

TOWN OF FREETOWN INSURANCE ADVISORY COMMITTEE
Meeting Minutes for March 8, 2021

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Meeting called to order at 10:05 AM

2021 MAR -9 PM 2: 27

Present via ZOOM: Jessica Thomas
Keven Desmarais
Neil LaFleur
Carlton Abbott
Walter Sawicki
Lisa Pacheco
Peter Jankowski (not a voting member at this time)

Kerry Pochay of MIIA presented the committee with the proposed rate increase for fiscal year 2022 of 3.16% for the employee health insurance plans and a 0.63% increase to the employee funded dental insurance plan.

Ms. Pochay also informed the committee that due to a pandemic related reduction in services and expenses MIIA has determined that the Town will receive a one month Premium Holiday during fiscal 2022. This will result in a savings of approximately \$136,419.62 for the combined employer/employee contribution for one month during fiscal 2022.

Additionally Ms. Pochay informed the committee about expanded benefits available to subscribers. These include expanded eligibility for fitness reimbursements and a diabetes care program scheduled to begin On 07/01/2021.

Lastly, Ms. Pochay informed the committee about a MIIA offered eye-health vision plan which is now available to municipalities. As with the dental health program the plan would be funded entirely through subscriber contributions with no cost to the Town. Additionally, if the Town does offer the eye health plan to their employees it would result in MIIA reducing the fiscal 2022 health insurance premium increase of 3.16% by one-half of one percent.

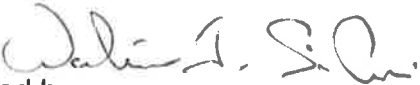
Motion and Second (Desmarais/Pacheco) to recommend that the Board of Selectmen accept the one month Premium Holiday in the month of November 2021. A roll call vote of all voting members resulted in a unanimous yes.

Motion and Second (Desmarais/LaFleur) to recommend that the Board of Selectmen offer the MIIA eye-health vision plan to all employees/retirees at no cost to the Town provided that there is sufficient interest by subscribers to join the plan. That interest level would have to be at least 10% of all existing health insurance subscribers. A roll call vote of all voting members resulted in a unanimous yes.

Motion and Second (Desmarais/LaFleur) to recommend that the Board of Selectmen accept the proposed rate increase, not to exceed 3.16%, for the fiscal 2022 employee health insurance plans as well as the 0.63% increase to the dental-health plan. A roll call vote of all voting members resulted in a unanimous yes.

Motion and Second to adjourn (Desmarais/Abbott).

Meeting adjourned at 10:34 AM.


Submitted by,
Walter Sawicki, Chairman



MIIA Health Benefits Trust

Town of Freetown Renewal Meeting AGENDA

- Introductions
- FY22 Renewal
- Premium Holiday
- Review of data – utilization
 - Headcount Reports
- Enhancements
 - Fitness Benefit – virtual class reimbursement
 - New - Diabetes Program – Abacus Good Health Gateway Program
- Vision Plan Quote
 - Multi-Line Bundled Discount on Medical
- Open Enrollment
- Other Items



MIIA HEALTH BENEFITS TRUST
Renewal Proposal 7/1/2021 - 6/30/2022
Freetown

MONTHLY CONTRIBUTION RATES				
PRODUCTS		CURRENT	RENEWAL	
		RATES	RATES	INCREASE
Blue Care Elect Preferred	Individual	\$1,207.34	\$1,245.49	3.16%
	Family	\$3,001.50	\$3,096.35	3.16%
HMO Blue NE	Individual	\$894.63	\$922.90	3.16%
	Family	\$2,344.00	\$2,418.07	3.16%
Dental Blue Freedom	Individual	\$45.51	\$45.80	0.63%
	Family	\$93.77	\$94.36	0.63%

Renewal rates are based on final plan design and enrollment.

Senior plans will renew on January 1, 2022.

Please provide a copy of the in-force PEC or IAC agreement, if applicable.

Signed commitment is due on or before April 1, 2021.

Renewal rates are based on continuing the current enrollment level.

Premium Holiday Receipt (please select one):

