects coverage.*

Available Insurance:

You have the flexibility to choose coverage in units of **$10,000** to a maximum of **$500,000.** However, the maximum coverage amount may not exceed five times your annual salary.

Family Coverage:

You may insure your spouse in units of **$5,000** to a maximum of **$100,000**, not to exceed **50%** of your coverage amount.

Dependent children age 1-19 years (up to 25 if full-time student) are eligible for **$10,000.**

Dependent children 14 days to 1 year are eligible for **$1,000**.

A spouse or child who is an employee cannot be insured as a dependent. If both spouses are insured employees of the same group, their children can only be insured as dependents of one spouse.

Medical Questions:

If you and your dependents enroll within 31 days of becoming eligible, you and your spouse may purchase a specific amount of insurance on a guaranteed basis. **No medical questions asked for coverage at or under the Guaranteed Issue Amount.**

Guaranteed Issue Amounts:

Age	Employee	Spouse
Under 60	$100,000	$30,000
60-69	$50,000	$20,000
*70 and Over	$10,000	- Not Eligible -

*** Employee's insurance reduction schedule applies (Refer to the section: "Are there Reductions?").**

Guaranteed Issue coverage will become effective for eligible enrollees on the later of, the effective date of the group policy or the date the application is approved by Boston Mutual. Proof of good health satisfactory to Boston Mutual is required for amounts above the Guaranteed Issue Amounts or beyond the 31 day eligibility period.

Premium Cost:

Sample **Weekly** payroll deductions for you and your spouse are shown below:

Weekly Premium Rate Costs for Life and AD&D Per Volume of Insurance

Age	Monthly Premium Rate per $1,000	10,000	30,000	50,000	80,000	100,000
under 34	**0.08**	0.18	0.55	0.92	1.48	1.85
35-39	**0.11**	0.25	0.76	1.27	2.03	2.54
40-44	**0.16**	0.37	1.11	1.85	2.95	3.69
45-49	**0.26**	0.60	1.80	3.00	4.80	6.00
50-54	**0.41**	0.95	2.84	4.73	7.57	9.46
55-59	**0.68**	1.57	4.71	7.85	12.55	15.69
60-64	**1.00**	2.31	6.92	11.54	18.46	23.08
65-69	**1.64**	3.78	11.35	18.92	30.28	37.85
70-74	**2.91**	6.72	20.15	33.58	53.72	67.15
75-79	**4.91**	11.33	33.99	56.65	90.65	113.31
80-84	**4.91**	11.33	33.99	56.65	90.65	113.31

Premium rates are based on age and change as each individual moves to a higher age bracket. Premium rates for members age 85 and over are available. Please contact your Benefits Administrator for details.

Dependent Cost:

The total monthly premium cost to insure all eligible dependent children for Life Insurance is only **$1.80 per Family Unit**. *All life coverage for dependent children is Guaranteed Issue*.

Portability Privilege:

If you leave your employment prior to age 60, the coverage is "portable" for yourself, your spouse under age 60 and all eligible dependent children if elected within 31 days. The coverage would not include Waiver of Premium or Accidental Death and Dismemberment.

Conversion Privilege:

Yes, you may convert your Voluntary Life coverage for yourself, spouse, and children to a whole life policy without proof of good health, if you apply within 31 days of the date coverage terminated, and it did not terminate due to non-payment of premium. The premiums are based on Boston Mutual's usual rate for the insured's age on the date of conversion.

Accelerated Death and Dismemberment Benefit:
The Accelerated Death Benefit provision enables an employee diagnosed with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary.

What Happens if I Become Totally Disabled?
If you become totally disabled prior to age 60 and remain totally disabled for the period stated in the policy, Boston Mutual will continue your insurance without any further payment of premiums.

What is AD&D?
It doubles the Life Insurance benefit if death is due to an accident. Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions. AD&D is only available for employees and their spouses.

The Education Benefit:
We will pay a percentage of an employee's life insurance benefit to a maximum of $2,500 per year, for up to four years of education, to each qualifying dependent if the employee's death is the result of an accident while covered under Group Voluntary AD&D. (*Not available in all states)*

The Seat Belt Benefit:
We will pay an additional 50% of the AD&D benefit, not to exceed $10,000, in the event of an insured's death because of an automobile accident while wearing a properly secured seat belt.

Are There Reductions?
Yes, they are stated in the master policy and your certificate.

