

Voluntary Vision Program



Exam-Plus Standard II with the Access Network (In-Network Benefits)

Plan Year: March 1, 2024 - February 28, 2025

Comprehensive Exam (\$10 copay) every 12 months

Prescription Glasses (\$25 copay)

Lenses every 12 months
Single vision, lined bifocal and lined trifocal lenses.
Progressive lenses start at a \$90 copay

Frame every 24 months
\$150 allowance for frame of your choice, and then
additional 20% off the remaining balance.

Contact Lens Care every 12 months

Up to \$55 copay for lens fit and follow-up

When you choose contacts in lieu of frames you have a \$150 allowance (additional 15% off remaining balance) to apply to the cost of contacts.

Lasik Coverage

15% off retail price or 5% off promotional price.

Employee Contributions Per Pay Period

Single: \$3.90 **Employee & Spouse:** \$6.63

Employee & Child(ren): \$6.83 **Family:** \$10.73

Employee Assistance Program (EAP)

Personal issues and concerns arise daily - from balancing career and life, to managing relationships, to handling stress and much more. At times, these issues can be overwhelming and prevent you from performing your best. With a range of programs, resources, and tools, the EAP can help you with a variety of issues giving you greater peace of mind. The EAP may assist with:

- Anxiety
- Depression
- Stress
- Grief
- Loss
- Financial Resources
- Life Adjustments
- Relationship conflicts
- Work-Life Solutions
- Identity Theft
- Legal Guidance

Equitable's EAP provides unlimited confidential access to Master's level EAP professionals 24 hours a day and **three face-to-face sessions** with a counselor (per household).

This benefit is offered to you at no charge in addition to the Disability and Life plans from Equitable

457b Investment Plan

CAPS Collaborative offers an employee paid 457b retirement investment plan by pre-tax payroll deductions for our employees. After 2 years of employment, CAPS will match the yearly contribution up to an amount determined annually by the Board of Directors. This plan is administered by Edward Jones.

Additional Coverages

Employee paid supplemental insurance (Accident, Critical Illness, Voluntary Life, Hospital Indemnity) is also available as a voluntary option with Equitable Insurance and is available as a payroll deduction through CAPS.

CAPS Collaborative grants, for all full time employees, 12 sick and 3 personal days each school year. Written request and approval are required prior to using personal time.

Useful Contacts:

Human Resources

Jenni Guthrie
jguthrie@capsd.net
978-632-2208 x150

Blue Cross of Massachusetts

www.bluecrossma.com
800-358-2227

Blue 20/20

www.blue2020ma.com
855-875-6948

Edward Jones

Contact: John Maliska
John.Maliska@edwardjones.com
978-668-592

Employee Assistance Program

guidanceresources.com
800-697-0353

Equitable

equitable.com
866-274-9887

Harvard Pilgrim Health Care

www.harvardpilgrim.org
800-848-9995

Health Equity

www.healthequity.com
866-346-5800

This pamphlet is provided for your convenience and is for informational purposes only. CAPS Collaborative is not responsible for errors, omissions or changes initiated by CAPS Collaborative or a Third Party. If there is a discrepancy between the information in this pamphlet and the official plan documents, the plan documents will always govern. This guide is not a contract and does not intend to create contractual obligations of any kind. While CAPS Collaborative intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason including COVID-19 developments. **Revised 2/2/2024.**

2024

Benefits Overview for Employees of



Provided by:

Borislow
INSURANCE

Medical Insurance



Plan Year: March 1, 2024 - February 28, 2025

Harvard Pilgrim — Best Buy H.S.A HMO \$3,000

In-Network Benefits

Deductible: \$3,000 Individual, \$6,000 Family
Preventive Office Visit: Covered 100%
PCP Office Visit: Covered 100% *after* deductible
Specialist Office Visit: Covered 100% *after* deductible
Routine Vision Exams: Covered 100% (One visit per year)
Emergency Room: Covered 100% *after* deductible
Urgent Care: Covered 100% *after* deductible
Inpatient Services: Covered 100% *after* deductible
Outpatient Services: Covered 100% *after* deductible
MRIs, MRAs, CAT/PET Scans: Covered 100% *after* deductible
X-rays, labs, other tests: Covered 100% *after* deductible
Chiropractic Services: Covered 100% *after* deductible.
 Up to 20 visits per plan year.
Prescription Drugs: Subject to copays *after* deductible*
Retail Rx: \$5 / \$20 / \$30 / \$50 / 20% up to \$250
Mail Order Rx: \$10 / \$40 / \$60 / \$150 / 20% up to \$750

