

New Employee Information Check List Permanent Full Time Employees

Please check appropriate box indicating that you received each item.	
Description of Form	Action
<input type="checkbox"/> Intake Form	To be signed in Human Resources
<input type="checkbox"/> Anti-Nepotism Review Request Form	Complete and return if applicable, if not applicable indicate N/A on form and return
<input type="checkbox"/> CORI (Criminal Offense Record Inquiry)	Complete and return
<input type="checkbox"/> Employee Network Use Policy (If applicable)	Sign and return
<input type="checkbox"/> Employee Orientation Booklet	For your information
<input type="checkbox"/> Employee Withholding Allowance Certificate Form W-4 (Federal Income Tax)	Complete and return
<input type="checkbox"/> Massachusetts Employee Withholding Exemption Certificate Form M-4 (State Income Tax)	Complete and return
<input type="checkbox"/> EEO Self-Identification Form	Complete and return (Optional)
<input type="checkbox"/> Housing Rehab Information	For your information
<input type="checkbox"/> Background Information Form	Complete and return
<input type="checkbox"/> U.S. Department of Justice Form I-9 Employment Eligibility Verification	Complete section 1 and return with 2 forms of I.D. from List B & C or 1 form of List A
<input type="checkbox"/> New Member Enrollment Memo for the Waltham Retirement Board	Must make an appointment with the Retirement Board and bring required documentation
<input type="checkbox"/> OPEB	For your information
<input type="checkbox"/> Social Security Statement	Sign and return
<input type="checkbox"/> Sexual Harassment Policy and Procedures	Sign and return signature page
<input type="checkbox"/> Direct Deposit Authorization Form (Optional)	If selected , complete and return with a VOIDED check and attached it to application.
<input type="checkbox"/> Payroll (email direct deposit slip)	For your information
<input type="checkbox"/> Flexible Spending Program (Optional)	Complete the Enrollment form and return
<input type="checkbox"/> Deferred Compensation (Optional)	Andrew Wilson, Retirement Plan Advisor (Request forms from HR) 339-221-2770 andrew.wilson@empower.com
<input type="checkbox"/> Drug and Alcohol Policy	Sign and return
<input type="checkbox"/> Emergency Contact Info	Complete and return
<input type="checkbox"/> Fair Labor Standards Act	For your information
<input type="checkbox"/> Vehicles Can Be Dangerous (for employees who drive City vehicles)	If applicable, complete and return
<input type="checkbox"/> Laborers' Union Clothing Form	If applicable, complete and return
<input type="checkbox"/> Release of Information Form-CDL drivers	Sign and return
<input type="checkbox"/> Hands Free Law	For your information
<input type="checkbox"/> Life Insurance Boston Mutual Must provide Social Security Numbers for beneficiaries listed.	If selected, complete application form and return If declining, complete blue waiver and return
<input type="checkbox"/> Permanent Life Insurance (Optional)	Contact LifePlus Insurance Agency 781-837-9222
<input type="checkbox"/> Heritage Cancer Insurance Coverage (Optional)	Contact LifePlus Insurance Agency 781-837-9222 Must be pre-approved before you can sign up

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Please check appropriate box indicating that you received each item.	
Description of Form	Action
<input type="checkbox"/> Osha Fact Sheet	For your information
<input type="checkbox"/> Right to Know Workplace Notice	For your information
<input type="checkbox"/> Delta Dental <small>If you select Harvard you are eligible to enroll</small>	If selected, you must complete enrollment form and return
<input type="checkbox"/> Overview of Health Insurance	For your information
<input type="checkbox"/> Gen.Notice of Cobra Cont.of Coverage Rights	For your information
<input type="checkbox"/> Open enrollment information	For your information
<input type="checkbox"/> Waiver of Group Health Insurance Coverage	If you do not participate in a Health Insurance plan you must complete this form and return
<input type="checkbox"/> Insurance Rates	For your information
<input type="checkbox"/> Blue Cross and Blue Shield PPO <small>Must provide copy of marriage certificate if adding a spouse and birth certificate for each dependent</small>	If selected, you must complete enrollment form and return
<input type="checkbox"/> Harvard Community Health Plan <small>Must provide copy of marriage certificate if adding a spouse and birth certificate for each dependent</small>	If selected, you must complete enrollment form and return
<input type="checkbox"/> Receipt of Employment Information	Complete this form and return
<input type="checkbox"/> State Ethics Form	Sign Signature Page and return **You must complete on-line training and turn in the certificate to the Human Resources Office**
<input type="checkbox"/> Credit Union	For your information
<input type="checkbox"/> Pregnant Workers Fairness Act	For your information
<input type="checkbox"/> Parental Leave Act	For your information
<input type="checkbox"/> Employee Rights under the FMLA	For your information
<input type="checkbox"/> USERRA	For your information
<input type="checkbox"/> EEO	For your information
<input type="checkbox"/> Employee Assistant Program (EAP)	For your information
<input type="checkbox"/> Domestic Violence Leave Act	For your information
<input type="checkbox"/> No Smoking	For your information
<input type="checkbox"/> Unemployment Information	For your information
<input type="checkbox"/> Workers Compensation	For your information

Employee Signature

Date

City of Waltham

ANTI-NEPOTISM REVIEW REQUEST FORM

The Anti-Nepotism Review Request Form must be reviewed by the Personnel Department prior to any employee assignment or employment offer.

PROPOSED PLACEMENT

Name: _____
First Middle Last

Soc.Sec.Number: _____

Being Considered for: _____
Posting Number Position Title

DEPARTMENT CERTIFICATION (If additional listings are necessary, attach on a separate sheet.)

Department: _____
Name

The person proposed for placement listed above is related to:

Name: _____
First Middle Last

Position: _____
Position Number Classification Title

Relationship (specify): _____

The person proposed for placement listed above is related to:

Name: _____
First Middle Last

Position: _____
Position Number Classification Title

Relationship (specify): _____

This placement will not result in a relative (or closely identified person) supervising or having any influence over the other relative's employment, promotion, salary administration, or other related management or personnel considerations, or in any other violation of the subject policy.

