





2018 – 2019 Benefits at a Glance – Active Salaried Employees




Benefit	Provider	Description	When can I join?	Bi-Weekly Cost
Dental Insurance	<p>Blue Cross Blue Shield</p> 	<p>LABBB offers a dental insurance policy with an annual Deductible: \$25 for individual; \$75 for family Calendar Year Maximum Coverage - \$1,000</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> <p>To elect this benefit, you must complete an Enrollment Form which can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net).</p> <p>For specific questions about coverage, please contact BCBS Dental's member services line at 1-800-486-1136.</p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$19.36 Family Plan - \$56.24
Basic Life Insurance	<p>MetLife</p> 	<p>LABBB splits the cost of a basic life insurance policy for all active and eligible employees.</p> <p>\$5,000 policy for those up to age 65 \$3,250 policy for those 65 – 70 years \$2,500 policy for those 70 and up</p> <p>To elect this benefit, you must complete an Enrollment and a Beneficiary Form which can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net).</p>	Open Enrollment or as a new hire.	0 - 65 - \$0.82 65 – 70 - \$0.53 70+ - \$0.41
Supplemental Life Insurance	<p>MetLife</p> 	<p>In addition to your basic life insurance policy, LABBB employees are able to purchase additional life insurance.</p> <p>LABBB employees are responsible for 100% of the premiums for supplemental life insurance.</p> <p>Annual premiums are determined by your age and the amount of supplemental life insurance you want to purchase. Use this document to determine the cost for your desired supplemental life insurance policy.</p>	Open Enrollment or as a new hire.	Depending on the value of your election.




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Long-Term Disability (LTD)	<p>The Hartford</p> 	<p>Benefit available to all LABBB employees to purchase insurance that can be used to partially supplement your income should you become disabled or unable to work for more than 90 days.</p> <p>LABBB does not contribute to any Long-Term Disability premiums for employees.</p> <p>To elect this benefit, you must complete an Enrollment Form which can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net).</p>	Open Enrollment or as a new hire.	Depending on the value of your election.
Flexible Spending Account (FSA) - Health	<p>Benefit Strategies</p> 	<p>Plan allowing you to set aside pre-tax dollars from your paycheck for eligible healthcare expenses.</p> <p>Annual Maximum for 2018: \$2,650 (or \$101.92 per paycheck)</p> <p><i>Note: There's a \$4.75/month fee charged on your Flexible Spending Account so factor this in when determining the total amount you want to set aside.</i></p>	Open Enrollment or as a new hire.	Depending on the value of your election.
Flexible Spending Account (FSA) - Dependent Care	<p>Benefit Strategies</p> 	<p>Benefit allowing you to set aside pre-tax dollars from your paycheck for childcare expenses.</p> <p>Annual Maximum for 2018: \$5,000 (or \$192.31 per paycheck) \$2,500 (or \$96.15 per paycheck) for married filing separate</p> <p>In order to be reimbursed, you must submit the appropriate documentation directly to Benefit Strategies.</p>	Open Enrollment or as a new hire.	Depending on the value of your election.
403B Retirement	<p>American Funds</p> 	<p>Benefit allowing you to set aside pre-tax dollars from your paycheck for retirement.</p> <p>Annual Maximum for 2018: Up to 50 yrs = \$18,500 (or \$711.54 per paycheck) 50+ = \$24,500 (or \$942.31 per paycheck)</p> <p>To elect this benefit, you must complete an Enrollment Form, Beneficiary Form, and Voluntary Salary Reduction Form which can be obtained by contacting the 403B provider directly at 1-800-421-4225.</p>	Anytime.	Depending on the value of your election.

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403B Retirement	<p>AXA Equitable</p> 	<p>Benefit allowing you to set aside pre-tax dollars from your paycheck for retirement.</p> <p>Annual Maximum for 2018: Up to 50 yrs = \$18,500 (or \$711.54 per paycheck) 50+ = \$24,500 (or \$942.31 per paycheck)</p> <p>To elect this benefit, you must complete an Enrollment Form, Beneficiary Form, and Voluntary Salary Reduction Form which can be obtained by contacting the 403B provider directly at 1-800-628-6673.</p>	Anytime.	Depending on the value of your election.
403B Retirement	<p>Great American</p> 	<p>Benefit allowing you to set aside pre-tax dollars from your paycheck for retirement.</p> <p>Annual Maximum for 2018: Up to 50 yrs = \$18,500 (or \$711.54 per paycheck) 50+ = \$24,500 (or \$942.31 per paycheck)</p> <p>To elect this benefit, you must complete an Enrollment Form, Beneficiary Form, and Voluntary Salary Reduction Form which can be obtained by contacting the 403B provider directly at 1-800-854-3649.</p>	Anytime.	Depending on the value of your election.
Retirement	<p>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>	Mandatory at time of hire.	Depending on your initial eligibility year.

