

MASSACHUSETTS/MOSES

HEALTH & WELFARE TRUST FUND

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Dear Health and Welfare Member:

Enclosed, please find your Health and Welfare reimbursement form for calendar year 2016 dental/optical expenses. Reimbursement levels are **90% of the first \$2,000 and 40% of the next \$1,500**. The maximum reimbursement amount is \$2,400.

- a) Individual eye glass, contact lens and laser expenses are \$350 and the maximum allowed is \$700.
- b) A \$250 Hearing Aid benefit continues for calendar year 2016 through calendar year 2017.

For those covered by DeltaCare or Altus, your enclosed 50% optical reimbursement form for calendar year 2016 includes:

- a) Individual eye glass, contact lens and laser expenses up to \$350
- b) A \$250 Hearing Aid benefit continues for calendar year 2016 through calendar year 2017.

The \$5000 death benefit first established in 2014 continues to exist for Unit 9/ Unit E employees and COBRA retirees.

In addition to your reimbursement form, please look over the additional information we have provided which we hope helps you make an informed choice of which plan is best for you.

Sincerely,

B. Marie Cunningham
Co-Chair, Mass/MOSES HWTF

Christopher Bresnahan
Co-Chair, Mass/MOSES HWTF

In filling out your claim form, please provide **ALL** required information. Following the instructions on the claim form will help you to avoid a **\$10.00 reprocessing charge** as well as a delay in receiving your reimbursement. The most common mistake people make is **failing to include the name, address and telephone number of the provider on the bills submitted**. It is acceptable for you to write this information on your receipt if it is not already included on your receipt. If you are in the open plan and submitting orthodontic expenses, you must submit detail showing the dates the claimant visited the orthodontist and what was done. Simply submitting payment amounts and dates of payment is not sufficient.

Dental Plan Enrollment Ends December 15, 2016

It's time again to decide if you want to change your dental plan for next year. **If you wish to stay enrolled in your current plan, you do not need to do anything. If you wish to change your plan, you must fill out the form below and return it either by fax at 617-367-9371, electronically to jvitiello@moses-ma.org, or mail it to the address listed below.**

Each year we get questions asking which plan is best for you and your family. Although that decision is yours to make, we are providing a brief description of each plan starting on page 3. The open plan is more fully described on the reimbursement form. You may visit the Altus website at www.altusdental.com. You may also visit the DeltaCare website at: www.deltamass.com or call DeltaCare at 1-800-327-6277 for more details.

ENROLLMENT BEGINS NOW & ENDS DECEMBER 15th

The Mass/MOSES Health and Welfare Trust Fund open enrollment period extends until **December 15, 2016**. This is your yearly chance to change dental plans. All changes take effect **January 1, 2017**.

If you wish to stay enrolled in your current plan, you do not need to do anything.

If you wish to change your enrollment, you must fill out the form below and return it directly to the Trust Fund (address below).

- I am currently enrolled in the Open (Reimbursement) Plan and would like to switch to the _____ DeltaCare Plan _____ Altus Plan. (choose one) Please send me the necessary enrollment information. I understand that I will be required to pay a weekly co-premium of \$2.00 DeltaCare/\$4.00 Altus for an individual plan; \$8.00 DeltaCare/\$13.00 Altus for a family plan or \$11.00 for a 2 person Altus plan.
- I am currently enrolled in the _____ DeltaCare Plan _____ Altus Plan and would like to switch to the _____ DeltaCare Plan _____ Altus Plan. I understand that I will be required to pay a weekly co-premium of \$2.00 DeltaCare/\$4.00 Altus for an individual plan or \$8.00 DeltaCare/\$13.00 Altus for a family plan or \$11.00 for a 2 person Altus plan.
- I am currently enrolled in the _____ DeltaCare Plan _____ Altus Plan and would like to switch to the Open (Reimbursement) Plan.

Name: _____ Agency: _____

Date: _____

Signature: _____ Email _____

**Mail to: MASSACHUSETTS/MOSES HEALTH & WELFARE TRUST FUND
90 N. Washington St, Suite 3
Boston, MA 02114**

Or Email to: jvitiello@moses-ma.org or fax to: MOSES at 617-367-2727

Enclosed, please find information regarding the three dental plans we offer. **You may want to consider switching from the "Open" plan to "DeltaCare" or Altus Dental" if you anticipate large dental expenses for calendar year 2017 or covering dependents to age 26 is important to you.** We have included information on DeltaCare and Altus Dental websites to help you investigate these two choices. We have also included guidance of things you should consider to help you decide which of the three dental plans may be best for you and your family.