Signature: _____
Department Head or Authorized Department Representative Date

Return complete form to: Personnel Department

CERTIFICATION REVIEW (to be completed by Personnel Department)

Signature: _____
Personnel Department Title Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



CITY OF WALTHAM

EMPLOYEE NETWORK USE POLICY

General Policies and Procedures

Effective Date: May 31, 2004

1. PURPOSE

1.1 To outline the proper use of City's computer network including, but not limited to, use of the Internet.

2. POLICY

2.1 Waltham's data network access to the Internet is provided for City business purposes only.

2.2 City Private, City Most Private and City Sensitive Information, including technical business proprietary data may not be communicated via an Internet connection without additional security protective mechanisms being implemented as approved by the MIS Department and the appropriate clearances and approvals being obtained from the City Solicitor.

2.3 Transmission of government-classified information via the Internet is strictly prohibited. Contact the City Solicitor for more information.

2.4 All files downloaded from the Internet must be scanned using a City approved virus-scanning program prior to executing on a City of Waltham computer. It is recommended that source code be retrieved and reviewed as opposed to binary formats.

2.5 Attempts to gain unauthorized access to any computer or communications system on the Internet are prohibited.

2.6 Any suspected compromise of a City's computer or communications resource or information via an Internet connection shall be immediately reported to the MIS Department.

3. APPLICABILITY

3.1 This policy applies to all municipal employees using Waltham's computer network.

4. EMPLOYEES' RESPONSIBILITIES

4.1 Department managers and supervisors are responsible for promoting and monitoring compliance with this policy.

4.2 Acceptable Use - The use of the City's computer network must be related to City business. All laws pertaining to copyrighted material and material protected by trade secret must be obeyed.

4.3 Privileges - The use of the computer network is a privilege, not a right. Inappropriate use will result in cancellation of this privilege and disciplinary action by the City.

4.4 Network Etiquette - Users are expected to abide by the generally accepted rules of network etiquette including, but not limited to, the following:

- A) Do not use profane, vulgar or other inappropriate language.
- B) Do not reveal personal information about yourself or your coworkers.
- C) Use electronic mail (email) with the knowledge that it is not private.
- D) All electronic data transfers promoting, aiding, furthering or otherwise in support of illegal activities are prohibited.
- E) Do not use the network in any way that would disrupt other users.
- F) Remember that the information you create, transmit and receive on the City's computer network may be public record and could be disclosed in response to a public records request.

4.4 Disclaimer - Access to information via the computer network can mean access to materials that are not useful and may even be offensive. It is impossible to control access to all such materials and users may unintentionally confront them. However, it is the City's position that the value of the useful information generally available via the City's computer network outweighs the inconvenience that users may occasionally experience as a result of unintentionally accessing or being exposed to material that has little value and may be offensive. The City of Waltham makes no warranties of any kind for its computer network service. Neither the City of Waltham, nor the MIS Department will be liable for damages resulting from the use or misuse of the City's computer network services.

4.5 Vandalism - Vandalism will result in cancellation of privileges. Vandalism is defined as any attempt to intentionally and maliciously alter or destroy computer equipment and/or data or to intentionally and adversely interfere with the on-line services provided by the computer network.

5. DEFINITIONS

5.1 Internet--A public global network of networks connecting commercial, government, and educational organizations.

5.2 World Wide Web (WWW)--A hypertext-based system for finding and accessing Internet Resources.

- 5.3 City Private - Contact your City Solicitor for more information.
- 5.4 City Most Private - Contact your City Solicitor for more information.
- 5.5 City Sensitive Information - Contact the City Solicitor for more information.

Jeannette A. McCarthy - Mayor

Kristin Murphy - Personnel Director

Date

Date

Donald Aucoin – Director of MIS

Date

Please continue to next page for the Policy Acceptance and Network Activation Form.

WELCOME

Congratulations and welcome. The City of Waltham is an Equal Opportunity employer. Each and every individual is considered and treated solely on the basis of qualifications and performance of the job that they hold, without regard to race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, ancestry, veteran status, age (over 40), religion, disability or genetic information.

What follows is information to familiarize you with the benefits and options you will receive as an employee of the City of Waltham. The Orientation Guide has been prepared to provide employees with a brief summary of those benefits offered by the City of Waltham. This booklet provides details of each benefit, the benefit's eligibility requirement and any pertinent enrollment information.

Employees should refer to any collective bargaining agreements (if applicable) for detailed information on any of the benefits listed in this guide. If at any time there should be a conflict between the description contained within this guide and a statute or a collective bargaining agreement (CBA), the terms of the statute or (CBA) will supersede. If applicable, please contact your union representative for a copy of the CBA.

The City has prepared this book as a guide to policies, benefits, and general information that should assist you during your employment. It is not intended to be a complete guide to employee benefits. However, neither this guidebook, nor any other City communication or practice, creates an employment contract. The City reserves the right to amend, modify or delete any policy or provision that is included in this guidebook.

Should any employee have further questions or desire a more detailed explanation of any of the benefits featured within the packet, please contact the Human Resources Department at 781- 314-3355.

Please review and familiarize yourself with the ENTIRE orientation package to ensure that you have accessed all of the benefits available to you. COMPLETE AND RETURN THE BOLDED items on your checklist to guarantee the prompt activation of your payroll.

GENERAL INFORMATION

Appearance

The City expects all of its employees to dress professionally and use good judgment regarding appearance. Department heads and office related positions should have business dress or business casual appearance. Outside or maintenance personnel should have safety footwear as well as uniforms or appropriate clothing.

Attendance

Please take pride in a good attendance record. Your absence or tardiness is a hardship to others and places an unfair burden on your fellow employees. If you must be absent or late, you must notify your department before your regular reporting time. You must contact your department each day that you are absent. The main telephone number is 781-314-3000.

The standard workweek for most employees is Monday through Friday, 8:30 a.m. to 4:30 p.m., with a one-hour lunch period. Some departments may have different schedules.

Safety Belts

The City of Waltham has an utmost concern for the safety of its employees. According to **Massachusetts General Laws, Chapter 90, Section 13A**, “no person shall operate a private passenger motor vehicle or ride in a private passenger motor vehicle, a vanpool vehicle or truck less than eighteen thousand pounds on any way unless such person is wearing a safety belt which is properly adjusted and fastened.” Because it is law, we require the use of seat belts in city-owned vehicles. For a copy of MGL Chapter 90; Section 13A please visit <http://www.state.ma.us/legis/laws/mgl/90-13A.htm>.

Notification of Available Positions

All Non-Civil Service vacant positions will be posted on the Human Resources Department website <http://www.city.waltham.ma.us>. Announcements will also be distributed by email to each department for posting. Civil Service positions will be posted according to civil service law and collective bargaining agreements.

