

Massachusetts/MOSES Health and Welfare Trust Fund

2024 Benefits Notice

For all Open Plan benefits and Closed Plan optical benefits
effective January 1, 2024 – December 31, 2024

2025 Benefits Guide

For Closed Plan DeltaCare & Altus Dental Plans benefits and rates
effective January 1, 2025 – December 31, 2025

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- Open Plan: Dental / Optical Reimbursement
 - Closed Plan: Optical Reimbursement / DeltaCare & Altus Dental Plans
 - Hearing Aid Reimbursement
 - Death Benefit
 - Healthcare Mitigation: Out of Pocket Medical Expense Reimbursement
 - COBRA Participant Information

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Dear Health and Welfare Plan Participant:

Enclosed, please find your Health and Welfare Dental/Optical/Hearing Aid reimbursement request form for calendar year 2024 expenses. If you are in the Open Plan, reimbursement levels for dental/optical expenses are 90% of the first \$2,500.00 and 50% of the next \$1,500.00. The maximum reimbursement in the Open Plan has been increased to \$3,000.00. The maximum optical expenses covered under the formula has been increased to \$1,200.00. This \$1,200.00 covers optical exams, glasses, contact lenses, laser treatment and/or Intra-ocular lenses. Please see the Open Plan reimbursement form for other details on allowed expenses.

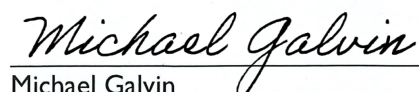
For those covered by DeltaCare or Altus dental plans (also known as the Closed Plans), your optical reimbursement form for calendar year 2024 is enclosed. These plans cover the same optical expenses as the Open Plan at a reimbursement level of 75%. The maximum you can receive for optical expenses in the Closed Plan has been increased to \$900.00.

The separate hearing aid benefit for calendar year 2024 for all members and COBRA participants has been increased to \$750.00. 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.

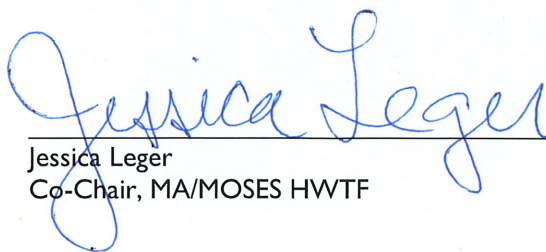
COBRA participants are responsible for keeping premiums up to date. If your premium lapses more than 60 days, your coverage under COBRA will be terminated.

In 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. 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, MA/MOSES HWTF



Jessica Leger
Co-Chair, MA/MOSES HWTF

DENTAL PLAN OPEN ENROLLMENT PERIOD

Open Enrollment Ends December 13, 2024

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.** However, if you are in a Closed Plan Family Plan and your dependents will age out of the plan, please contact the Trust Administrator to determine your options. If you wish to change your plan, you must fill out the form 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 5. 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.

The MA/MOSES Health and Welfare Trust Fund open enrollment period extends until December 13, 2024. This is your yearly chance to change dental plans. All changes take effect January 1, 2025.

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 (HWTAdmin@moses-ma.org), fax (617-367-9371), or by mail to 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: _____ Date: _____

Email: _____ Agency: _____

Signature: _____

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

Enclosed, please find information regarding the three dental plans we offer. If covering dependents to age 26 is important, 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). 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 the end of the month of 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 if they are wholly dependent upon the employee for support and maintenance while a full-time student in school or college, 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 are a better choice.

Optical benefits for dependent children have the same coverage age restriction for both the Closed Plan and the Open Plan. Both the Open and Closed Plan optical benefits cover unmarried dependent children until their 19th birthday, but continue coverage for unmarried dependent children as long as they stay in school, but no later than their 24th birthday.

Closed Plan: MA/MOSES - DeltaCare Plan

For maximum benefit, you or your family must select a dentist from the DeltaCare 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. Please note that 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 covered 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 2025.

Under DeltaCare, there are no charges for exams, up to two cleanings per year, and x-rays for each member of your family. There are exclusions on some procedures (i.e. cosmetic dental care

like bleaching, 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.

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 and is in-network. 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, 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 \$900.00 per 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 \$750.00 per year. You also are covered by the \$5,000.00 death benefit.

Closed Plan: MA/MOSES – Altus Dental Plan

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 2025, you pay a co-premium to the Trust of \$2.00 per week for an individual plan, \$6.00 per week for one + one and \$11.00 per week for a family of 3 or more. Dependent children are covered 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, up to two cleanings a year, 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 per 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. Be

aware that once you hit the annual cap, any additional services can be billed at prices higher than the negotiated Altus Plan prices. 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 website, 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 \$900.00 per 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 \$750.00 per year. You also are covered by the \$5,000.00 death benefit.

Open Plan: MAMOSSES – Dental/Optical Reimbursement

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.

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 by a legally qualified dentist or orthodontist 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 calendar year 2024 is 90% of the first \$2,500.00 and 50% of the next \$1,500.00 in family dental/optical expenses. The maximum reimbursement under this plan is \$3,000.00. 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 calendar year 2024, the maximum optical expenses covered under the formula is \$1,200.00. Eyeglasses are limited to \$500.00 per pair and contact lenses are limited to \$375.00 per person per year. Laser treatment during 2024 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 increased this year to a maximum of \$75.00 per visit. 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 \$750.00 per 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.