ALL PLANS – DEPENDENT AGE DIFFERENCES

The three plans we offer, have different cutoff dates for dependent children coverage. This may be important to your decision. **The DeltaCare and Altus plans presently cover dependent children until their 26th birthday regardless whether they are students.** The Open plan covers unmarried dependent children until their 19th birthday but continues coverage for unmarried dependent children if they stay in school but no later than their 24th birthday. Be aware of this difference- if you have older dependent children, you may find that DeltaCare or Altus make the best choices.

MASSACHUSETTS/MOSES - DeltaCare Plan

If you have a large family or expect large dental expenses, the DeltaCare Dental plan is an option you should consider. For maximum benefit, you or your family must select a dentist from the **Delta Care Provider List** and obtain services from that dentist. The network provider list is fairly small (**less than 10% of Massachusetts dentists**) and may not include dentists in your area. (Note: If you ask your present dentist if he/she takes DeltaCare, make certain you state “DeltaCare”. Simply asking if the dentist takes “Delta” will get you a wrong answer as Delta offers 5 different plans.) **Under this plan you pay a co-payment to the Trust of \$2.00 per week for an individual plan or \$8.00 per week for the family plan.** Dependent children are included until age 26 regardless of student status.

The Trust has made significant improvements in this plan over the last couple of years that greatly reduced the already low co-payments for procedures such as fillings, crowns, impacted tooth removal, root canals and dentures. These improvements will continue for 2017.

Under DeltaCare, there are no charges for exams, cleanings and x-rays for each member of your family. There are exclusions on some procedures (**i.e. cosmetic dental care (bleaching etc.), dental implants, plans involving 10 or more crowns**) and calendar year maximum allowed amounts on other procedures (i.e. \$1,000 calendar year maximum per family member on oral surgery, periodontal service and endodontic service) **However, if the exclusions and maximums do not apply, there is no dollar limitation on benefits that may be received under DeltaCare which makes this plan a great choice if a covered member needs extensive dental work!**

There is a procedure by which you or a family member can go to dentists not on the provider list but your costs will be much higher as the DeltaCare plan only reimburses a fraction of the dentist’s charges and each member of your family must satisfy an initial deductible of \$100.

Go to www.deltadentalma.com to view a list of DeltaCare dentists. **Make certain you follow the link to DeltaCare.** It’s also a good idea to follow up with a phone call to make certain the DeltaCare dentist listed is taking new patients. Go to the MOSES website at www.moses-ma.org to view a list of co-payments you will be responsible for under DeltaCare. (At the MOSES site, follow the links under MOSES benefits to MOSES Health and Welfare to DeltaCare co-payments.)

If you choose the DeltaCare plan, your optical reimbursements are at 50% of the amount covered and your maximum optical reimbursement is \$350/year. We have increased the maximum participation rate for eye examination from \$20.00 to \$60.00. You also are eligible for the hearing aid reimbursement of up to \$250/year.

MASSACHUSETTS/MOSES – Altus Dental Plan

If you have a large family or expect large dental expenses, and can't find a DeltaCare dentist you want to use, the Altus Dental plan is another option you should consider. Over 5000 dentists in Massachusetts, New Hampshire and Rhode Island accept Altus. You may also go to dentists that don't participate in Altus - however, if you do this you will not be taking advantage of the in-network discounts Altus negotiated with participating dentists and you may be balance billed.

Under this plan, during 2017, you pay a co-premium to the Trust of \$4.00/week for an individual plan, \$11.00/week for one + one and \$13.00/week for a family of 3 or more.

Dependent children are included until age 26 regardless of student status.

As with DeltaCare, there are no charges for exams, cleanings and x-rays under Altus for any member of your family, **however, charges for these services are deducted from your annual cap.** Unlike DeltaCare, each member must pay the first \$50 for other restorative services (maximum of \$150/family). After that initial payment, you pay 50% of a price that Altus has negotiated for these minor and major restorative services. This negotiated price, although generally higher than the DeltaCare co-payment, is usually lower than the price non-plan dentists charge.

Bleaching and other similar cosmetic services are not covered. There is an annual cap of \$1500 in services for each member of your family and a procedure to 'carry over' partial credit for the following year. In order to qualify for the 'carry over', the member must receive preventive care during the year and the cost for minor and major restorative service must be under \$700. Provided the 'carry over' criteria have been met, \$350 is carried over with an extra \$150 bonus allowed if you received all services from a participating Altus dentist - the member is then eligible for up to \$2000 coverage in the following year. (\$1,500 annual plus \$350 carry over plus \$150 bonus).