Personal Data

It is required that each employee notifies his/her department head of any changes in personal data. Employees who change an address, telephone number, educational accomplishments, marital status, or individuals to be contacted in event of emergency, must submit a written notification of these changes to their department and to the Human Resources Department.

To change information with insurance providers you must contact the provider directly.

Background Check

The City of Waltham conducts background checks on candidates' post-offer (contingency offer). The type of information that can be collected by the City includes, but is not limited to, a criminal background check, education, employment history, credit, web based available information, public information, former employers and professional and personal references. This process is conducted to verify the accuracy of the information provided by the candidate and determine his/her suitability for employment. Any offer of employment is contingent upon the successful results of the background check.

CORI

The City endeavors to ensure the safety of the public which it serves, while protecting the civil rights of its employees, volunteers and contractors. Criminal Offender Record Information (CORI) checks are part of a general background check for City employment and volunteer work. City departments will proceed in accordance with the rules set forth by the Criminal History Systems Board.

Pre-employment Physical

The City of Waltham requires that all permanent employees undergo a pre-employment physical at the City's expense.

PAYROLL INFORMATION

Mandatory Deductions from Paycheck

The City of Waltham is required by law to make certain deductions from your pay each time one is prepared. Among these are your federal and state income taxes. These deductions will be itemized on your check stub. The amount of the deductions will depend on your earnings and on the information, you furnish on your W-4 form regarding the number of exemptions you claim. If you wish to modify this number, please request a new W-4 form from the Human Resources office or the person who completes your payroll. Only you may modify your W-4 form. Verbal or written instructions are not sufficient to modify withholding allowances. We advise you to check your pay stub to ensure that it reflects the proper number of withholdings. The W-2 form you receive annually reflects how much of your earnings were deducted for these purposes. Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, or child support, will be itemized on your pay stub whenever the City of Waltham is ordered to make such deductions.

Credit Union

Merrimack Valley Credit Union (formerly RTN Credit Union) serves the financial needs of the City of Waltham employees and their families and is committed to helping members achieve financial well-being through quality products and services with personalized service. If you need assistance or have questions, please contact Mike Davis at 781-736-9902, mdavis@rtn.org or the RTN Business Development Team at BizDevelopment@rtn.org or 781-736-9965.

600 Main St.

Waltham, MA 02452

For [Waltham branch hours](#) and more information, go to www.rtn.org.

Direct Deposit

Paychecks are dispersed each Wednesday for the previous week (with the exception of Board Members and Traffic Supervisors). Employees have the opportunity to have their net pay automatically deposited into an account at the bank of their choice. The bank must be a member of the Automated Clearing House. The forms are available at the Human Resources Department. Once enrolled, if you change banks, please advise your department payroll clerk.

Deferred Compensation Plan

The plan permits you, on a voluntary basis, to authorize a portion of your salary to be withheld and invested for payment to you at a later date. Neither the deferred amount nor earnings on the plans are taxable until they are actually distributed to you. Further information can be obtained by contacting the plan client account managers identified in the orientation material.

The City of Waltham offers one plan:

Great West

SMART Plan-1-877-457-1900 x20084

www.mass-smart.com

Union Dues

If applicable, the City is required to deduct union dues from your paycheck, those deductions are then forwarded directly to the union. Please contact your union representative for further details.

INSURANCE

Open Enrollment

The City of Waltham holds an Open Enrollment Fair every spring. Open enrollment for Health insurance is in May and takes effect July 1st. During this time of Open enrollment, employees may make changes to their health plans. This is the **ONLY** time changes are allowed, with the exception of qualifying events.

In the event of a loss of health insurance, birth, marriage or divorce, it is the responsibility of the employee to notify the Payroll Department within **30 days of the event**. Birth certificate, marriage certificate and/or divorce decrees will also need to be provided at this time. Failure to meet this timeline will result in waiting until the next open enrollment period.

Health insurance is paid one month in advance. In the event that an employee switches from an individual plan to family plan, the employee will be responsible for paying the difference in cost back to the event date.

Health Insurance Plans

The City of Waltham offers its permanent employees working at least 20 hours per week two health plan options from which to choose*:

- Harvard Pilgrim Health Care (HMO) w/Delta Dental
- Blue Cross/Blue Shield: PPO w/No Delta Dental

The City's contributions to the plans are: 89% of the cost of HMO, and 87.5% of the cost of Blue Cross/Blue Shield PPO. New employees may select one of these plans. An open enrollment every May provides employees with an opportunity to change coverage. Employees with a qualifying event may change coverage during the year for the following reasons:

- Change in number of dependents
- Change in employment status that affects your eligibility for benefits
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change of residence that puts you within the enrollment area
- Judgment, decree or order pertaining to child or spouse
- Change in legal marital status

In order to enroll a spouse and/or dependents to your health plan, the City requires a copy of your marriage license and birth certificates for dependents. As of January 1, 2014, dependent children are eligible up to their 26th birthday.

Complete information on all health plans and enrollment forms are provided in your orientation package.

DELTA DENTAL: (Available with Harvard Pilgrim Health Plan HMO only)

- Preventative dental services are covered at 100% with no deductible.
- Restorative services covered at 80% after a \$50.00 per person deductible.
- Prosthodontics and Major Restorative are covered at 50%.
- Braces are not covered.

There is no additional cost for the dental coverage with the Harvard Pilgrim coverage. There is no dental coverage offered with Blue Cross Blue Shield. For more information on coverage, please consult the Delta Dental information included in your Orientation Package.

*If you choose not to select the Health Insurance benefit, you must complete the *Waiver of Group Health Insurance Coverage Form* included in your Orientation Package.

Contact information for these health plans is as follows:

- Harvard Pilgrim Health Plan: 1-800-848-9995 TDD: 1-800-637-8257
www.harvardpilgrim.org
- Blue Cross/Blue Shield: 1-800-262-BLUE (2583) TTY: 1-800-522-1254
www.bluecrossma.com
- Delta Dental: 1-800-451-1249
www.deltamass.com

WHEN COVERAGE BEGINS:

If you begin your employment between the first of the month and the twenty-third of the month, then your health insurance coverage will begin on the first day of the following month. If your employment begins between the twenty-fourth and the last day of that month, then your health insurance will begin on the first day of the second full month.

WHEN COVERAGE ENDS:

If your employment ends between the first and the twenty-third of the month, then your health insurance coverage will end on the last day of that month. If your employment ends between the twenty-fourth and the last day of that month, then your health insurance coverage will end on the last day of the next month.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits exclusions for pre-existing conditions; prohibits discrimination against employees and their dependents based on health status; guarantees renew-ability and availability of health coverage to certain employees and individuals; and protects many workers who lose health coverage by providing better access to individual health insurance.

