







2019 – 2020 Benefits at a Glance – Active Salary Employees

Benefit	Provider	Description	When can I join?	Bi-Weekly Cost
Dental Insurance	<p>Delta Dental (Premier Plan)</p> 	<p>LABBB offers dental insurance to all of its active and eligible employees with the following coverage:</p> <p>Deductible: \$25 for individual; \$75 for family Calendar Year Maximum Coverage - \$1,000 Orthodontia for all members</p> <p>Type 1 Services – 100% Covered (e.g. cleanings) Type 2 Services – 80% Covered (e.g. oral surgery) Type 3 Services – 50% Covered (e.g. implants)</p>	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$19.08 Family Plan - \$57.08
Basic Life Insurance	<p>The Standard</p> 	<p>LABBB splits the cost of a basic life insurance policy for all active and eligible employees.</p> <p>\$15,000 policy for those up to age 65 \$9,750 policy for those 65 – 70 years \$7,500 policy for those 70 and up</p>	New hire or open enrollment.	0 - 65 - \$0.35 65 – 70 - \$0.21 70+ - \$0.18
Voluntary Life Insurance	<p>The Standard</p> 	<p>In addition to basic life insurance, LABBB employees working at least twenty (20) hours per week are eligible to purchase additional life insurance. LABBB employees are responsible for 100% of their voluntary life premiums through a pre-tax payroll deduction.</p> <p>Premiums are determined by your age and the amount of your voluntary life policy, use this document to calculate the cost.</p>	Open Enrollment or as a new hire.	Depending on the value of your election.
Long-Term Disability (LTD)	<p>The Standard</p> 	<p>Benefit available to all LABBB employees for insurance that will provide 60% of your income should you become disabled or unable to work for more than 180 calendar days.</p> <p>LABBB employees are responsible for 100% of their Long-Term Disability premiums.</p>	Open Enrollment or as a new hire.	Depending on the value of your election.

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Benefit	Provider	Description	When can I join?	Bi-Weekly Cost
Flex Spending Account (FSA) - Health	PayFlex 	<p>Benefit allowing you to set aside pre-tax dollars from your paycheck for eligible healthcare expenses.</p> <p>Annual Maximum for 2019: \$2,700 (or \$103.85 per paycheck)</p> <p><i>Note: 07/01/19: no monthly fee charged to employees.</i></p>	Open Enrollment or as a new hire.	Depending on the value of your election.
Flex Spending Account (FSA) - Dependent Care	PayFlex 	<p>Benefit allowing you to set aside pre-tax dollars from your paycheck for childcare expenses. Reimbursements are processed via direct deposit by PayFlex.</p> <p>Annual Maximum for 2019: \$5,000 (or \$192.31 per paycheck) \$2,500 (or \$96.15 per paycheck) for married filing separate</p> <p><i>Note: 07/01/19: no monthly fee charged to employees.</i></p>	Open Enrollment or as a new hire.	Depending on the value of your election.
403B Retirement	Fidelity investments  Lincoln Investments 	<p>LABBB partners with Fidelity Investments & Lincoln Investments to allow employees to set aside pre-tax dollars from their paycheck for retirement.</p> <p>Annual Maximum for 2019: Up to 50 yrs = \$19,000 (or \$730.77 each paycheck) 50+ = \$25,000 (or \$961.54 each paycheck)</p>	Anytime.	Depends on the value of your election.






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Retirement	<p style="text-align: center;">MTRS</p> 	<p>A required pension plan offered to eligible positions within schools where employees are required to contribute a percentage of their salary towards their retirement based on when they first became eligible for MTRS.</p> <p>Paycheck deduction amounts based on eligibility date: 01/01/84 – 06/30/96 – 8% of total earnings + 2% >\$30K 07/01/96 – 06/30/01 - 9% of total earnings + 2% >\$30K 07/01/01 – Present – 11% of total earnings</p> <p>For specific questions regarding your MTRS account or benefits, please contact MTRS directly at (617)679-6877.</p> <p>To be considered fully enrolled, you must complete an Enrollment Form, Beneficiary Form, register for a MyTRS account and confirm your employment with LABBB on the MyTRS site. MyTRS allows you to view account statements, confirm employment, and track your contributions.</p> <p>If you're considering retiring in the next 12 – 16 months, you should contact MTRS so they can review your account.</p>	Mandatory at time of hire.	Depends on your initial eligibility year.
Retirement	<p style="text-align: center;">MSERS</p> 	<p>A required pension plan offered to eligible state employees to contribute a percentage of their salary towards their retirement based on when they first became eligible.</p> <p>Paycheck deduction amounts based on eligibility date: 01/01/84 – 06/30/96 – 8% of total earnings + 2% >\$30K 07/01/96 – Present - 9% of total earnings + 2% >\$30K</p> <p>For specific questions regarding your MSERS account or benefits, please contact MSERS directly at (617)367-7770.</p> <p>If you're considering retiring in the next 12 – 16 months, you should contact MSERS so they can review your account.</p>	Mandatory at time of hire.	Depends on your initial eligibility year.

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Health Insurance (GIC)	AllWays Health Partners 	Health Plan Type: HMO Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$52.25 Family Plan - \$135.51
Health Insurance (GIC)	Fallon Health Direct Care 	Health Plan Type: HMO Office Visit Copay: \$15/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$48.52 Family Plan - \$122.30
Health Insurance (GIC)	Fallon Health Select Care 	Health Plan Type: HMO Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$65.57 Family Plan - \$159.27
Health Insurance (GIC)	Harvard Pilgrim Independence 	Health Plan Type: POS Office Visit Copay: Tier 1 - \$10; Tier 2 - \$20; Tier 3 - \$40 Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$71.86 Family Plan - \$175.39
Health Insurance (GIC)	Harvard Pilgrim Primary Choice 	Health Plan Type: HMO Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$52.16 Family Plan - \$132.98
Health Insurance (GIC)	Health New England 	Health Plan Type: HMO Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$46.10 Family Plan - \$109.57

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Health Insurance (GIC)	Tufts Health Navigator 	Health Plan Type: POS Office Visit Copay: Tier 1 - \$10/visit; Tier 2 - \$20/visit; Tier 3 - \$40/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$60.40 Family Plan - \$147.17
Health Insurance (GIC)	Tufts Health Spirit 	Health Plan Type: EPO PCP Required: No Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$45.71 Family Plan - \$109.76
Health Insurance (GIC)	UniCare Community Choice 	Health Plan Type: PPO PCP Required: No Office Visit Copay: \$15/visit for PCP; \$20/visit for non-PCP Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$41.80 Family Plan - \$103.14
Health Insurance (GIC)	UniCare Indemnity Basic 	Health Plan Type: Indemnity PCP Required: No Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	with CIC: Individual Plan - \$87.72 Family Plan - \$194.38 without CIC: Individual Plan - \$105.37 Family Plan - \$184.90
Health Insurance (GIC)	UniCare Indemnity PLUS 	Health Plan Type: PPO PCP Required: No Office Visit Copay: \$15/visit for PCP; \$20/visit for non-PCP Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) Forms must be submitted within 10 calendar days of eligibility.	New hire, open Enrollment, or a Qualifying Event.	Individual Plan - \$56.22 Family Plan - \$133.64

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