

MASSACHUSETTS/MOSES
HEALTH & WELFARE TRUST FUND

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Dear Health and Welfare Member:

Enclosed, please find your Health and Welfare form for calendar year 2023 expenses. If you are in the Open Plan, reimbursement levels for dental/optical expenses are 90% of the first \$2,300.00 and 50% of the next \$1,500.00. The maximum reimbursement in the Open Plan is \$2,820.00. The maximum optical expenses covered under the formula is \$800.00. This \$800.00 covers optical exams, glasses, contact lenses, laser treatment and/or Intra-ocular lenses. The amount covered under the formula for laser treatment and intra-ocular lenses remains at \$450.00. But please note that intra-ocular lenses are only approved if inserted as part of GIC approved cataract surgery. Please see the Open Plan reimbursement form for other details on allowed expenses.

For those covered by DeltaCare or Altus dental plans, your optical reimbursement form for calendar year 2023 is enclosed. These plans cover the same optical expenses as the Open Plan at a reimbursement level of 75%. The maximum you can receive for optical expenses is \$600.00.

The separate hearing aid benefit for calendar year 2023 for all members and COBRA participants continues at \$600.00. **Please note, we only reimburse hearing aid expenses that are GIC co-payments.** For calendar year 2024 the \$5,000.00 death benefit continues for Unit 9 employees, Unit E employees, covered MWRA employees, and COBRA retirees.

COBRA participants are responsible for keeping premiums up to date. If your premium lapses more than 60 days, your coverage under COBRA will be terminated.

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,

Michael Galvin
Co-Chair, Mass/MOSES HWTF

Jessica Leger
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 details showing the dates the claimant visited the orthodontist and what was done. Simply submitting payment amounts and dates of payment is not enough.

Dental Plan Enrollment Ends December 8, 2023

It is 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 electronically to tprendergast@moses-ma.org, or by fax at 617-367-9371, or mail it to the address listed below.**

ENROLLMENT ENDS--December 8, 2023

The Mass/MOSES Health and Welfare Trust Fund open enrollment period extends until December 8, 2023. This is your yearly chance to change dental plans. All changes take effect January 1, 2024.

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* (via email, fax, or the 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/\$2.00 Altus for an individual plan; \$6.00 DeltaCare/\$11.00 Altus for a family plan; or \$6.00 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/\$2.00 Altus for an individual plan or \$6.00 DeltaCare/\$11.00 Altus for a family plan or \$6.00 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 _____

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

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.deltadentalma.com or call DeltaCare at 1-800-327-6277 for more details.

Enclosed, please find information regarding the three dental plans we offer. **You may want to consider switching from the “Open” Plan to either the “DeltaCare” Plan or “Altus Dental” Plan, otherwise referred to as “Closed” Plans, if you anticipate large dental expenses for calendar year 2024 or if 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 on things you should consider helping 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 very important to your decision. **The DeltaCare and Altus plans cover dependent children until their 26th birthday regardless of if they are students.** The Open Plan covers unmarried dependent children **until their 19th birthday** but continues coverage for unmarried dependent children as long as they stay in school, but no later than their 24th birthday. Be aware of this difference because **if you have older dependent children, you may find that DeltaCare or Altus Plans make the better choice.** However, optical benefits for dependent children have the same age restriction in a Closed Plan as in the Open Plan.

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 Providers 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 they accept DeltaCare, make certain you state “DeltaCare”. Simply asking if the dentist accepts “Delta” may 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 \$6.00 per week for the family plan.** Dependent children are included until age 26 regardless of student status.

Previously, we made significant improvements in this plan that greatly reduced the already low co-payments for procedures such as fillings, crowns, impacted tooth removal, root canals and dentures. These improvements continue for 2024.

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. \$1,000.00 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 \$100.00.

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 accepting 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, allowed optical expenses are the same as the Open Plan, however, optical reimbursements are at 75% of the amount covered and your maximum optical reimbursement is \$600.00/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 \$600.00/year. You also are covered by the \$5,000.00 death benefit.

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 5,000 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 that Altus negotiated with participating dentists, and you may be balance billed.

Under this plan, during 2024, you pay a co-premium to the Trust of \$2.00/week for an individual plan, \$6.00/week for one + one and \$11.00/week for a family of 3 or more. Dependent children are included until age 26 regardless of student status.

There is a \$1,500.00 cap for each member of your family. As with DeltaCare, under Altus there are no charges for exams, cleanings, and x-rays for any member of your family provided you stay in network, but these charges are part of the cap. Unlike DeltaCare, each member must pay the first \$50.00 for other restorative services (maximum of \$150.00/family). After that initial payment, provided you stay in network, you pay 50% of the 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. **Comparing bills submitted to payments made indicates a discount of approximately 30%, so even if you are paying 50% for a service it is 50% of a substantially reduced price.**

Bleaching and other similar cosmetic services are NOT covered. There is an annual cap of \$1,500.00 in services for each member of your family.