July 2021

☐

Other

☐

Date: _____

Signature for Acceptance of Rates	Title	Date
Print Name		

MIA HEALTH BENEFITS TRUST

Summary of Headcounts for Freetown for period 11/2018 - 10/2020

11/16/2020 Page 39

Month	VIP Ind.	VIP Family	VIP Two	VIP Mem.	BCE Ind.	BCE Family	BCE Two	BCE Mem.	HMO Ind.	HMO Family	HMO Two	HMO Mem.	Choice Ind.	Choice Family	Choice Two	Choice Mem.	Medex Ind.	Medex 2 Ind.	Med. Subtotal	MBS Ind.	HMB Ind.	BC65 Ind.	Medical Sub	Medical Mem.	Dental Ind.	Dental Family	Dental Two	Dental Sub	Dental Mem.
Nov. 2018					3	1		6	23	42		160					64		133	23			156	253	16	26		42	90
Dec. 2018					3	1		6	23	41		155					65		133	23			156	249	15	25		40	85
Jan. 2019					3	1		6	22	42		158					68		136	22			158	254	16	25		41	86
Feb. 2019					3	1		6	22	42		158					68		136	22			158	254	16	25		41	86
Mar. 2019					3	1		6	24	43		166					68		139	22			161	262	17	26		43	92
Apr. 2019					3	1		6	25	43		168					68		140	22			162	264	16	27		43	98
May. 2019					3	1		6	26	43		169					68		141	22			163	265	16	27		43	98
Jun. 2019					3	1		6	24	43		167					68		139	22			161	263	15	27		42	97
Jul. 2019					3	1		6	23	44		168					68		139	22			161	264	14	28		42	98
Aug. 2019					4	1		7	22	44		167					68		139	22			161	264	14	28		42	98
Sep. 2019					4	1		7	24	44		168					68		141	22			163	265	14	28		42	98
Oct. 2019					4	1		7	24	44		168					68		141	22			163	265	15	28		43	99
Nov. 2019					4	1		7	24	44		168					68		141	22			163	265	15	28		43	99
Dec. 2019					4	1		7	24	43		166					70		142	22			164	265	15	28		43	99
Jan. 2020					4	1		7	22	44		165					72		143	20			163	264	15	28		43	99
Feb. 2020					4	1		7	23	44		166					72		144	20			164	265	15	28		43	99
Mar. 2020					4	1		7	23	44		165					72		144	20			164	264	15	28		43	98
Apr. 2020					4	1		7	22	44		163					72		143	20			163	262	14	27		41	94
May. 2020					4	1		7	22	44		164					71		142	20			162	262	14	27		41	95
Jun. 2020					4	1		7	22	44		164					71		142	20			162	262	14	27		41	95
Jul. 2020					4	1		7	23	43		163					73		144	20			164	263	16	27		43	97
Aug. 2020					4	1		7	22	43		162					73		143	20			163	262	16	27		43	98
Sep. 2020					4	1		6	22	43		162					73		143	20			163	261	16	27		43	98
Oct. 2020					4	1		6	23	43		164					73		144	20			164	263	17	27		44	99
Averages (24 Months Medical / 24 Months Dental)					4	1		7	23	43		164					70		141	21			162	262	15	27		42	96



MASSACHUSETTS

GET FIT. GAIN UP TO \$150 IN SAVINGS.

Big congrats on your healthy habits! To celebrate all you do, we've put together up to \$150 in fitness reimbursements*—and now virtual activities are included. Yours for the taking, you go-getter.



GET REWARDED, NO SWEAT!

Our reimbursement process is quick, easy, and online. Good thing, because you can save on:

- Full-service health clubs
- Fitness classes such as yoga, Pilates, Zumba®, kickboxing, and indoor cycling/spinning
- Fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform

Be sure to check with your doctor before starting a new exercise program.

Get Started

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!

THE DIABETES CARE REWARDS PROGRAM IS COMING



MIIA Health Benefits Trust is committed to your health and wellness.

As part of your benefit package, if you or a family member enrolled in a MIIA Health Benefits Trust health plan are living with pre-diabetes or diabetes, you can join the **Good Health Gateway®** Diabetes Care Rewards Program at no cost.

Get rewards for participating in the Diabetes Care Rewards Program.

The program helps participants manage their diabetes and rewards them with \$0 copays on covered diabetes medications and supplies when they complete the program activities. This saves participants hundreds of dollars a year.

**THE DIABETES CARE REWARDS
PROGRAM LAUNCHES**

July 1, 2021

**MORE INFORMATION
COMING SOON**

Information about the program and how to join coming to your home in July 2021.

The Diabetes Care Rewards Program is voluntary and confidential. None of your personal healthcare information is ever shared with your employer or the MIIA Health Benefits Trust.

Freetown
Estimated Value of Premium Holiday

	Individual		Family		
	Enrollment	Rate	Enrollment	Rate	
HMO	23	\$922.90	43	\$2,418.07	\$125,203.71
PPO	4	\$1,245.49	1	\$3,096.35	\$8,078.31
Dental	17	\$45.80	25	\$94.36	\$3,137.60
Estimated Monthly Premium					\$136,419.62