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Retirement	<p style="text-align: center;">MSERS</p>  <p style="text-align: center;">THE COMMONWEALTH OF MASSACHUSETTS State Retirement Board ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108</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>To be considered fully enrolled, you must complete an Enrollment and Beneficiary Form which can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net).</p>	Mandatory at time of hire.	Depending on your initial eligibility year.
Health Insurance (GIC)	<p style="text-align: center;">Fallon Health Direct Care</p> 	<p>Health Plan Type: HMO PCP Required: Yes Office Visit Copay: \$15/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted)</p> <p>To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April.</p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$45.74 Family Plan - \$114.93
Health Insurance (GIC)	<p style="text-align: center;">Fallon Health Select Care</p> 	<p>Health Plan Type: HMO PCP Required: Yes Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted)</p> <p>To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April.</p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$61.84 Family Plan - \$149.87

Benefit	Provider	Description	When can I join?	Bi-Weekly Cost
Health Insurance (GIC)	<p data-bbox="317 293 684 326">Harvard Pilgrim Independence</p> 	<p data-bbox="758 131 1472 337"> Health Plan Type: POS PCP Required: Yes 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) </p> <p data-bbox="758 370 1472 576"> To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April. </p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$66.77 Family Plan - \$162.30
Health Insurance (GIC)	<p data-bbox="317 756 684 789">Harvard Pilgrim Primary Choice</p> 	<p data-bbox="758 610 1472 781"> Health Plan Type: HMO PCP Required: Yes Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) </p> <p data-bbox="758 813 1472 1019"> To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April. </p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$48.72 Family Plan - \$123.50
Health Insurance (GIC)	<p data-bbox="380 1219 621 1252">Health New England</p> 	<p data-bbox="758 1057 1472 1227"> Health Plan Type: HMO PCP Required: Yes Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) </p> <p data-bbox="758 1260 1472 1466"> To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April. </p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$44.50 Family Plan - \$105.53

Benefit	Provider	Description	When can I join?	Bi-Weekly Cost
Health Insurance (GIC)	<p data-bbox="373 277 625 305">Neighborhood Prime</p> 	<p data-bbox="758 131 1434 302"> Health Plan Type: HMO PCP Required: Yes Office Visit Copay: \$20/visit Preventative Care Coverage: 100% - no copay Emergency Room Copay: \$100/visit (waived if admitted) </p> <p data-bbox="758 334 1472 540"> To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April. </p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$46.88 Family Plan - \$120.84
Health Insurance (GIC)	<p data-bbox="365 727 634 755">Tufts Health Navigator</p> 	<p data-bbox="758 578 1472 784"> Health Plan Type: POS PCP Required: Yes 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) </p> <p data-bbox="758 816 1472 1023"> To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April. </p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$60.05 Family Plan - \$146.34
Health Insurance (GIC)	<p data-bbox="390 1190 609 1218">Tufts Health Spirit</p> 	<p data-bbox="758 1057 1434 1227"> 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) </p> <p data-bbox="758 1260 1472 1466"> To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April. </p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$45.57 Family Plan - \$109.48

Benefit	Provider	Description	When can I join?	Bi-Weekly Cost
Health Insurance (GIC)	<p data-bbox="302 233 699 261">UniCare State Community Choice</p> 	<p data-bbox="758 131 1451 302">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)</p> <p data-bbox="758 334 1472 542">To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April.</p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$40.56 Family Plan - \$99.87
Health Insurance (GIC)	<p data-bbox="321 678 684 706">UniCare State Indemnity Basic</p> 	<p data-bbox="758 578 1451 748">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)</p> <p data-bbox="758 781 1472 989">To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April.</p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$40.56 Family Plan - \$99.87
Health Insurance (GIC)	<p data-bbox="321 1122 684 1149">UniCare State Indemnity PLUS</p> 	<p data-bbox="758 1024 1451 1195">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)</p> <p data-bbox="758 1227 1472 1435">To enroll, you must complete an Enrollment application and provide any required documentation within 10 days of a qualifying event. Enrollment forms can be obtained on your employee portal or contacting Maria Walsh (mwalsh@labbb.net). Open enrollment for all active employees occurs in April.</p>	Open Enrollment, as a new hire or a Qualifying Event	Individual Plan - \$56.22 Family Plan - \$133.63