- Employee's Life insurance reduces upon the attainment of age 70 and periodically thereafter in accordance with the following schedule:
    - To 65% of the original benefit at age 70;
    - To 50% of the original benefit at age 75;
    - To 35% of the original benefit at age 80;
    - To 25% of the original benefit at age 85;
    - To 20% of the original benefit at age 90;
    - To 15% of the original benefit at age 95
- Spouse's insurance terminates upon the attainment of age 70.
- Dependent Children terminate upon notice to Boston Mutual that all dependents children are no longer eligible.
- ***All insurance benefits shall terminate upon.***

Are There Exclusions?
Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: self-inflicted injuries; suicide or attempted suicide; riot or war; diseases; ptomaine or bacterial infection; drug and/or alcohol abuse; commission of an assault or felony by an employee; accident while serving on active duty; travel or flight in any aircraft or device which can fly above the earth's surface (does not apply to commercial flights); or injury which occurred before the Employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.

Repatriation of Remains Benefit:
If an employee dies as a result of an accident while insured for AD&D and the death occurs outside a 100 mile radius from his or her primary residence, we will pay for covered expenses reasonably incurred to return his or her body to their primary residence up to $5,000 (*not available in all states*).

Bereavement Counseling:
Our Counseling partner, Health Management Systems of America- a nationally recognized leader in the field of Mental and Behavioral Health Care Services, provides this service to all beneficiaries who experience the loss of a loved one. HMSA offers access to a toll-free counseling service supported by professional counselors experienced with the human emotions associated with the death of a loved one.

How Do I Apply?
Complete the enrollment form. When you sign it, you are giving your employer authorization to deduct the premiums from your pay. We will process your application quickly. Coverage in excess of the Guaranteed Issue amount will become effective on the date Boston Mutual approves your application.

The following information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Our Pledge To You…

For over 118 years, Boston Mutual has been a recognized leader in providing affordable coverage to working people. We are committed to the promises we have made to you, our customers.

120 ROYALL STREET • CANTON, MA 02021 • Telephone 800.669.2668 • Fax 781.770.0497 • WWW.BOSTONMUTUAL.COM

BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891-

FAMILY MATTERS. NO MATTER WHAT.®

Group Long Term Disability Benefit Summary

Designed for the Employees of

Cape Cod Collaborative

ELIGIBILITY & BENEFIT FEATURES

Class 1: Full Time Active Employees except Drivers & Monitors

Coverage: 24 Hour

Elimination Period: 90 days

Approved benefits will be paid at the end of the Elimination Period or **after the date STD payments end.** *(whichever is greater)*

Your disability must continue through the elimination period before payments begin.

Maximum Payment Duration: Reducing Benefit Duration

Consult your benefits administrator or certificate of coverage for complete details of your benefit duration.

Maximum Monthly Benefit: 50 % of your Basic Monthly Earnings to a maximum of **$5,000** with a **minimum monthly benefit of $100 or 10% (whichever is greater).**

COST OF COVERAGE

The premium for your coverage: is paid by you

ADDITIONAL FEATURES

Cost of Living Freeze: If you receive cost of living increases in any income from other sources, your benefit payment will not be further reduced.

Waiver of Premium: While you are disabled and receiving benefits, you will not be required to pay the monthly premium for your plan.

Survivor Benefit: If an insured dies after having been disabled for a minimum of 90 consecutive days and was receiving payments under the plan, the eligible survivor will be paid a one-time lump sum benefit. If there is no eligible survivor, payment will be made to the insured's estate. If there is no estate, no payment will be made.

Primary and Family Social Security Integration: The LTD benefit will be reduced by primary and family social security benefits and all other income benefits related to the disability such as Worker's Compensation.

Offsets at Time of Claim: Benefits may be reduced by payment under Worker's Compensation law, occupational disease law, or similar law, group insurance, SSA, state or Federal Disability, pension, salary or wage continuance plans and Federal old age benefits.

see other side

LIMITATIONS

Pre-existing Condition Limitation: This means that any disability caused by sickness or injury for which you have received treatment in the **12** months prior to your effective date of coverage will not be covered unless the disability began more than **12** months after your effective date of coverage.

We will pay benefits for up to 24 months if your disability is due to:

Mental Illness or Substance Abuse as defined in the master policy

Own Occupation Period: 2 Years

Payment will continue for the period specified above, if due to the same sickness or injury, you are unable to perform the material and substantial duties of your regular occupation.

EXCLUSIONS

- We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law.
- No benefits are payable while incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.
- This coverage is not portable. If your employment is terminated, all coverage is terminated.

This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891-

FAMILY MATTERS. NO MATTER WHAT.®

Group Long Term Disability Benefit Summary

Designed for the Employees of

Cape Cod Collaborative

ELIGIBILITY & BENEFIT FEATURES

Class 1: All Full Time Active Drivers & Monitors

Coverage: 24 Hour

Elimination Period: 90 days

Approved benefits will be paid at the end of the Elimination Period or **after the date STD payments end.** *(whichever is greater)*

Your disability must continue through the elimination period before payments begin.

Maximum Payment Duration: Reducing Benefit Duration

Consult your benefits administrator or certificate of coverage for complete details of your benefit duration.