Employee Contributions Per Pay Period

Employee Only: \$113.05
Family: \$298.01

Harvard Pilgrim — Best Buy H.S.A HMO \$3,000

Focus Network

In-Network Benefits

Deductible: \$3,000 Individual, \$6,000 Family
Preventive Office Visit: Covered 100%
PCP Office Visit: Covered 100% *after* deductible
Specialist Office Visit: Covered 100% *after* deductible
Routine Vision Exams: Covered 100% *after* deductible
 (One visit per year)
Emergency Room: Covered 100% *after* deductible
Urgent Care: Covered 100% *after* deductible
Inpatient Services: Covered 100% *after* deductible
Outpatient Services: Covered 100% *after* deductible
MRIs, MRAs, CAT/PET Scans: Covered 100% *after* deductible
X-rays, labs, other tests: Covered 100% *after* deductible
Chiropractic Services: Covered 100% *after* deductible.
 Up to 20 visits per plan year.
Prescription Drugs: Subject to copays *after* deductible*
Retail Rx: \$5 / \$20 / \$30 / \$50 / 20% up to \$250
Mail Order Rx: \$10 / \$40 / \$60 / \$150 / 20% up to \$750

Employee Contributions Per Pay Period

Employee Only: \$103.48
Family: \$272.78

*Some preventive drugs are not subject to deductible.
 Please visit www.harvardpilgrim.org to learn more.
 Limitations and restrictions apply.

Health Savings Account



Health Equity

Our health insurance plans have been paired with a Health Savings Account (HSA). A HSA is a tax-advantaged checking account that can be used to pay qualified out of pocket medical expenses. This plan is administered by Health Equity. CAPS funds the following amount into an account that will belong to you as long as you are eligible to hold it:

\$1,800 per employee | \$3,600 per family

Note: Employees who are not eligible to participate in the HSA plan will automatically be enrolled in the HRA program with the same funding level.

Flexible Spending Account



Health Equity

A Flexible Spending Account (FSA) is a tax-advantaged spending account that can be used to pay qualified medical or dependent care expenses. This plan operates on a plan year, starting anew each March 1st. The major benefit to flexible spending accounts is that payroll deductions are made with pre-tax dollars.

- The annual medical FSA limit set by the IRS for 2024 is **\$3,200** per year.

Rollover: The 'unlimited rollover' option offered by the IRS has ended and the rollover amount has been capped at \$640.

Note: Employees enrolled in the HSA are not eligible to enroll in the FSA.

Dental Insurance



Dental Blue Freedom

Plan Year: March 1, 2024 - February 28, 2025

Calendar Year Deductible: \$50/person, \$150/family

Calendar Year Maximum : \$1,000 per member

	In Network	Out of Network
Preventative Services Diagnostic, Preventative <small>(note: these services are NOT subject to the deductible)</small>	100%	100%
Basic Services Restorative, Oral Surgery, Periodontics, Endodontics, Prosthetic Maintenance, Emergency Dental Care	100%	80%
Major Services Prosthodontics (Teeth Replacement) Major Restorative	60%	50%

Employee Contributions Per Pay Period

Employee Only: \$9.24
Family: \$26.85

Life Insurance



Life Insurance and AD&D

Eligibility for coverage

All active full-time employees working at least 20 hours per week are eligible the first of the month following a 90 day waiting period.

Amount of Insurance

You are eligible for Life Insurance in the amount of 1 times your basic annual earnings, to a maximum of \$50,000.

Accidental Death and Dismemberment

If death is due to an accident as defined under the insurance contract you are eligible for AD&D equal to the amount of your Life Insurance.

Reductions in Coverage

Your coverage amount will reduce by 50% at age 70. Coverage is discontinued at termination of employment or retirement.

This plan is 100% paid for by CAPS Collaborative.

Disability Insurance



Short Term Disability (STD)

Eligibility for Coverage

All active full-time employees working at least 20 hours per week are eligible the first of the month following a 90 day waiting period.

Elimination Period

You must satisfy a 14 day elimination period for both an accident or a sickness related disability before benefits will begin. Benefits will begin on the 15th calendar day.

Disability Benefits

This plan pays a benefit up to 66 2/3% of your weekly salary – to a maximum of \$750 per week. Coverage lasts for up to 24 weeks.

Long Term Disability (LTD)

Eligibility for Coverage

All active full-time employees working at least 20 hours per week are eligible the first of the month following a 90 day waiting period.

Elimination Period

Before benefits begin, you must satisfy an elimination period of the later of: 180 calendar days; or the date your short-term disability ends.

Disability Benefit

This plan pays a benefit up to 60% of your monthly covered earnings – to a maximum of \$6,500 per month. Employees must meet the definition of disability as defined in the policy to be eligible for benefits.

These plans are 100% paid for by CAPS Collaborative.