	Basic		BCBS Insight Integrated		BCBS Insight Standard		BCBS Insight Premium	
	In-Network Member Cost	Out of network Reimbursement	In-Network Member Cost	Out of network Reimbursement	In-Network Member Cost	Out of network Reimbursement	In-Network Member Cost	Out of network Reimbursement
Comprehensive Eye Exams	\$20 copay	up to \$50	\$20 copay	up to \$50	\$10 copay	up to \$50	covered in full	up to \$50
Contact Lens Fit and follow up	up to \$40 10% of retail price	n/a	up to \$40 10% of retail price	n/a	up to \$40 10% of retail price	n/a	up to \$40 10% of off retail price	n/a
Retinal Imaging	up to \$39	n/a	up to \$39	n/a	up to \$39	n/a	up to \$39	n/a
Frames	\$100 allowance then 20% off balance	up to \$74	\$130 allowance then 20% off balance	up to \$74	\$130 allowance then 20% off balance	up to \$74	\$150 allowance then 20% off balance	up to \$74
Standard /Plastic Lenses								
Single	\$25 Copay	up to \$42	\$25 Copay	up to \$42	\$25 Copay	up to \$42	\$10 Copay	up to \$42
Bi-Focal	\$25 Copay	up to \$78	\$25 Copay	up to \$78	\$25 Copay	up to \$78	\$10 Copay	up to \$78
Trifocal	\$25 Copay	up to \$130	\$25 Copay	up to \$130	\$25 Copay	up to \$130	\$10 Copay	up to \$130
Lenticular	\$25 Copay	up to \$130	\$25 Copay	up to \$130	\$25 Copay	up to \$130	\$10 Copay	up to \$130
Standard Progressive Lenses	\$90 Copay	up to \$140	\$90 Copay	up to \$140	\$90 Copay	up to \$140	\$75 Copay	up to \$140
Premium Progressive Lenses								
Tier 1 - 3	\$110 - \$135 copay	up to \$196	\$110 - \$135 copay	up to \$196	\$110 - \$135 copay	up to \$196	\$95 - \$120 copay	up to \$196
Tier 4	\$90 Copay then 80% charge less \$120 allowance	up to \$196	\$90 Copay then 80% charge less \$120 allowance	up to \$196	\$90 Copay then 80% charge less \$120 allowance	up to \$196	\$75 Copay then 80% charge less \$120 allowance	up to \$196
Lens Options								
UV Treatment	\$15	n/a	\$15	n/a	\$15	n/a	\$15	n/a
Tint (Solid and Gradient)	\$15	n/a	\$15	n/a	\$15	n/a	\$15	n/a
Standard plastic scratch coating	\$15	n/a	\$15	n/a	\$15	n/a	\$15	n/a
Standard polycarbonate (adults)	\$40	n/a	\$40	n/a	\$40	n/a	\$40	n/a
Standard polycarbonate (children under 19)	Paid in Full	up to \$26	Paid in Full	up to \$26	Paid in Full	up to \$26	Paid in Full	up to \$26
Standard anti-reflective coating	\$45	n/a	\$45	n/a	\$45	n/a	\$45	n/a
Premium anti-reflective coating	\$57 - \$68	n/a	\$57 - \$68	n/a	\$57 - \$68	n/a	\$57 - \$68	n/a
Photochromatic/Transitions plastic	\$75	n/a	\$75	n/a	\$75	n/a	\$75	n/a
Other add-ons	20% off retail price	n/a	20% off retail price	n/a	20% off retail price	n/a	20% off retail price	n/a
Contact Lenses								
Conventional	\$100 allowance, then additional 15% off balance	up to \$80	\$130 allowance, then additional 15% off balance	up to \$104	\$130 allowance, then additional 15% off balance	up to \$104	\$150 allowance, then additional 15% off balance	up to \$120
Disposable	\$100 allowance	up to \$80	\$130 allowance	up to \$104	\$130 allowance	up to \$104	\$150 allowance	up to \$120
Medically Necessary	Paid in Full	up to \$210	Paid in Full	up to \$210	Paid in Full	up to \$210	Paid in Full	up to \$210
Benefit Frequency								
Eye Examinations	Once every 12 months	Once every 12 months	Once every 24 months	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or Contacts	Once every 12 months	Once every 12 months	Once every 24 months	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months	Once every 24 months	Once every 24 months	Once every 24 months	Once every 24 months	Once every 12 months	Once every 12 months
Rates								
Employee	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory
Employee + Spouse	\$5.09	\$4.08	\$5.74	\$4.58	\$6.29	\$6.03	\$8.63	\$6.90
Employee + Children	\$8.66	\$6.93	\$9.76	\$7.81	\$10.69	\$8.56	\$14.66	\$11.73
Employee + Family	\$8.92	\$7.13	\$10.05	\$8.04	\$11.01	\$8.81	\$15.10	\$12.07
Rate Guarantee	\$14.01	\$11.21	\$15.79	\$12.63	\$17.31	\$13.84	\$23.72	\$18.97

** Most health insurance plan with BCBS covers one routine eye exam every 24 months standard.

Voluntary rates - apply to groups contributing to less than 25% of the plan premiums.