Maximum Monthly Benefit: 50 % of your Basic Monthly Earnings to a maximum of **$5,000** with a **minimum monthly benefit of $100 or 10% (whichever is greater).**

COST OF COVERAGE

The premium for your coverage: is paid by you

ADDITIONAL FEATURES

Cost of Living Freeze: If you receive cost of living increases in any income from other sources, your benefit payment will not be further reduced.

Waiver of Premium: While you are disabled and receiving benefits, you will not be required to pay the monthly premium for your plan.

Survivor Benefit: If an insured dies after having been disabled for a minimum of 90 consecutive days and was receiving payments under the plan, the eligible survivor will be paid a one-time lump sum benefit. If there is no eligible survivor, payment will be made to the insured's estate. If there is no estate, no payment will be made.

Primary and Family Social Security Integration: The LTD benefit will be reduced by primary and family social security benefits and all other income benefits related to the disability such as Worker's Compensation.

Offsets at Time of Claim: Benefits may be reduced by payment under Worker's Compensation law, occupational disease law, or similar law, group insurance, SSA, state or Federal Disability, pension, salary or wage continuance plans and Federal old age benefits.

see other side

LIMITATIONS

Pre-existing Condition Limitation: This means that any disability caused by sickness or injury for which you have received treatment in the **12** months prior to your effective date of coverage will not be covered unless the disability began more than **12** months after your effective date of coverage.

We will pay benefits for up to 24 months if your disability is due to:

Mental Illness or Substance Abuse as defined in the master policy

Own Occupation Period: **2 Years**

Payment will continue for the period specified above, if due to the same sickness or injury, you are unable to perform the material and substantial duties of your regular occupation.

EXCLUSIONS

- We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law.
- No benefits are payable while incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.
- This coverage is not portable. If your employment is terminated, all coverage is terminated.

This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

Group Voluntary Long Term Disability Benefit Summary for Eligible Employees of *Cape Cod Collaborative*

The following information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Eligibility

All Active Full-Time Employees working 20 hours are eligible. *If you are not actively at work on the effective date then insurance will not become effective until you return to active employment.*

Long Term Disability Benefit

- **The Monthly Long Term Disability benefit is 50% of Monthly Salary to a Maximum of $5,000** and a Minimum of $100 or 10%.
- **There is a 90 Day Elimination Period for benefits**, meaning approved benefits will be payable at the end of 90 days or the end of STD, whichever is greater. Your disability must continue through the elimination period before payments begin.
- **If disability is due to Mental Illness or Substance Abuse** we will pay a monthly benefit for up to 24 months *[unless confined to a hospital].*
- **Pre-Existing Exclusion – 12/12** Any disability caused by sickness or injury which you have received treatment for in the 12 months prior to your effective date of coverage will not be covered unless the disability began more than 12 months after the insured's effective date of coverage.
- **Own Occupation Period Payments** will continue for 2 years if due to the same sickness or injury is unable to perform the material and substantial duties of any gainful occupations
- **The Maximum Payment Duration is RBD Reducing Benefit Duration** and is based on your age when you become disabled:

Age Disability Begins	Maximum Payment Duration
Less than Age 61	60 Months
61	48 Months
62	42 Months
63	36 Months
64	30 Months
65	24 Months
66	21 Months
67	18 Months
68	15 Months
69 and Over	12 Months

- **Cost of Living Freeze** – If cost of living increases in any income from other sources, the insured's benefit payment will not be further reduced.
- **Waiver of Premium** – While you are disabled and receiving benefits, you will not be required to pay the monthly premium for your plan.
- **Survivor Benefit** – If an insured dies after having been disabled for a minimum of 180 consecutive days and was receiving payments under the plan, the eligible survivor will be paid a one-time lump sum benefit. If there is no eligible survivor, payment will be made to the insured's estate. If there is no estate, no payment will be made.
- **Primary and Family Social Security Integration** - The LTD benefit will be reduced by primary and family social security benefits and all other income benefits related to the disability such as Worker's Compensation.

Other Services

Telephonic EAP*

- 24/7 Access Unlimited Telephonic Counseling
- Toll-Free *800-847-7240*
- Legal Services – initial 30 minute in-office or phone consultation at no cost; 25% discount beyond initial consult
- Online Will Preparation
- Financial Services – one initial 60 minute phone consultation at no cost; 25% discount beyond initial consult

Online Work-Life Resources*

- 24/7 Access On-Line Work-Life Resources
- Financial Calculators
- Child and Eldercare Resources
- Health and Wellness Resources
- Additional Legal and Financial Resources
- www.my-life-resource.com User Name: *worklife* Password: *myresource*

**Services provided by Health Management Systems of America – a nationally recognized leader in the field of Mental and Behavioral Health Care Services.*

Exclusions

- We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law.
- In addition, we will not cover occupational sickness or injury unless the insured is a partner or sole proprietor not covered by Workers Compensation for Short Term Disability.
- And for Long Term Disability no benefits are payable while incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.