The special enrollment rights apply without regard to the dates on which an individual would otherwise be able to enroll under the plan. Special Enrollment periods apply to you and/or your dependents, if you have a new dependent as a result of marriage, birth, adoption or the placement for adoption (qualifying event). Under these rules, a group health plan is required to provide the

opportunity for special enrollment. These individuals should make the request within 30 calendar days of the date the qualifying event occurred.

If you decline enrollment under the City of Waltham plan for yourself or your dependents (including your spouse) and state in writing that you and/or your dependents have coverage under another group health plan or health insurance coverage as the reason for declining to enroll you may also have special enrollment rights. Special enrollment rights may apply to you and/or your dependents in the event that you and/or your dependents are no longer eligible for this other coverage.

Your plan offers an Annual Open Enrollment in May which is effective July 1st of each year, giving you the opportunity to enroll yourself and /or your dependents if you have previously declined/waived coverage for you and your dependents.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA requires employers to offer employees and their families the opportunity to continue their group health care coverage for 18 to 36 months following termination, depending upon the “qualifying event” that leads to the ultimate termination of coverage. The City will notify you of your COBRA rights in writing. If you do choose continued coverage, you have 60 days from the date you would lose coverage to inform the Human Resources Department. If you elect coverage, you will have 45 days from the date of the election of coverage to pay premiums due from the date of your loss of coverage. If you do not choose continued coverage, your group coverage will end and cannot be reinstated.

Life Insurance Plan:

**Boston Mutual Life Insurance Company
120 Royall St., Canton, MA. 02021-9968
1-800-669-2668 ext. 700**

The City of Waltham offers its permanent employees working at least 20 hours per week basic life insurance in the amount of \$15,000*. To be eligible for the additional optional coverage, employees must first be enrolled in the basic program. On the enrollment form, Plan A is the basic plan and Plan B is the optional plan.

Permanent employees working at least 20 hours per week, under age 75 who desire additional optional coverage are entitled to purchase life and accidental death and dismemberment insurance in \$5,000 denominations up to the amount of the employee's salary.

Permanent employees working at least 20 hours per week, under the age of 75 are entitled to purchase dependent coverage. Dependent coverage includes only life insurance. Accidental death and dismemberment are not included.

In order to be eligible for dependent coverage, you must first purchase at least \$5,000 in additional optional coverage. The entire optional premium for coverage is paid by the employee through payroll deductions.

When an employee is terminated, resigns, reduces their hours to less than 20, or reaches age 75, all additional optional coverage ends. The employee has the right to convert the full amount of additional coverage to an individual policy.

When an employee under age 75 retires, he/she may take his/her additional coverage with them until age 75.

For more information see your orientation package, contact the Human Resources Department, or visit the Boston Mutual webpage at: <http://www.bostonmutual.com/>

*The City contributes 50% of the premium.

Permanent Life/Cancer Insurance Coverage

The orientation package includes additional information on permanent life and cancer insurance coverage provided by LifePlus Insurance Agency. Enrollment for this coverage is available upon hire and in May during benefit open enrollment for July implementation. For more information contact the LifePlus Insurance Agency client service representative, at 1-781-837-9222 or <http://www.lpins.com>

Workers' Compensation

Workers' compensation benefits are provided for injuries arising out of and in the course of your employment. **Employees must report all work-related injuries and illnesses to their supervisor immediately, no matter how minor they may appear.** Worker's Compensation Informational booklet must be filled out, regardless of the nature of the injury, and returned to the Human Resources Department forthwith. If medical attention is required, the City of Waltham has the right to send you to the provider of their choice for the initial visit. Follow-up care provided as needed. If it is a medical emergency, 911 should be called.

Unemployment Compensation

Depending upon the circumstances, employees may be eligible for Unemployment Compensation upon termination of employment or a reduction in hours of work with the City of Waltham. The Department of Employment and Training determines eligibility for Unemployment Compensation. The City pays the entire cost of this insurance program.

EMPLOYEE BENEFITS

Flexible Spending Account Program

A Flexible Spending Account (FSA) plan allows employees to pay for certain unreimbursed healthcare and dependent care expenses with before-tax dollars. For many participants, the FSA plan provides a better tax benefit than is available to an individual taxpayer. The flexible spending account program permits each employee to set aside up to \$5000 pre-tax dollars for dependent care expenses and up to \$3050 for medical expenses not reimbursed. Money that is reimbursed to you for paid expenses is tax-free. You pay no state, federal, social security, or Medicare taxes on that money. You may only enroll during open enrollment (usually each December) or if you have a "change in status/qualifying event" the following are considered changes in status/qualifying event:

- Change in number of dependents

- Change in employment status that affects your eligibility for benefits
- Dependent satisfies or ceases to satisfy eligibility requirements
- Significant change of residence or work-site
- Judgment, decree or order pertaining to child or spouse
- change in legal marital status

For additional information, contact the City of Waltham account representative with Sentinel Benefits at 1-888-762-6088, or visit their website at: www.sentinelgroup.com

Bereavement Leave

Non-union employees are entitled to one to three (1–3) days up to a maximum of five (5) days for the death of immediate family members, including: spouse, mother, father, grandmother, grandfather, daughter, son, sister, brother, aunt, uncle, grandchild, stepfamily of the employee or spouse of step family. Union employees will follow Bereavement Leave under current CBA Agreement. The department head may grant additional days to employees under extenuating circumstances.

Family Medical Leave Act

The City's policy for the Family and Medical Leave Act of 1993 (FMLA) covers basic procedures governing leaves taken under FMLA so as to ensure compliance with the federal statute which allows eligible employees an unpaid leave for up to 12 weeks in one 12-month period, or in the case of certain family military leave, up to 26 weeks in one 12-month period. Eligible employees must (1) have worked at least 1,250 hours (approximately 25 hours per week) for the City within the last twelve months, and (2) have been employed by the City at least 12 months prior to the request for such leave. Please contact the Human Resources Department for detailed benefit information and a copy of the Act.

Domestic Violence Leave Act

All full-time, part-time, seasonal and temporary employees are eligible for Domestic Violence Leave. The City is committed to the protection of employees that provide service to the City from domestic violence by giving them the necessary tools to deal with domestic violence issues. This policy, along with the efforts of our EAP (Employee Assistance Program), can be utilized if the need arises to take time off to deal with a domestic violence issue. Please contact the Human Resources Department if you should have any questions regarding this Act.