Contributory rates - would be for groups planning to contribute more than 25% toward employees premiums.

Minimum Participation requirements for voluntary vision plans are: 10% participation or a minimum of 3 employees.

Blue 20/20 is administered by EyeMed Vision Care®, an independent company.

Vision care service	In-network member cost	Out-of-network reimbursement ¹
Comprehensive eye exam	\$20 copay	up to \$50
Contact lens fit and follow-up²		
• Standard	up to \$40	n/a
• Premium	10% off retail price	n/a
Retinal imaging	up to \$39	n/a
Enhanced Diabetes Eye Care Benefit³ For members diagnosed with type 1 or type 2 diabetes	Paid in full: up to two diabetic eye exams and diagnostic testing every 12 months	n/a
Frames	\$130 allowance, then additional 20% off balance	up to \$74
Standard plastic lenses		
• Single vision	\$25 copay	up to \$42
• Bifocal	\$25 copay	up to \$78
• Trifocal	\$25 copay	up to \$130
• Lenticular	\$25 copay	up to \$130
• Standard progressive lens	\$90 copay	up to \$140
• Premium progressive lens tier 1–tier 3		
• tier 4	\$110–\$135 copay \$90 copay, then 80% of charge less \$120 allowance	up to \$196 up to \$196
Lens options²		
• UV treatment	\$15	n/a
• Tint (solid and gradient)	\$15	n/a
• Standard plastic scratch coating	\$15	n/a
• Standard polycarbonate	\$40	n/a
• Standard polycarbonate for covered dependents under age 19	Paid in full	up to \$26
• Standard anti-reflective coating	\$45	n/a
• Premium anti-reflective coating	\$57–\$68	n/a
• Photochromic/Transitions® plastic	\$75	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
Contact lenses⁴		
• Conventional	\$130 allowance, then additional 15% off balance	up to \$104
• Disposable	\$130 allowance	up to \$104
• Medically necessary	Paid in full	up to \$210
Frequency		
• Exam	once every 24 months	
• Lenses for frames or one order of contact lenses	once every 12 months	
• Frames	once every 24 months	

Additional in-network savings and discounts

40% OFF

a complete second pair of glasses

20% OFF

non-prescription sunglasses

15% OFF

retail price or 5% off promotional price for laser vision correction through U.S. Laser Network

Customer service:
1-855-875-6948

To locate an in-network provider, visit

blue2020ma.com.*

*Registration not required to search for providers.

Save on hearing exams and hearing aids

Offered by Amplifon Hearing, an independent company.

To learn more about the savings available, visit
amplifonusa.com/blue2020.

Call **1-866-921-5367** to get started.

Choose from thousands of independent and retail providers including:

LENSCRAFTERS®

PEARLEVISION®

sears®

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optical

For costs and further details of the coverage, including exclusions, please refer to your member booklet.

1. Your actual expenses for covered services may exceed the stated out-of-network amount.
2. Indicates a service that is a discounted arrangement as part of your vision plan.
3. Consult with your eye care provider.
4. Discount applies to materials only and not fittings for contact lenses.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call the EyeMed Network/Patient Services number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de EyeMed Network/Servicio al Paciente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se você não fala inglês, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para a EyeMed Network/Serviços ao Paciente usando o número no seu cartão de ID (TTY: 711).

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eye
med

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TOWN OF FREETOWN
INSURANCE ADVISORY COMMITTEE

Honorable Board of Selectmen,

March 9, 2021

The Insurance Advisory Committee held a Zoom meeting on March 8, 2021 to consider the proposed changes to the health insurance rates and dental insurance rates for full time employees and retirees for fiscal year 2022. Additionally, the Committee voted to make recommendations to the Board of Selectmen regarding a proposed one month Premium Holiday offered by MIIA to the Town. Lastly, the committee also voted to provide a recommendation to the Board of Selectmen regarding an eye-health vision plan which MIIA will be offering to the municipalities which it serves.

The following three unanimous votes were taken by the Committee;

First, voted to recommend to the Board of Selectmen that the Town adopt the one month Premium Holiday to the health insurance plans for the month of November 2021.

Second, voted to recommend to the Board of Selectmen that the Town adopt and implement the eye-health insurance plan provided that a minimum of 10 percent of current enrollees in the health insurance plans intend to participate in the eye-health plan.

Third, voted to recommend to the Board of Selectmen that the Town approve the Fiscal 2022 rates for the existing health insurances with a new rate not to exceed a 3.16% increase, and approve the Fiscal 2022 dental insurance rate with a 0.63% increase.

If you have any questions please do not hesitate to contact the IAC.

Respectfully submitted,

Walter J. Sawicki
Chairman, Insurance Advisory Committee