Portability

This coverage is not portable. If your employment is terminated, all coverage is terminated.

Do I contribute to the cost of the Long term Disability plan?

Yes, you the employee are responsible for the cost of this coverage.

How Much Does This Long Term Disability Cost?

Because of group purchasing power, this disability insurance is affordable. Monthly rates are based on 5-year age bands per $100 of monthly covered payroll.

Attained Age*	Monthly Premium Rate per $100 Covered Payroll
Under 25	$0.15
25 - 29	$0.21
30 - 34	$0.24
35 - 39	$0.42
40 - 44	$0.55
45 - 49	$0.77
50 - 54	$0.98
55 - 59	$1.07
60 and older	$1.14

**Attained Age is your age as of the effective date of coverage.*

How Do I Determine My Monthly Benefit?

Simply multiply your monthly salary by 50%.

For Example:

Monthly Salary $2,083 x .50 = $1,041.50 Monthly Benefit.
(Monthly benefit cannot exceed $5,000)

Calculate your Monthly Benefit:

$_____ x .50 = $_____
Enter Your Monthly Salary — Monthly Benefit

How Do I Calculate My Cost Per Payroll?

You can calculate your cost per payroll in 3 easy steps:

1. Divide your eligible monthly salary by 100.
2. Multiply the result of Step 1 by the appropriate premium rate for your age as shown in the table above.
3. Multiple the results of Step 2 by 12 months and divide that number by your number of pay periods.

For Example:

An employee age 38 earning $2,083 per month with a monthly benefit of $1,041.50 (50% of $2,083):

1. $2,083 ÷ 100 = $20.83
2. $20.83 x $0.42 = $8.75 per month
3. ($8.75 x 12) ÷ 52 = $2.01 per week

Calculate your cost per payroll:

1. _____ ÷ 100 = _____
   Monthly Salary — Result
2. _____ x _____ = _____
   Result — Rate — Monthly Cost
3. _____ x 12 ÷ 52 = _____
   Monthly Cost — Cost per week

What If I Leave My Employer?

Coverage will cease upon termination of employment. This coverage is not portable.

How Do I Enroll?

Simply complete and sign the enrollment form provided by your employer.

How Do I File A Claim?

Your employer will help you complete the appropriate claim form should you become disabled. The form will be submitted to our claim department for review and approval. We may request additional documentation and/or medical information from your doctor to validate your claim.

Please review the attached Summary of Benefits for more information. You may also contact your Benefits Administrator for a copy of the

Massachusetts Workers' Compensation Guide for Injured Workers

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF INDUSTRIAL ACCIDENTS

Massachusetts Workers' Compensation Guide For Injured Workers

Esta guía está disponible en español en nuestro sitio electrónico: **www.mass.gov/dia**

Este Guia está disponível em português no nosso site: **www.mass.gov/dia**

Es manual sta skritu na Kriolu di Kabu Verdi prontu pa bu uzu na *website* (pagina na interneti):
www.mass.gov/dia

本指南的中文版位於我們的網址:
www.mass.gov/dia

Có Hướng Dẫn này bằng tiếng Việt Nam tại mạng lưới của chúng tôi:
www.mass.gov/dia

W ap jwenn gid sa a ekri nan lang kreyòl sou sit entènèt nou an:
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គោលការណ៍ណែនាំនេះ
អាចមានជាភាសាខ្មែរនៅលើវែបសាយរបស់យើង :
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What Is Workers' Compensation?

The Massachusetts Workers' Compensation system is in place to make sure that workers are protected by insurance if they are injured on the job or contract a work-related illness.

Under this system, **all employers are required to provide Workers' Compensation (WC) insurance coverage to all their employees** by Massachusetts General Laws Ch. 152, Sec. 25A. This insurance pays for any reasonable and necessary medical treatment related to a job-related injury or illness, pays compensation for lost wages after the first five calendar days of full or partial disability, and in some cases provides retraining for employees who qualify.

The Department of Industrial Accidents (DIA) is the agency responsible for administering the Workers' Compensation law in Massachusetts.

What We Do

The DIA is primarily a court system responsible for resolving disputed Workers' Compensation claims. Our Public Information staff can answer your questions about Workers' Compensation benefits and let you know the correct procedures to follow to receive these benefits. If your injury or illness claim is denied by the insurer or if you do not receive all the benefits you think you are entitled to, the DIA's Public Information staff is available to help guide you through the process.

It is important that you keep any documents your employer or its insurer sends you, as well as copies of any forms they have you fill out for them. If you call our Public Information Office, have these forms available along with a pen or pencil and notepaper. It might be helpful to write out your questions in advance so you don't forget to ask any questions you might have.