Small Necessities Leave Act

Massachusetts enacted the Small Necessities Leave Act (SNLA) in 1998, expanding upon the rights granted by the federal Family and Medical Leave Act (FMLA). The SNLA grants eligible employees a total of 24 hours of unpaid leave during any 12-month period, *over and above* the leave granted under the FMLA. To be eligible, an employee must (1) have been employed for at least 12 months by the employer from whom the leave is requested, and (2) have provided at least 1,250 hours of service to the employer during the previous 12-month period. Please contact the Human Resources Department if you should have any questions regarding this Act.

Parental Leave Act Policy

In accordance with MGL 149 the City grants up to 8 weeks of Parental Leave to both male and female eligible employees for the purposes of birth, adoption or placement pursuant a court order.

Unless combined in accordance with other leave practices, parental leave is unpaid leave. Employees shall not be required to exhaust all time off prior to taking the leave. The Act provides that 2 employees of the same employer shall only be entitled to eight weeks of leave in the aggregate for the birth or adoption of the same child. Eligible employees are defined as employees who have completed their initial probationary period, not to exceed three months, or if there is no such probationary period, employees who have been employed for at least 3 consecutive months as a full-time employee. For additional information please contact the Human Resources Department.

Pregnant Workers Fairness Policy

The City of Waltham provides accommodations to allow pregnant employees or prospective employees or those with conditions related to their pregnancy to perform the essential functions of their jobs. In addition, the City will not discriminate against employees or prospective employees who are pregnant or have a condition related to pregnancy including, but not limited to, lactation or the need to express breast milk for a nursing child.

Holidays

The following holidays shall be allowed for permanent employees and in the event, one occurs within the working week, each employee shall be paid for a full day as if working:

- New Year's Day
- Memorial Day
- Veterans' Day
- Columbus Day
- Christmas Day
- Presidents' Day
- Martin Luther King Day
- Independence Day
- Thanksgiving Day
- Patriots' Day
- Labor Day
- Juneteenth

Whenever one of the foregoing holidays occurs on a Saturday or Sunday, the employee shall be given an additional day off. If the additional day off cannot be given because of personnel shortage or other cause, the employee shall be entitled to an additional day's pay.

Those who are required, to work on a holiday due to an emergency, shall be paid time and one half (1.5 hours) for the hours worked in addition to regular holiday pay.

Educational Incentive Program

The City of Waltham Educational Incentive Program is intended to encourage employees to improve their job competence, and helps prepare them for greater responsibilities within their present job assignments. Please contact the Human Resources Department for more complete information about this program. Reimbursement is subject to funds being available.

Jury Duty

The City's obligation to pay employees called for jury service is set forth in MGL Chapter 234A, Section 48, which states in pertinent part – "Each regularly employed trial or grand juror shall be paid regular wages by his employer for the first three days, or part thereof, of juror service. Regular employment shall include part-time, temporary and casual employment. As long as the employment hours of a juror reasonably may be determined by a schedule or custom and practice established during the three-month period preceding the term of service of such juror." If you have

questions regarding pay for jury service, please ask your supervisor or contact the Human Resources Department.

Permanent Part Time Employees Policy

Permanent part-time employees are eligible for vacation, sick and holiday benefits on a prorated basis. Permanent employees working 20 hours per week or more are eligible for health benefits. Please contact the Human Resources Department should you have any questions regarding this policy.

Vacations

Applicable to non-union wage and salary grade classifications.

Years of service:

- | | |
|---------------------------------------|-------------------------------------|
| • Less than 1 year | At the discretion of the Dept. head |
| • More than 1 year, but less than 10 | 15 Days |
| • At least 10 years, but less than 15 | 20 Days |
| • At least 15 years | 25 Days |

In all cases, vacation shall be taken during the calendar year unless the employee is given permission in writing by their department head with the approval of the mayor to carry the vacation time into the succeeding calendar year.

All vacation rights arising out of creditable service accumulated in any department of the City shall be transferable by an employee to any other department.

Every employee who has worked thirty (30) work weeks in the aggregate during the twelve months preceding the first day of June in the current year shall be eligible for a vacation up to 2 weeks with pay at the discretion of the department head. This provision shall not apply to employees in the Police and Fire Departments.

Sick Time

Sick time for non-union employees shall be used at the discretion of the department head. All employees must submit a doctor's note upon the usage of five concurrent sick days.

Longevity

Each non-union employee shall receive longevity pay which will be added to base compensation upon completion of each five (5) year increment of service with the City, but not commencing until completion of the tenth (10) year as follows:

- a) A total of 8% of annual base salary per year for each employee who has completed at least 10 years but less than 15 years;
- b) A total of 9% of annual base salary per year for each employee who has completed at least 15 years but less than 20 years;
- c) A total of 10% of annual base salary per year for each employee who has completed at least 20 years but less than 25 years;
- d) A total of 11% of annual base salary per year for each employee who has completed at least 25 years or more;

For the purposes of longevity, services with the City shall be defined as actual service in the employ of the City for which an employee is entitled to credit pursuant to the provisions of MGL Ch. 32. Service credit an employee may have, but which is not attributable to City employment, shall not be used as a basis for awarding longevity pay.

RETIREMENT BENEFITS

Social Security and Medicare Tax

The City of Waltham does not deduct Social Security from your wages. The City has a retirement program under General Laws Chapter 32, Sections 1-28 and other special acts of the Commonwealth of Massachusetts. Full-time and benefit eligible part-time employees must be members of the City's retirement program. All other non-benefitted employees must participate in the OBRA program.

Employees hired or re-hired after March 31, 1986 are required to pay Medicare tax and the City matches that contribution.

OBRA

If you are a part-time, seasonal or temporary employee of the Commonwealth of Massachusetts or a Massachusetts local government employer, you are required to contribute at least 7.5% of your gross compensation per pay period in the Massachusetts Deferred Compensation SMART Plan (SMART Plan). The SMART Plan is an alternative to Social Security as permitted by the federal Omnibus Budget Reconciliation Act of 1990 (OBRA). This contribution is deducted on a pre-tax basis, reducing your current taxable income. This means that you will not pay any tax on this money until it is distributed from your account. Upon termination you may request a disbursement of funds or roll over the funds to another employer sponsored plan or traditional Individual Retirement Account (IRA). You may contact the SMART Plan at 877-457-1900.