Open and Closed Dental Plan Comparison

	Co-premiums	Coverage for Dependents	Covered Providers	Reimbursement Amount
Open Plan	No co-premium	Covers unmarried dependent children until their 19 th birthday but continues coverage for unmarried dependent children as long as they stay in school, but no later than their 24 th birthday	Under this plan you may go to any dentist you want.	<p>You pay all upfront costs and are reimbursed later based on a reimbursement rate formula. The reimbursement rates are not set until we analyze reimbursement costs for the previous year. Some years we can increase reimbursement levels and sometimes we cannot.</p> <p>The max combined dental/optical reimbursement amount for 2024 is \$3,000 (90% of the first \$2,500.00 and 50% of the next \$1,500.00 in family dental/optical expenses)</p>
Closed Plan: DeltaCare	Co-premium deducted from your paycheck of \$2.00 per week for an individual plan or \$6.00 per week for the family plan	Dependent children are covered until the end of the month of their 26 th birthday regardless of if they are students.	You must select a dentist from the DeltaCare 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.	<p>No reimbursement for dental expenses.</p> <p>No charges for exams, two cleanings, and x-rays. There are exclusions on some procedures (i.e. cosmetic dental care like bleaching, 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).</p>
Closed Plan: Altus	Co-premium deducted from your paycheck of \$2.00 per week for an individual plan, \$6.00 per week for one + one plan, or \$11.00 per week for a family of 3 or more.	Dependent children are covered until the end of the month of their 26 th birthday regardless of if they are students.	Over 5,000 dentists in Massachusetts, New Hampshire and Rhode Island accept Altus	<p>No reimbursement for dental expenses.</p> <p>\$1,500.00 cap for each family member. No charges for exams, two cleanings, and x-rays provided you stay in network, but these charges are part of the cap. 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 minor and major restorative services.</p>

HEARING AID BENEFIT

All Health & Welfare Trust Plan Participants including COBRA participants are eligible for an annual hearing aid reimbursement. Individuals in both the open and closed plans are eligible. Please note, we only reimburse hearing aid expenses that are GIC co-payments. The hearing aid benefit for calendar year 2024 has been increased to a maximum of \$750.00. Reimbursement for GIC co-payments on hearing aids is separate from the dental/optical formula and reimbursement. You may submit a reimbursement request for hearing aids on the applicable Health & Welfare Trust Reimbursement form. You must provide documentation of the initial payment, proof of GIC reimbursement and the unreimbursed amount.

DEATH BENEFIT

For calendar year 2025, the \$5,000.00 death benefit continues for Unit 9 employees, Unit E employees, covered MWRA employees, and COBRA retirees. Please note: This benefit can only be paid to your designated beneficiary(ies) on file with the GIC. It is important to keep your beneficiary designation with the GIC up to date. For additional information regarding this benefit please contact the Trust Administrator by telephone @617-367-2727 ext. 326 or by email at: HWTAdmin@moses-ma.org.

HEALTHCARE MITIGATION (OUT OF POCKET MEDICAL EXPENSES) REIMBURSEMENT PROGRAM

All Health & Welfare Trust Plan Participants, including COBRA participants, are eligible to participate in the Healthcare Mitigation Program. The Healthcare Mitigation Program begins July 1 of each fiscal year and continues through June 30 of that fiscal year. The program participants may include active employees who are in MOSES represented job titles at the Commonwealth, MassDOT and MWRA and their eligible dependent(s). The program participants may also include: terminated employees; retirees; and ineligible dependent(s) under COBRA (See Termination of Coverage). This Program reimburses for out-of-pocket medical expenses incurred through participation in a Health Insurance Plan by an eligible program participant when such expenses are not covered by another source.

The reimbursement rate for Fiscal Year 2024 was \$300. The Healthcare Mitigation Reimbursement Request Forms are typically mailed to your home address on file with MOSES in April after the Trust sets the reimbursement rate for the current fiscal year.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when your coverage under the dental/optical/hearing aid/medical reimbursement plan would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should contact the Trust Administrator by telephone @617-367-2727 ext. 326 or by email at: HWTAdmin@moses-ma.org.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. The present cost for continuation coverage is **\$95.34/month**.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than their gross misconduct;
- or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than their gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or

- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Trust Administrator has been notified that a qualifying event has occurred. The employer must notify the Trust Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Trust Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Trust Administrator by telephone @617-367-2727 ext. 326 or by email at: HWTAdmin@moses-ma.org.

How is COBRA continuation coverage provided?

Once the Trust Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their former spouses, and on behalf of their previously covered children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Trust Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must send a copy of the determination by Social Security within 60 days of receipt by social Security to the Trust Administrator at the address listed below.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional

months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies, gets divorced or legally separated. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If you have questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the Trust Administrator by phone, email, or mail to: **Administrator MA/MOSES Health & Welfare Trust Fund, 90 North Washington St, Suite 3, Boston MA 02114**

Keep your Plan informed of address changes

To protect your family's rights, let the Trust Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Trust Administrator.