This pamphlet is a general overview of the process to follow if you have a work-related injury or illness. This guide provides information about **your responsibilities** and those of **your employer** and **your employer's insurance company**. The guide will explain the Workers' Compensation dispute process, and available benefits, including Lump Sum Settlements and Vocational Rehabilitation Services. Many frequently asked questions can be found on our website at **www.mass.gov/dia**.

Please be advised that the information contained in this brochure is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations, which are different than presented here.

Do You Need An Attorney?

Half of all injured worker claims are not disputed by an insurer or employer. If your claim is disputed, **it is strongly advised that you seek legal counsel** to protect your rights and interests, due to the complexity of the workers' compensation law. The law requires that the insurer pay the attorney's fee if you win your case. In certain cases the insurer may reduce your payments to help pay your attorney. If you lose, the attorney can charge you only for very specific expenses. You do not necessarily *need* an attorney to file a claim, and you may represent yourself for any proceedings before the DIA. This is not recommended in most cases.

Employees of the DIA are not allowed to make attorney referrals. The Massachusetts Bar Association can refer you to attorneys who handle workers' compensation cases. To reach the Massachusetts Bar Association attorney referral service, call (617) 654-0400 in the Boston area or toll free at (866) 627-7577, or visit www.massbar.org, and click on the "**Need a Lawyer?**" tab.

What Happens If You Have A Work-Related Injury Or Illness?

If you have a work-related injury or illness which results in lost work time of at least five full or partial days, your employer must file the *Employer's First Report of Injury or Fatality (Form 101).* One copy is filed with the DIA, a second with the employer's Workers' Compensation insurance company, and a third provided to you. The *Form 101* must be filed within seven days (not including Sundays and legal holidays) from the fifth day of lost time due to injury or illness. Once the insurance company receives the form from your employer, they have 14 days to investigate the claim and determine whether to pay the claim or not.

IMPORTANT: If your employer does not send the *Form 101* to the insurer within 30 days of your injury, report the injury in writing to the insurance company yourself, or complete the DIA's *Employee's Claim (Form 110)* and send the insurer a copy of the completed form. You can access, fill out, and print the form in the Forms and Publications section at **www.mass.gov/dia**.

Your employer is required to have a poster displayed in the workplace with the name and address of its Workers' Compensation insurer and policy information. If your employer does not have this poster displayed and will not tell you the name of its insurance company, the DIA's Office of Insurance (617-626-5480 or 617-626-5481) will try to help you. If you suspect your employer is not carrying insurance, call our Office of Investigations at 617-727-4900, ext. 7406.

What Happens When The Insurer Decides To Pay The Claim?

If the insurer agrees to pay the claim, they will send you an *Insurer's Notification of Payment (Form 103).*

When Will The Benefits or Checks Start?

You should start getting a check within three to four weeks after your injury or illness. You will receive compensation for lost wages for any days you are disabled after the first five full or partial calendar days. You are not compensated for the first five days of incapacity unless you are disabled for 21 calendar days or more.

The first 180 days after your initial injury are considered a "Pay-Without-Prejudice" period. This means the insurer may pay benefits to you for up to 180 days without making a final decision on your case. **Paying you during this period DOES NOT mean they have accepted liability.** During this initial period, the insurer may stop or reduce your payments by giving you seven days written notice via an *Insurer's Notification of Termination or Modification of Weekly Compensation During Payment-Without-Prejudice Period (Form 106)*. The insurer must give the reasons for taking this action. If the insurer continues paying you past this period, they will, in most cases, need permission from you or a judge to stop or reduce your benefits. If you receive a *Form 106* and you receive notification of termination of benefits, be sure to consult an attorney to discuss your rights and responsibilities.

The insurer may ask you to extend the initial 180-day "Pay-Without-Prejudice" period for up to a year, with your written consent, on an *Agreement To Extend 180 Day Payment-Without-Prejudice Period (Form 105*). The DIA must approve the form. You should make sure you are aware of all your rights before giving your consent or signing any other document.

What Happens When The Insurer Denies Your Claim?

If the insurer decides to deny your claim, they must send you by certified mail an *Insurer's Notification of Denial (Form 104*), including the reasons for denial and must inform you of your right to appeal. If you have questions about a denial or lack of payment on these forms, contact the insurer's claim representative. Their phone number will be listed on the form. If you have hired an attorney, have the attorney call the claim representative about your denial. The claim representative cannot speak with you about your claim once you retain an attorney.