Retirement Plan Membership

Membership in a contributory retirement system is mandatory for nearly all public employees who are regularly employed and working at least 20 hours per week. The Retirement Board exercises full jurisdiction to determine an employee's eligibility for membership in cases involving part-time, provisional, temporary, seasonal or intermittent employment or service.

Contributions:

Employees who become members:

Prior to-January 1, 1975, must contribute	(5%)
On or after January 1, 1975 and Prior to January 1, 1984, must contribute	(7%)
On or after January 1, 1984 but prior to July 1, 1996, must contribute	(8%)
After July 1, 1996, must contribute	(9%)

If membership began after January 1, 1979, and if your annual rate of regular compensation is \$30,000 or more, the governmental unit for which you work will withhold 2% of that portion of your rate of regular compensation that is in excess of \$30,000.

Employees hired after April 2, 2012 contribution rate decreases 3% once they have attained 30 years of creditable service.

A new employee is required to make an appointment with the Retirement Board to review and complete the retirement forms before the end of his/her first week of work. You should bring the following documentation:

- **Photo ID (Driver's license, Passport, Mass ID)**
- **Copy of your birth certificate**
- **Copy of DD214 if applicable**
- **Copy of beneficiary's birth certificate or Social Security Number**
- **Copy of marriage certificate if applicable**

Retirement Office/Location

The Retirement Office is located at 25 Lexington Street, Waltham. If you have questions, please call 781-314-3230. They have available a retirement guide booklet that can be mailed to you upon request.

CITY POLICIES AND PRACTICES

Non-Discrimination and Equal Employment Opportunity

Non-discrimination and equal employment opportunity are the policies of the City in all of its employment programs and activities. The City recognizes the right of individuals to work and advance on the basis of merit, ability, and potential, without regard to race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, ancestry, veteran status, age (over 40), religion, disability or genetic information. The City and its employees will take affirmative measures to ensure equal opportunity in the areas of recruitment, hiring, promotion, demotion or transfer, layoff or termination, rates of compensation, training programs, and all terms and conditions of employment. This applies equally in relations with the public and all persons or organizations doing business with the City.

Americans with Disabilities Act

The City complies with requirements of the regulations contained in the U.S. Americans with Disabilities Act of 1990, including reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee unless such accommodation will impose undue hardship on the City.

Discriminatory & Sexual Harassment

It is the goal of the City of Waltham to promote a workplace that is free of discriminatory harassment of any type, including sexual harassment. Discriminatory harassment consists of unwelcome conduct, whether verbal or physical, that is based on a characteristic protected by law, such as race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, ancestry, veteran status, age (over 40), religion, disability or genetic information.

The City of Waltham will not tolerate harassing conduct that affects employment conditions, that interferes unreasonably with an individual's performance, or that creates an intimidating, hostile, or offensive work environment.

Harassment of employees occurring in the workplace, in connection with work-related travel, and/or work-sponsored events will not be tolerated. Further, any retaliation against an individual who has complained about harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated.

Anti-Nepotism Policy

It is the policy of the City of Waltham not to discriminate in its employment and personnel actions with respect to employees and applicants on the basis of marital or familial status. Notwithstanding this policy, the City of Waltham retains the right to refuse to hire or appoint a person or permit an existing supervisory relationship involving family members to continue, where the family members would be in the same department or division and where their familial and supervisory relationship has the potential for creating or in fact has created an adverse impact on supervision, safety, security or morale, or involves a potential conflict of interest. The Department Head shall have the authority and responsibility for determining if such a potential for adverse impact exists or does not exist. All new or prospective employees must complete an Anti-Nepotism form.

Drug and Alcohol Policy

It is the position of the City of Waltham that the use of illegal drugs and misuse of legal drugs, including alcohol, are sources of danger in the workplace and threaten the maintenance of a productive and safe work environment. The City of Waltham discourages users of illegal drugs and miss-users of legal drugs, including alcohol, from seeking employment with the City and encourages very forcefully the rehabilitation of such persons already in its employ.

Employees of the City of Waltham are visible and active members of the communities in which they live and work. They are inescapably identified with the City and are expected to represent it in a responsible and creditable fashion. While the City of Waltham has no intention of intruding into the private lives of its employees, the City does expect employees to report for work in a condition to perform their duties competently. Use of illegal drugs and misuse of legal drugs, including alcohol, can have a negative impact on the workplace and is contrary to the City's goal of providing a workplace that is a safe, alcohol and drug-free environment.

Employees who engage in drug and/or alcohol abuse, either on or off the job, have the potential to adversely affect the job performance and safety of themselves and others. Use of illegal drugs and misuse of legal drugs, including alcohol, is proper cause for disciplinary action up to and including termination of employment. A complete copy of the policy is provided in your orientation package.

Conflict of Interest Law

The conflict-of-interest law, Chapter 268A of the General Laws, requires that municipal employees give undivided loyalty to the municipality and act in the public interest rather than for private gain. This law sets a minimum standard of ethical conduct for all municipal employees and officials. The law and the Ethics Commission, which enforces the law, were established to foster integrity in government and promote public trust. The purpose of the law is to ensure that public employee's private financial interests and personal relationships do not conflict with their public obligations. The law governs what you may do on the job, what you may do after hours or what you may do after you leave public service.

All City of Waltham employees must complete the online State Ethics Commission training. This training is available on the website www.mass.gov/ethics. Scroll down to education and training resources, click on mandatory training requirements, click online training program and follow the instructions provided. Once the training is completed, print the last page of the training and return that to the City Clerk's office within 30 calendar days of date of hire and every two years thereafter. A complete copy of the policy is provided in your orientation package.

Progressive Discipline Policy

It is the primary goal of the City of Waltham to provide effective and efficient services to the public. Accordingly, it is the responsibility of all managers and supervisors in the employee of the City to attempt to improve the performance of employees under their supervision in order that services are delivered effectively and efficiently to the public. Discipline is one tool for affecting the performance of employees and for achieving the goal of providing effective and efficient municipal services.

The City's Progressive Discipline Policy provides guidelines that will assist managers in the counseling and disciplining of their employees. It also outlines various techniques and methods to help managers prevent and handle performance problems by dealing with situations fairly, consistently, progressively, and professionally.

This policy does not waive, modify, or diminish any managerial rights, rights that the management or appointing authority has by law, and rights that the management or appointing authority has with respect to provisional appointees. For a complete copy of this policy, contact the Human Resources Department.