If a member of your family under 19 needs orthodontia, Altus pays a maximum of \$1,500.

Go to www.altusdental.com to view a list of Altus dentists. At the website, click on 'Find a dentist' and then click on 'Considering joining Altus' and then enter a dentist's name or your zip code and the number of miles you are willing to travel. Go to the MOSES website at www.moses-ma.org to view the details of Altus Dental coverage. (At the MOSES site, follow the links under MOSES benefits to MOSES Health and Welfare to Altus Dental plan).

If you choose the Altus Dental plan, your optical reimbursements are at 50% of the amount covered and your maximum optical reimbursement is \$350/year. We have increased the maximum participation rate for eye examinations from \$20.00 to \$60.00. You also are eligible for the hearing aid reimbursement of up to \$250/year.

Mass/MOSES - Open (Reimbursement) Plan

Most MOSES members **who do not anticipate large bills** choose this plan. **Under this plan you and your family may go to any dentist you want and you pay no weekly co-premium.** All dental services are allowed except for bleaching and similar cosmetic services. The Open Plan "reimbursement level" is not set until we analyze reimbursement costs for the previous year. Sometimes we are able to increase reimbursement levels and sometimes we are not. If we ever have to decrease reimbursement levels, our goal is to tell you in advance of enrollment so you can

plan for the following year. The reimbursement rate for 2016 remains unchanged from 2015 except we have increased the maximum participation rate for eye examinations from \$20.00 to \$60.00.

The Open Plan reimbursement rate for 2016 dental/optical expenses are 90% of the first \$2,000 and 40% of the next \$1,500 in family dental/optical expenses.

Optical expenses that are part of the reimbursement are subject to certain limitations. For example, during 2016, eyeglasses are limited to \$350/pair and contact lenses are limited to \$350 per person/year. Laser treatment is limited to \$350 per person. Eye exams are limited to \$60 because health plans provide eye exams. The maximum optical reimbursement amount during 2016 is **\$700/family/year**. As in the past, **sports goggles, medicines, vision therapy, eye training, surgery, and non-prescription glasses are NOT covered.**

You also are eligible for the hearing aid reimbursement of up to \$250/year.

FACTORS TO CONSIDER IN PLAN CHOICE

By Paul Donohue, Esq.

The following information is provided as a guide to help you decide which dental plan is best for you. The first issue to consider is your satisfaction with your existing dentist and whether he/she is an Altus Dental or DeltaCare dentist. Only you and your family can decide how much money you must save before you will consider joining Altus Dental or DeltaCare if it involves choosing a new dentist. Then you should project the annual cost of your dental/optical needs while recognizing the risk that unforeseen dental emergencies might make your needs projection meaningless.

Next consider whether you are eligible for individual or family coverage:

1) Individual coverage:

If you accept the risk of unforeseen dental emergencies and your individual projected needs are \$1,500/year or less (individual), you are generally better off with the open reimbursement plan. For example, if your annual expenses are \$1,500, with the open plan, you will get back all but \$150 and avoid \$104/year in co-premium under DeltaCare or \$208/year under Altus.

If individual projected dental needs are \$2,100 or more, you are probably better off with either DeltaCare or Altus Dental. As an individual, your co-premium under DeltaCare is \$2.00/week or \$104 per year. Under Altus Dental, your co-premium is \$4.00/week or \$208 per year. Under the open plan, even if your expenses are only \$2,100, you will only receive \$1,840, a reduction of \$260.

There are other factors to consider. If you are not saving a lot of money by choosing the open reimbursement plan, you may enjoy the convenience of DeltaCare or Altus, because, unlike the open plan, you do not have to wait for reimbursement.

2) Family coverage:

If you accept the risk of unforeseen dental emergencies and your expected annual family dental expenses are \$2,300/year or less, you may be better off with the open plan. This is so because under the open plan, the amount you will get back exceeds the co-premium cost for either DeltaCare or Altus Dental. The co-premium for family DeltaCare is \$8.00/week (\$416/year). The co-premium for family Altus Dental is \$13.00/week (\$676/year) and the co-premium for one+one Altus Dental coverage is \$11.00/week (\$572/year). However, other factors should be considered; if you are not saving a lot of money in the open reimbursement plan, and most of your family

needs do not involve co-payments, you may enjoy the convenience of not waiting for your reimbursement. But, you should also consider that choosing DeltaCare or Altus provides dental coverage for older dependents than the open plan does.