What You Should Do When the Insurer Denies Your Claim, or You Do Not Receive All Benefits You Are Entitled To

If an insurer denies your claim, you have the right to file a claim with the DIA. **If you wish to file a claim with the DIA, legal representation is strongly advised at this point in the process.** Fully and accurately complete and submit an *Employee's Claim (Form 110)* to the DIA, which you can access from the "Forms and Publications" area at our website, **www.mass.gov/dia** and at any DIA office. Do not send this form to the DIA unless you have received an *Insurer's Notification of Denial (Form 104)*, or it's been 30 or more calendar days from your injury or illness date, and you have not heard from the insurer.

- When filing the *Form 110*, be sure to attach copies of any medical evidence that supports your claim, including medical bills and medical reports (do not attach x-rays, MRI's, etc.) that document how your injury or illness is related to your work. Submit the claim package to the DIA at the address printed on the top of the *Form 110*.
- You must also send a copy of the completed *Form 110* to the insurer. We recommend that you keep a copy of this form for your own files.
- Once the DIA receives your completed *Form 110*, you will be scheduled for a Conciliation within two weeks or so. This will start the dispute process. You will be notified in writing of the date, time and location of this meeting.

Please Note: When you come to any DIA office for any proceeding, be sure to bring with you any communications the insurer or the DIA has sent to you, along with any other relevant paperwork, ***especially the Notice of Proceeding telling you to come to the DIA***.

The Dispute Process

1. Conciliation

The first stage of the Dispute Resolution process is initiated when the DIA receives either of the following forms:

1. *Employee's Claim (Form 110),* which is filed by an injured employee or their legal counsel against the Workers' Compensation insurance carrier.
2. *Insurer's Complaint for Modification, Discontinuance or Recoupment of Compensation (Form 108),* which is filed when an insurance company requests permission to stop or change your benefits.

Upon receiving either of these forms, an informal meeting will be automatically scheduled between you (or your legal representative), the insurer's attorney, and a conciliator from the DIA. This meeting, called a "Conciliation," normally takes place within 12 business days of filing a *Form 110* or *Form 108*. At the Conciliation, an effort is made to reach a voluntary agreement between you and the insurer. If a voluntary agreement cannot be reached, the status of your claim would remain the same as before, and your case could be referred to one of our judges for a Conference.

2. Conference

The Conference is an informal legal proceeding before an Administrative Judge, and usually will take place between 8 - 12 weeks from the date of the Conciliation. The judge learns about the case from presentations by both parties and the submission of documents, such as medical reports, wage statements and affidavits from witnesses. Witnesses are not called. You or your attorney indicates to the judge what the witnesses would have said.

At the Conference you need to show:

(A) you were disabled;

(B) the injury or illness was work related; and

(C) That any disputed medical bills were for necessary treatment.

After the Conference the judge issues an order, either telling the insurer to pay your benefits or ruling that they are not required to pay your benefits.

The Conference Order can be appealed by either party on an *Appeal of a Conference Proceeding (Form 121)*. You have 14 days to appeal from the date of the order. **There is a fee to appeal the Conference Order if your appeal is based on a medical issue.** This fee pays for you to be evaluated by an impartial medical physician. This fee may be waived if you can prove you cannot afford to pay the fee by filing an *Affidavit of Indigence and Request for Waiver of Sec. 11A (2) Fees (Form 136).* If either party appeals the Conference Order, a formal hearing before the same judge will be scheduled.

3. Hearing

The Hearing is a formal legal proceeding. It is usually held before the same judge who presided at the Conference. Massachusetts Rules of Evidence will apply and sworn testimony is taken. Witnesses are called and cross-examined by the opposing party. A stenographer records the proceedings.

The judge will render a Hearing decision in which you will either be awarded benefits or not. The decision can be appealed to the Reviewing Board by either party on an *Appeal to Reviewing Board (Form 112*). This appeal can only be made if the party contends that the judge made an error of law in issuing their decision or during the Hearing. The appeal must be received within 30 days from the date of the Hearing decision. There is an appeal fee equal to 30 percent of the State Average Weekly Wage[1] in place at the time of the appeal. The fee may be waived by filing an *Affidavit in Support of Request for Waiver of Filing Fee Under Sec.11C (Form 112A)*.

4. The Industrial Accidents Reviewing Board

If one or both of the parties wishes to appeal the Hearing decision, that appeal is heard and decided by the Reviewing Board. This board is comprised of six Administrative Law Judges, three of whom will examine the hearing transcripts. They may ask for additional written legal briefs or oral arguments from the parties. The Reviewing Board can reverse or uphold the decision of the Administrative Judge, or can determine that more work needs to be done, and remand (send back) the case to the Administrative Judge for further finding. Either party may appeal Reviewing Board decisions to the Court of Appeals within 30 days of the Reviewing Board decision.

5. Further Appeals

If one or both of the parties wishes to appeal the decision of the Reviewing Board, the appeal is heard by the Massachusetts Court of Appeals.