Right to Know Law

The purpose of the Right to Know Law is to create a mechanism for providing and obtaining information about toxic and hazardous chemicals in the workplace. It is designed to afford employees and community residents opportunities to gain, through their employers and public officials, information regarding such chemicals. Further, it places a responsibility upon employers, to provide such information to employees.

The statute covers both public and private employers who manufacture, use, process or store toxic or hazardous substances, and who have employees who are or may be exposed under normal working conditions or under foreseeable emergencies, to toxic or hazardous chemicals contained on the Massachusetts Substance List. There are no exclusions for employers based on number of employees or size or nature of operation. Research laboratories are exempt but school laboratories are not exempt.

The law is two-fold. First, it places upon employers the responsibility of providing to all of its employees' information regarding the identity and effects of toxic and hazardous chemicals. Second, it affords employees the right and opportunity to obtain such information from and through their employers. For a complete copy of this law, contact the Human Resources Department.

Public Records Law

Under the Massachusetts Public Records Law, any person has the right of access to public information. Administrative information typically contained in a municipal employee's personnel file such as an employee's name, home address and date of birth is considered public information and may be disclosed in response to a public records request. Administrative information regarding public safety employees may not be disclosed under the Public Records Law.

Municipal employees who are victims of domestic violence, sexual assault or stalking may have their home address protected from public disclosure through a special program known as "The Address Confidentiality Program (ACP)" administered by the Secretary of the Commonwealth. For information on the ACP call 1-866-SAFE-ADD. For more complete information on the Massachusetts Public Records Law, contact the Human Resources Department.

Polygraph Protection Act

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

Smoking Policy

Per MGL Chapter 270, Section 21 & 22 smoking is prohibited in all public buildings, or in a vehicle or vessel owned, leased or operated by the City of Waltham.

The City of Waltham encourages a spirit of cooperation, courtesy and mutual respect among employees in the workplace.

Police & Fire: The rule has been adopted under the authority of the Pension Reform Act, Ch. 697 of the Acts of 1987. Section 117 of the Act adds the following to Chapter 41 of the General Laws:

"Section 101A. Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. The personnel administrator shall promulgate regulations for the implementation of this section."

Alcohol and Drug Free Workplace

The City realizes that the misuse of drugs and alcohol impairs employee health and productivity. Drug and alcohol problems result in unsafe working conditions for all employees and customers. The City is committed to maintaining a productive, safe, and healthy work environment, free of unauthorized drug and alcohol use, in compliance with the Drug Free Workplace Act. Any employee who seeks assistance through the Human Resources Department may be confidentially referred to drug and alcohol rehabilitation programs. Employees seeking assistance may also contact the Employee Assistance Program.

Any employee involved in the unlawful use, sale, manufacturing, dispensing or possession of controlled substances, illicit drugs and alcohol on City premises or work sites, or working under the influence of such substances or who is impaired at work as a result of the use of lawful substances, will be subject to disciplinary action up to and including dismissal and referral for prosecution.

In addition, the City has developed and maintains a comprehensive Drug and Alcohol Policy and CDL drug testing policy in accordance with the Department of Transportation 1991 Omnibus Transportation Employee Testing Act, as amended. For a complete copy of this law, contact the Human Resources Department.

Employee Assistance Program

The City of Waltham offers an Employee Assistance Program to help employees who may be experiencing personal problems that may impact their job performance. The purpose of the Employee Assistance Program is to help employees address these problems before they impact their job performance. There is no cost to employees, household members or dependents for EAP sessions and one 30-minute consultation for each legal or financial matter. This is a completely confidential program.

Employees may access the program by contacting an EAP representative at 1-800-451-1834, their department head or the Director of Human Resources or at www.emiia.org

Employee Network Use Policy

The Employee Network Use Policy outlines the proper use of Internet access. This policy applies to all Municipal Employees using Waltham's Network. All Waltham data network access to the Internet is provided for **CITY BUSINESS ONLY**.

All electronic data transferred, promoting, aiding, furthering or otherwise in support of illegal activities are prohibited. Attempts to gain unauthorized access to any computer or communications system on the Internet are also prohibited. The use of the Internet through your Waltham account is a privilege not a right and inappropriate use or vandalism of any kind may result in a cancellation of this privilege and disciplinary action. A complete copy of this policy is provided in your orientation package.

Whistleblower Protection Act

The Whistleblower Protection Act protects whistleblowers that are responsible for disclosing, threatening to disclose, providing information, or objecting to any activity, practice, or policy that the employee reasonably believes is in violation of law, rule, or regulation, or poses a risk to public health, safety, or the environment. An employer violates the Whistleblower Protection Act if the employer takes (or threatens to take) retaliatory personnel action against any employee or applicant because of disclosing said information.

Fair Labor Standards Act

The Fair Labor Standards Act (FLSA) establishes standards for minimum wages, overtime pay, recordkeeping, and child labor. Fair Labor Standards Act of 1938 was enacted to establish fair labor standards in the workforce. This regulation applies to all departments except Fire and Police personnel.

The City is hereby establishing a seven-day work period commencing at 12:01 a.m. on Sunday for all departments with the exception of employees engaged in law enforcement and fire protection activities.

The Act allows for certain employees to be exempt under the Act for its overtime provisions. Some of the exemptions, among others, are elected officials, executive, administrative, professional personnel, etc. The Human Resources Department will notify department heads which of their employees, if any, are exempt from the Act.

The Act calls for overtime payment for hours worked over 40 in a work period. Vacation leave and sick leave time not actually worked during a call back period may not be counted as hours worked under the Act. Compensatory time off may only be provided under the provisions of a labor contract or for employees not included in bargaining units, under a written memorandum of understanding arrived at before the performance of the work.

This Act also establishes standards for minimum wage and child labor. Please contact the Human Resources Department for a complete copy of the Fair Labor Standards Act.

Vehicles Can Be Dangerous Policy

The prevention of injuries is a major responsibility of employers and employees. Therefore, it is the policy of the City of Waltham that no employee shall ride outside the passenger compartment of a City-owned vehicle. All individuals in city-owned vehicles must be seated within the passenger compartment and wearing seatbelts. There will be NO exceptions to this policy. This policy will be rigorously enforced. Failure to comply may result in disciplinary action. A complete copy of this policy is provided in your Orientation Package.