If a member of your family under 19 needs orthodontia, Altus pays a maximum of \$1,500.00.

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, allowed optical expenses are the same as the Open Plan, however, optical reimbursements are at 75% of the amount covered and your maximum optical reimbursement is \$600.00/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 \$600.00/year. You also are covered by the \$5,000.00 death benefit.

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.** Dental services provided in an office setting are allowed except for bleaching and similar cosmetic services. This plan does NOT cover work provided by SmileDirectClub or other offsite service providers. The Open Plan “reimbursement level” is not set until we analyze reimbursement costs for the previous year. Sometimes we can increase reimbursement levels and sometimes we cannot. If we ever must decrease reimbursement levels, our goal is to tell you in advance of enrollment so you can plan for the following year.

The Open Plan reimbursement rate for 2023 is 90% of the first \$2,300.00 and 50% of the next \$1,500.00 in family dental/optical expenses. Reimbursement for employees new to the unit will be prorated based upon the length of service in the benefit year.

Optical expenses that are part of the reimbursement formula are subject to certain limitations. For example, during 2023, the maximum optical expenses covered under the formula is \$800.00. Eyeglasses are limited to \$400.00/pair and contact lenses are limited to \$375.00 per person/year. Laser treatment during 2023 is covered up to \$450.00 per person. Inter-ocular lenses added during a GIC approved cataract surgery are covered under the formula up to \$450.00. Eye exams are limited to \$60.00. 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 \$600.00/year. You also are covered by the \$5,000.00 death benefit.

Dental savings plans, sometimes called dental discount plans or dental discount programs are membership programs that may charge a monthly or annual fee or premium. Monthly or annual fees or premiums offered by these types of programs are **NOT** eligible for reimbursement. Expenses for services received under these types of plans are only eligible for reimbursement if the employee provides documentation showing services actually received and the corresponding cost of each service received. If the documentation is provided, the actual cost of those services received will be eligible for reimbursement, not the cost of the premium.

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 they are an Altus Dental or DeltaCare dentist. Only you and your family can decide how much money you must save before you 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:

You are generally better off choosing the Open Plan which will return 90% of the first \$2,300.00 in expenses and 50% of the next \$1,500.00 in expenses. However, if your expenses are mostly cleanings and x-rays that are fully covered by DeltaCare and Altus, and waiting until the end of the calendar year for reimbursement under the open plan is a problem, you may wish to make the small

co-payments required for DeltaCare or Altus so you can receive these services at little additional cost to you.

If you have significant dental problems that exceed \$2,500.00 and approach or exceed the Open Plan cap, you may want to investigate your costs with DeltaCare as that may save you money. But, if you do this, make certain the service you need is not on the DeltaCare exclusion list.

You generally will not find Altus a wise choice with extensive dental needs as the \$1,500.00 Altus cap makes the Open Plan or DeltaCare the better choice for individuals with large costs.

Also, with DeltaCare and Altus, you are always separately covered for optical expenses.

2) One plus One Coverage:

If your expected annual dental expenses are \$2,500.00/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 approximates the co-premium cost for either DeltaCare or Altus Dental (1+1). The co-premium for either family DeltaCare or Altus (1+1) is \$6.00/week (\$312.00/year). Under the Open Plan, with \$2,500.00 in expenses, you will get back all but \$330.00. However, other factors should be considered; if you are not saving a lot of money in the Open 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 dependents up to age 26 while the Open Plan does not.** There is added value in the negotiated dental rates with DeltaCare and Altus which act to reduce the size of the dental bill you will get in the Open Plan.

If your expected family dental expenses are more than \$2,800.00/year, you may be better off with either DeltaCare or Altus Dental. For example, if your family expenses are \$2,800.00, the reduction in your Open Plan reimbursement (\$480.00) exceeds the co-insurance cost for Altus Dental or DeltaCare. However, in evaluating savings, if you choose DeltaCare or Altus, do not neglect to consider the value of the discounts that DeltaCare and Altus have negotiated with dentists.

Under the Open Plan, as your total family dental/optical expenses rise above \$2,300.00, you only receive 50% reimbursement, and all participation ends if total family dental/optical expenses exceed \$3,800.00. Under Altus and DeltaCare, negotiated fees generally save you 30%-40% 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 \$1,500.00 annual limit per person covered.