[1] As of October 1, 2012, the State Average Weekly Wage (SAWW) is $1,173.06, and the appeal fee is $351.91. The SAWW is updated annually on October 1. You can find updated information at www.mass.gov/dia and click on the Minimum/Maximum Compensation Rate icon.

What Are The Workers' Compensation Benefits?

Temporary Total Incapacity Benefits (Sec. 34)

Who Qualifies?

You qualify if your injury or illness leaves you unable to work – considering age, training, and experience – for 5 or more full or partial days (the days don't have to be consecutive).

What Are The Benefits?

Your benefits will be 60% of your gross (pre-tax, pre-benefits) average weekly wage.[2] To determine your compensation, take the sum of your total gross earnings, including overtime, bonuses, etc., for the 52 weeks prior to your date of injury and divide the sum by 52 to compute your average weekly wage. (**Note:** If you were employed by your current employer for only a portion of the 52 weeks prior to injury or illness, divide the total gross earnings by the number of weeks of employment in the prior year, to determine your average weekly wage.) Multiply your average weekly wage by 60% (.60) to find your approximate weekly compensation under Sec. 34. The maximum that you can receive is the State's Average Weekly Wage (SAWW) [3] at the time of your injury.

For How Long?

You can receive these benefits for up to 156 weeks (3 years). Compensation begins on the sixth day of incapacity; you will not be compensated for the first five days of incapacity unless you are disabled for 21 days or more. These days do not have to be consecutive.

Partial Incapacity Benefits (Sec. 35)

Who Qualifies?

You qualify if you can still work but lose part of your earning capacity because of your injury or illness. This may include an injury forcing you to change jobs at a lower pay rate, or an injury that requires you to work fewer hours.

What Are The Benefits?

The maximum compensation under Sec. 35 is up to 75% (.75) of what your weekly total temporary benefits would be. For example, if you receive $440 a week as a total temporary benefit, the most you could receive if you collected partial benefits would be $330 a week. ($440 x .75 = $330).

For How Long?

You can receive benefits for up to 260 weeks (5 years).

Permanent and Total Incapacity Benefits (Sec. 34A)

Who Qualifies?

You qualify if you are totally and permanently unable to do any kind of work as a result of a work-related injury or illness. You do not have to exhaust your temporary benefits before applying for permanent benefits.

What Are The Benefits?

You will get two-thirds of your average weekly wage (or a minimum of 20% of the SAWW) based on the 52 weeks prior to your injury, up to a maximum of the SAWW. You may also be entitled to annual Cost-Of-Living Adjustments (COLA).

For How Long?

You can receive benefits for as long as you are disabled.

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[2] A complete definition of Average Weekly Wage can be found in Massachusetts General Laws Ch. 152, Sec.1.

[3] As of October 1, 2012, the State Average Weekly Wage (SAWW) is $1,173.06. You can find updated information at www.mass.gov/dia and click on the Minimum/Maximum Compensation Rate icon.

Medical Benefits (Sec. 13 & Sec. 30)

Who Qualifies?

You qualify if you suffer a work-related injury or illness that requires medical attention.

What Are The Benefits?

You are entitled to adequate and reasonable medical care as a result of the injury or illness. You are also entitled to prescription reimbursement and mileage reimbursement for travel to and from medical visits for your work-related injury or illness. For your first visit to the doctor or hospital, your employer has the right to designate a healthcare provider within the employer's preferred provider arrangement. After that initial treatment, you have the right to choose your own healthcare providers. The insurer has the right to send you periodically to see its doctor for an evaluation of your incapacity.

Once your claim has been reported to the insurance company, the insurer must issue you an insurance card with a claim number and contact information on it. Give the claim number to your doctor so the doctor can bill the insurer directly and get pre-approval for treatment of your injury or illness. If you do not get this card promptly after your injury or illness, contact the insurer and get the number as most medical providers will not treat you without the claim number.

For How Long?

You can receive benefits for as long as medical and hospital services are required due to your injury or illness.

Permanent Loss of Function and Disfigurement Benefits (Sec. 36)

Who Qualifies?

You qualify if a work-related injury or illness results in a permanent loss of certain specific bodily functions, or if you suffer scarring or disfigurement on your face, neck or hands.

What Are The Benefits?

You receive a one-time payment for your disfigurement and/or scarring. This benefit is paid in addition to other payments; for example, medical bills, lost wages, etc. The amount paid depends on the location and severity of the disfigurement or function lost.

If you were injured or suffered an illness prior to December 24, 1991, you have slightly different benefits. Contact our Public Information Office if you have any questions about these benefits. If you do not have an attorney, you may want to contact our Conciliation Unit once the insurer has made an offer for your scarring and disfigurement and speak to a Conciliator. The Conciliator can give you an idea of whether the offer falls within established guidelines.

For How Long?

