

FY2025 NOTES: > Payroll deductions are processed 1month prior to the coverage date, **except for TASC* FSA/DCFSA**, and
 > **Medex2 Rates** change per CALENDAR YEAR, not Fiscal Year.
 * For detailed summary information, Ekits, enrollment/change forms etc. go to: <http://townsendma.gov/human-resources> then click on Summary of Benefits link

VOLUNTARY HEALTH INSURANCE: MONTHLY and BY PAYCHECK CONTRIBUTIONS				
HEALTH INSURANCE COVERAGE OPTIONS	See Article 30.3 in Personnel Manual	MONTHLY RATES	EMPLOYEE MONTHLY CONTRIBUTION (25%)	EMPLOYEE PAY CHECK CONTRIBUTION (24 PAYS)
PPO Blue Care Elect #002310072	Individual	\$1,212.57	\$303.14	\$151.57
Deductible \$250	Family	\$3,152.44	\$788.11	\$394.06
HMO Blue New England #004000577	Individual	\$1,092.42	\$273.11	\$136.55
Deductible \$250	Family	\$2,840.04	\$710.01	\$355.01
HMO Blue Select #004070076	Individual	\$950.41	\$237.60	\$118.80
Deductible \$250	Family	\$2,470.84	\$617.71	\$308.86
CAL YR 2024 Medex 2 with pdp (Medicare 65+) #502281068	Individual	\$376.77	\$94.19	\$47.10
Medex 2 186.09/2=\$93.045	Blue Medicare RX rates represent PDP Option 26 (10/\$20/\$35 RX,2xMO.)			
Blue Med RX \$169.35/2=84.675				

VOLUNTARY DENTAL INSURANCE: MONTHLY and BY PAYCHECK CONTRIBUTIONS				
DENTAL INSURANCE COVERAGE OPTIONS		MONTHLY RATES	EMPLOYEE MONTHLY CONTRIBUTION (100%)	EMPLOYEE PAY CHECK CONTRIBUTION (24 PAYS)
DENTAL BLUE FREEDOM BASIC #002371398	Individual	\$31.03	\$31.03	\$15.52
Basic 100/80/0	Two Person	\$71.02	\$71.02	\$35.51
\$50/\$150 Deductible \$1,000	Family	\$97.01	\$97.01	\$48.51
DENTAL BLUE FREEDOM ENHANCED #002371399	Individual	\$46.35	\$46.35	\$23.18
Enhanced 100/80/50	Two Person	\$93.30	\$93.30	\$46.65
\$50/\$150 Deductible \$1,000	Family	\$123.82	\$123.82	\$61.91

VOLUNTARY VISION INSURANCE: MONTHLY and BY PAYCHECK CONTRIBUTIONS				
VISION INSURANCE COVERAGE OPTIONS		MONTHLY RATES	EMPLOYEE MONTHLY CONTRIBUTION (100%)	EMPLOYEE PAY CHECK CONTRIBUTION (24 PAYS)
Plan effective FY23 (7/01/2022) 4yr rate guarantee.				
VISION INSIGHT #21057				
Lens Copay \$10	Employee	\$6.77	\$6.77	\$3.39
Frame Allowance \$150	Employee + Spouse	\$11.51	\$11.51	\$5.76
Contact Allowance \$150	Employee + Child(ren)	\$11.85	\$11.85	\$5.93
Frequency (Lens/Frames) 12/12	Family	\$18.62	\$18.62	\$9.31

VOLUNTARY GROUP TERM LIFE INSURANCE: MONTHLY and BY PAYCHECK CONTRIBUTIONS				
BOSTON MUTUAL LIFE INSURANCE		MONTHLY RATES	EMPLOYEE MONTHLY CONTRIBUTION (50%)	EMPLOYEE PAY CHECK CONTRIBUTION (12 PAYS)
(See Article 30.2 in Personnel Manual)				
Group Plan - \$2000. coverage for each - Group Life & AD&D	Group # G-2027 Div. 1	\$2.00	\$1.00	\$1.00
Plan #G-24653 Div.1 - *see enrollments rate sheet for various employee & family plans and amounts.	Contacts:	chuff@townsendma.gov	or rhersey@townsendma.gov	
NOTE: Must be in Group plan #2027-1 to get the other.	Ph: (800) 669-2268	www.BostonMutual.com		

COLONIAL LIFE INSURANCE	
NOTE: All Colonial Life Supplemental Plan options are voluntary private policies (not offered via employee-group pricing)	
NOTE: Just like your other benefits, Colonial Life Supplemental Plan premiums are automatically deducted from your paycheck	Contact: Kimberly Cunningham Ph: (401)-596-1510 Email: Kimberly.Cunningham@coloniallifesales.com

Flexible Spending Accounts & Dependent Care Spending Accounts		
DO NOT AUTOMATICALLY RENEW You must RE-ENROLL every fiscal year (based on 26 pay periods starting in JULY, for JULY Coverage)		
NOTE: For new employees with enrollment dates <u>after July 1st</u> : TOTAL enrolled amount divided by how many pay periods left in the Fiscal Year = payroll deduction amount.		
Deadlines to use FSA/DCFSA funds: 6/30/24 for FY24 enrollments (expenses between 7/1/23-6/30/24) & 6/30/25 for FY25 enrollments (expenses between 7/1/24-6/30/25).		
Deadlines to use CARRIED-OVER FSA funds: 9/15/24 for up to \$610 carried-over from FY24 & 9/15/25 for up to \$640 carried-over from FY25. No carry-over allowed for DCFSA.		
Deadlines to SUBMIT RECEIPTS: 9/28/24 for FSA/DCFSA expenses PAID during FY24 (7/1/23-6/30/24). Any unused funds not attributed to FY24 expenses will be forfeited on 10/1/24.		
TASOnline.com Contact: 800-422-4661 Employer ID # 4219-7450-1589	FY2025 Enrollment Total Annual	Download the MOBILE APP for easy access!
Flexible Spending Account (FSA) #1000320480	\$3,200.00	https://uba.tasonline.com/assets/docs/signin-instructions.pdf
Dare Care Flexible Spending Account (DCFSA) #1000320479	*\$5000	https://uba.tasonline.com/login
NOTE: There is a 1min 45sec. account access instruction video		
* For DCFSA, limit applies to married couples as a unit, so you may contribute up to \$5,000. if file income tax as an individual or if married and file jointly. Max. \$2500. if married and file separately.		