Also, with DeltaCare and Altus, you are always separately covered for optical expenses at 75% reimbursement. If you choose the Open Plan and your family dental expenses exceed \$2,300.00, your coverage for optical expenses will be at 50% and if your dental expenses exceed \$3,800.00, there is no reimbursement for optical expenses.

3) Family Coverage -- Three or More:

If it is important to you to cover children over 18 who are not students, you should only consider DeltaCare or Altus. Both DeltaCare and Altus cover dependents until their 26th birthday regardless of if they are students. Be aware that the Open Plan coverage ends on the 19th birthday unless the dependent is under 24 and a full-time student. Coverage for a dependent who is incapable of self-sustaining employment because of mental disability or physical handicap and whose incapacity began prior to their 19th birthday shall continue so long as the employee's coverage remains in force and said incapacity continues.

The DeltaCare co-premium cost for three or more is \$6.00/week (\$312.00/year). If you anticipate family expenses under \$2,450.00/year, you may be better off with the Open Plan because with \$2,450.00 in expenses, you will get back all but \$305.00/year. But, if your expected family dental expenses exceed \$2,450.00, you may find DeltaCare's deep discounts allow you to get extensive dental care for your family at a fraction of the cost you will pay for such services in the Open Plan.

The co-premium cost for Altus for three or more is \$11.00/week (\$572.00/year). If you anticipate family expenses under \$2,950.00/year you may be better off with the Open Plan because with \$2,950.00 in expenses, you will get back all but \$550.00/year. If your family dental expenses exceed \$2,950.00, Altus discounts, while not as deep as DeltaCare's, average around 30% and this helps to get you more dental care for less money. You also must be aware of the impact of the \$1,500.00/year cap on each member of your family; if extensive dental work exceeding the cap is needed by one member, you probably should limit your choice to either DeltaCare or the Open Plan.

Also, with DeltaCare and Altus, you are always separately covered for optical expenses at 75% reimbursement. If you choose the Open Plan and your family dental expenses exceed \$2,300.00, your coverage for optical expenses will be at 50% and if your dental expenses exceed \$3,800.00, there is no reimbursement for optical expenses. **Reimbursement for employees new to the unit will be prorated based upon the length of service in the benefit year.**

4) Things to consider if selecting Altus Dental or DeltaCare:

Assuming that your expected dental bills are large enough so that it makes economic sense to not use the Open Plan, you next must 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 accepts Altus Dental, DeltaCare or both plans. To see if your dentist or a dentist near where you live accepts "Altus Dental", go to their website at www.altusdental.com. At the Altus Dental site, click on "Find a Dentist" 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 <https://deltadentalma.com/dental-plans/group-plans/deltacare> and then click on "Find a Dentist" and 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 verify that the dentist is accepting new Altus Dental or DeltaCare enrollees.

If you do not have access to a computer, contact Tom Prendergast at the MOSES office at (617) 367-2727 ext. 322 and he will send you information on the dentists who accept 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. If 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 for DeltaCare (\$2.00/week) and Altus Dental (\$2.00/week) are the same, so that is not 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 \$50.00/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 \$1,000.00 calendar year maximum on certain specialty services (oral surgery, endodontics, and periodontics) but Altus Dental does not. **Altus Dental has a \$1,500.00 cap/individual on services, but DeltaCare has no overall cap.**

Each member that goes out of network with DeltaCare must pay \$100.00 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 (\$6.00/week); Altus Dental (1+1) (\$6.00/week); Altus Dental (3 or more) (\$11.00/week). If you are a family of two, the cost is the same for both plans. But if you are a family of three or more, DeltaCare costs \$5.00/week less (\$260.00/year) so that may be a factor in your choice.

Assuming you or family members need some minor or major restorative services, there are some differences. For example, under Altus Dental you pay the first \$50.00/year for these services for each family member (up to \$150.00 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 \$1,000.00 calendar year maximum on certain specialty services (oral surgery, endodontics, and periodontics), but Altus Dental does not. Altus Dental has a \$1,500.00 cap on services for each covered person, but DeltaCare has no overall cap.

Each member that goes out of network with DeltaCare pays \$100.00 and will see a substantial reduction in benefits. With Altus Dental and 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 going out of network with DeltaCare.

**REMEMBER: IF YOU WANT TO CHANGE PLANS,
YOU MUST RETURN THE ENROLLMENT FORM
BY DECEMBER 8, 2023**

**TO AVOID A 20% PENALTY, REIMBURSEMENT REQUESTS FOR
CALENDAR YEAR 2023 MUST BE POSTMARKED NO LATER THAN
JUNE 30, 2024. REQUESTS POSTMARKED IN JULY WILL BE
PENALIZED 20%. ANY REQUEST POSTMARKED AFTER JULY 31,
2024 WILL NOT BE PAID.**