You receive a one-time payment for your loss of body function, disfigurement and/or scarring.

Survivors'/Dependents' Benefits (Sec. 31)

Who Qualifies?

You qualify if you are the spouse or child of an employee who has died as a result of a work-related injury or illness. Children are eligible only if they are under age 18, are full-time students or are unable to work because of physical or mental disabilities.

What Are The Benefits?

Surviving spouses can receive weekly benefits equal to two-thirds of the deceased worker's average weekly wage, up to the maximum of the State's Average Weekly Wage (SAWW) in place at the time of their injury or illness.

Surviving spouses become eligible for yearly cost of living adjustments two years after the date of the injury or illness.

If the spouse remarries, $60 a week is paid to each eligible child. The total weekly amount paid to dependent children cannot exceed the amount the spouse had been receiving.

For How Long?

Surviving spouses can receive these benefits for as long as they remain dependent (as determined by a judge) and do not remarry.

Burial Expenses (Sec. 33)

In all cases where death has occurred as a result of an injury or illness, the insurer will pay up to $4000 for reasonable burial expenses.

When Benefits May Be Stopped or Reduced

Your benefits may be stopped or reduced for several reasons. Examples of those reasons are:

- Benefits are ordered to be stopped by an Administrative Judge, Reviewing Board, higher court, or arbitrator.
- You have returned to work. The insurer must resume benefits if you leave work again due to the same injury within 28 days, provided that the insurer has accepted or been assigned liability for your injury.
- The insurer has been given a medical report by your treating doctor or an impartial medical examiner stating that you are capable of returning to work, **and** your employer has reported in writing that a suitable position is available for you that your doctor has approved.
- You are requested to attend an evaluation by a DIA Vocational Rehabilitation Review Officer and you refuse to attend, or you refuse to cooperate with the provision of vocational rehabilitation services.
- You are asked to go to the insurer's doctor for evaluation, and you fail to attend.
- You are imprisoned after conviction for either a misdemeanor or felony.

Lump Sum Settlements

A lump sum settlement is a legal contract between you, the insurer, and in some cases your employer. **A lump sum settlement is one-time payment usually made in place of your weekly compensation checks.** Be sure when accepting a settlement that you are clear on your rights, and what you may be giving up, as you must carefully consider whether settling your case is in your own best interest. Again, this is a critical time to seek legal advice. A lump sum is not given automatically; both you and the insurance company must agree to it, and in most cases, it must be approved by an Administrative Judge at the DIA.

In receiving a lump sum settlement, you may still be eligible for Vocational Rehabilitation Services paid by the insurer. Discuss these rights with a judge or your attorney prior to signing any agreement.

Visit our website at **www.mass.gov/dia** under "Forms and Publications" to download a Lump Sum Brochure.

Vocational Rehabilitation Services

The goal of vocational rehabilitation (VR) is to return you to work earning as close as possible to what you were earning prior to your injury or illness, if not more. VR services cover all **non-medical** services that you may require to return to a suitable job.

Depending on your situation, services *may* include: evaluation of your capabilities, vocational testing and training, counseling or guidance, workplace modifications, formal retraining, and job placement assistance.

If you receive a notice to meet with one of our VR Review Officers, you must attend this meeting. **If you fail to come to this meeting, your benefits can be discontinued.** This meeting is to determine if you are suitable for services designed to help put you back to work. If you refuse to take part in a rehabilitation program after being found suitable, your weekly benefits can be reduced by the insurance company with the DIA's permission. For more information, please visit our website at **www.mass.gov/dia** or call our Public Information Office at 617-727-4900, ext. 7470 for a VR Brochure.

How to Verify Workers' Compensation Coverage

The DIA provides a free web-based "Proof of Coverage" (POC) tool that can help verify whether an employer has a current Workers' Compensation policy. Although the POC tool is not designed to detect fraud, it may assist in determining whether fraud exists. To access the POC tool, go to **www.mass.gov/dia** and click on the link to "Verify Workers' Compensation Coverage."

If after checking the POC tool you believe that an employer is not providing coverage, contact our Office of Investigations at 617-727-4900 ext. 7313 or toll free at 1-877-MASSAFE (627-7233). Or fill out a referral form online.

Frequently Asked Questions By Injured Workers

For "Frequently Asked Questions," visit our website at **www.mass.gov/dia**.

Public Information

The procedures for filing a Workers' Compensation claim may be confusing. This brochure may answer basic questions. If you need more information, call any of our regional offices or contact our Boston office; from within Massachusetts: 1-800-323-3249, ext. 7470. From outside Massachusetts, call 617-727-4900, ext. 7470 and ask for Public Information. You can also visit **www.mass.gov/dia**.

TDD (teletype for the hard of hearing only): 1-800-224-6196

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(508) 676-3406

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Lawrence, MA 01843
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