If your expected family dental expenses are more than \$2,700/year, you are usually better off with either DeltaCare or Altus Dental. For example, if your family expenses are \$2,800, the reduction in your open plan reimbursement (\$680) exceeds the co-insurance cost for Altus Dental or DeltaCare.

Under the open plan, as your total family dental/optical expenses rise above \$2,000, you only receive 40% reimbursement and all participation ends if total family dental/optical expenses exceed \$3,500. Under Altus and DeltaCare, negotiated fees generally save you 20% -30% of normal dentist charges and there is no cost for exams, cleanings and x-rays. Subject to certain limitations on procedures, DeltaCare does not limit reimbursements and Altus Dental has a \$1,500 annual limit per person covered. Also, with DeltaCare and Altus, you are always separately covered for optical expenses.

3) Things to consider in selecting between Altus Dental and DeltaCare:

Assuming that your expected dental bills are large enough so it makes economic sense to not use the open reimbursement plan, you next have to decide whether Altus Dental or DeltaCare is best for you and/or your family.

First, consider whether your dentist or a dentist in your area takes Altus Dental, DeltaCare or both plans. To see if your dentist or a dentist near where you live takes “Altus Dental”, go to their website at www.altusdental.com. At the Altus Dental site, click on “considering joining Altus” and then enter your dentist’s name or your zip code with the number of miles you are willing to travel. You should also visit the DeltaCare website at www.deltamass.com. Make certain when you’re at the Delta website you click on “DeltaCare” as your plan and then enter your zip code with the number of miles you are willing to travel.

If you find a new dentist you are willing to use, it is a good idea to call to make certain that dentist is taking new Altus Dental or DeltaCare enrollees.

If you do not have access to a computer, contact Janet Vitiello at the MOSES office (1-800-845-1141 x 319) and she will send you information on the dentists who take either DeltaCare or Altus Dental in your area.

If there is no DeltaCare dentist in your area, the best choice generally would be Altus Dental.

Assuming that both DeltaCare and Altus Dental dentists are in your area, the choice between the two plans may be more difficult.

a) Are you seeking individual coverage?

Your co-insurance cost is different: DeltaCare (\$2.00/week); and Altus Dental (\$4.00/week) so that is a factor in your choice.

Under either plan, there is no co-payment for exams, cleanings and x-rays so that is not a factor.

Assuming you need some minor or major restorative services there are some differences. For example, you have to pay the first \$50/ year for these services under Altus Dental but you do not have to pay this fee with DeltaCare. Also the 50% copay under Altus for restorative service is probably greater than the reduced rates we have negotiated with DeltaCare for restorative services.

DeltaCare does not cover implants but Altus Dental does. DeltaCare has a \$1,000 calendar year maximum on certain specialty services (oral surgery, endodontics, and periodontics) but Altus Dental does not. **Altus Dental has a \$1,500 cap/individual on services but DeltaCare has no overall cap.**

Each member that goes out of network with DeltaCare has to pay \$100 and will see a substantial reduction in benefits. Under Altus Dental, with their larger group of dentists, it is less likely you will have to go out of network, but if you do, the coverage is probably better than DeltaCare.

b) Are you seeking family coverage?

Your co-insurance cost is different: DeltaCare (\$8.00/week); (1+1) Altus Dental (\$11.00/week); (3 or more) Altus (\$13.00/week) so that may be a factor in your choice.

Under either plan, there is no co-payment for exams, cleanings and x-rays so that is not a factor.

Assuming you or family members need some minor or major restorative services, there are some differences. For example, under Altus Dental you have to pay the first \$50/ year for these services for each family member (up to \$150 total per family) but you do not have to pay this fee with DeltaCare.

DeltaCare does not cover implants but Altus Dental does. DeltaCare has a \$1,000 calendar year maximum on certain specialty services (oral surgery, endodontics, and periodontics) but Altus Dental does not. Altus Dental has a \$1,500 cap on services for each covered person but DeltaCare has no overall cap.

Each member that goes out of network with DeltaCare has to pay \$100 and will see a substantial reduction in benefits. Under Altus Dental, with their larger group of dentists, it is less likely you will have to go out of network, but if you do, the coverage is probably better than DeltaCare.

**REMEMBER: IF YOU WANT TO CHANGE PLANS,
YOU MUST RETURN THE ENROLLMENT FORM
BY: DECEMBER 15, 2016**