USERRA

The Uniformed Services Employment and Reemployment Rights Act protects the job rights of individuals who voluntarily or involuntarily leave employment position to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of uniformed services, and applicants to the uniformed services. Please contact the Human Resources Department should you have any questions regarding this Act.

Closing

The contents of this booklet are for your reference. If you have questions or require additional information regarding the contents of this booklet, please ask your supervisor or contact the Human Resources Department at 781-314-3355.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name
Print home address.....

Social Security no.
City..... State..... Zip.....

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$.....
 - A. Check if you will file as head of household on your tax return.
 - B. Check if you are blind.
 - C. Check if spouse is blind and not subject to withholding.
 - D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed.....

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

CONFIDENTIAL

EEO Self-Identification Form

Notice -Completion of this form is voluntary.

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee *EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

- 1. Date Completed:
 - 2. Name:
 - 3. Position Applying:
 - 4. Social Security Number: Last 4 Digits:
-

Voluntary Self-Identification of Ethnicity, Race and Gender

5. Race/Ethnic Code: (Please Select One)

Ethnicity:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;

Race:

White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;

Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa;

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;

American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

6. Sex/Gender Code: (Please Select One)

- Male** **Female** **Non-Binary** **Prefer Not to Disclose**

Signature: **Date:**

THANKS FOR YOUR ASSISTANCE!



**CITY OF WALTHAM
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL - KMURPHY@CITY.WALTHAM.MA.US

KRISTIN MURPHY
Human Resources Director
Workers' Compensation Agent

Housing Rehabilitation Program Guidelines

City of Waltham
Planning Department
Housing Division

January 13, 2022

Applying for Funding Assistance:

Applications for assistance are accepted by mail or in person in the Housing Department, 25 Lexington St., Waltham, MA. 02451.

Applications may be downloaded by going to the City web site at
www.city.waltham.ma.us/housing

Application are accepted on a first-come, first-serve basis. For more information call the Planning Department Housing Division at 781-314-3380.

CITY OF WALTHAM
Background Information Form & Verification of Employment

Instructions: This form must be clearly printed in ink. All questions must be answered completely.

Applicants must submit copies of all certification or licenses required or related to employment with their background check form if requested by the Human Resources Department.

PERSONAL HISTORY

1. Name in full (Last, First, Middle Name)

2. Social Security Number

3. List all other names you have used. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court.

4. Are you at least 18 years of age?

Yes No

5. Are you eligible to work in the United States?

Yes No

VERIFICATION OF EMPLOYMENT

6. Please provide the name and contact information of your supervisor or Human Resources Department in order to verify current or most recent employment. **The City of Waltham must be able to verify employment.**

Supervisor Name and/or Human Resources	Telephone Number

RESIDENCE

7. Present Residence Address (Street, Apartment #, City, State, Zip Code):

8. Residence # () _____ Business # () _____ Cell phone # () _____

9. List chronologically all past residences. Be as accurate as possible. (Include addresses while attending school if away from home and all military addresses).

From Month/Day Year	To Month/Day Year	Number & Street	City	State

EDUCATION

10. List all educational institutions that you have attended starting with high school:

Name of School	Location	Dates Attended		Degree Or Diploma
		From Month/Year	To Month/Year	

11. Were you ever dismissed from school for any reason during your scholastic career? Yes No

If YES, explain in detail. School: _____ Date: _____

MILITARY EXPERIENCE

12. Have you served in the United States Military? Yes No

From	To	Branch	Rank	Active Reserve	Retired

PROFESSIONAL LICENSES

11. Please provide any professional licensure you currently hold or have held in the past.

Issuing Authority	Profession	License Number	Expiration Date

13. Has your professional license to ever been revoked or suspended in this state or any other?

Yes No

If YES, explain in detail:

DRIVING RECORD

14. Provide your Massachusetts Driver's License number, and if requested, your driving record from the Registry and Expiration Date:

License Number: _____ Expiration Date: _____

15. Did you ever possess a Driver's License from another state?

Yes No

If YES, give dates State and license number (if known): _____

16. Has your license to operate motor vehicles ever been revoked or suspended in this state or any other?

Yes No

If YES, explain in detail:

EMPLOYMENT

17. List chronologically all employment beginning with the most recent. Include summer and part time employment while attending school, any period of unemployment and any military service.

**ALL time must be accounted for and ALL employment must be provided.
CLEARLY STATE THE REASON FOR LEAVING (excluding medical reasons).**

Employment History (Every section must be completed in full)

Company	Type of Business

Telephone	Address		
Position	Department	Hours per WK	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	

18. Have you ever been dismissed, terminated or asked to resign from any position or employment you have held? YES NO

19. Have you ever quit any job or position without giving notice? YES NO

If YES, explain in detail. Employer's name: _____ Date _____
Reason: _____

PROFESSIONAL/TRADE ASSOCIATIONS

20. Do you hold membership in any professional or trade organizations(s)? YES NO

Organization	Address	Type	Member position Held

INVESTIGATION RECORD

21. Has the Commonwealth of Massachusetts, the United States Government, any State, Municipality, or other Police Agency investigated your background? YES NO

If YES, provide the information below:

Month/Year	Investigating Agency

OUTSIDE ACTIVITIES

22. List any activities, which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity. **(Response is Optional)**

From: To: (month/year)	Activity	Location (City/State)

--	--	--

PRIOR EMPLOYMENT APPLICATIONS (All employment)

- 23. Have you ever provided false information on any application for employment? YES NO
- 24. Have you ever withheld information on any application for employment? YES NO
- 25. Have you ever misrepresented your qualifications on any application for employment? YES NO

Employee Authorization to Release Records

Read Carefully Before Signing

I certify that the above information is true and complete to the best of my knowledge; any misrepresentation of information on this application may be reason for immediate dismissal. I authorize you to review my character and ability to perform the job for which I am applying. I understand that in carrying out the review, reports may be solicited from previous employers, schools, credit bureaus, Registry of Motor Vehicles, personal and other references, but that no attempt will be made to contact my present employer or law enforcement agencies to see if I have been convicted of a felony unless specifically authorized by me to do so. I hereby release them from all liability for damages for providing this information. I also recognize that I will be required to complete the City's employment forms, complete and pass a pre-employment physical and complete and pass pre-employment drug/alcohol testing as well as a probationary period. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Note: Labor Service registration is valid for five years and is subject to all provisions of Civil Service Law and Rules. If you wish to renew your registration for one five year extension, you must notify the City of Waltham Human Resources Department in writing no earlier than six months before, or no later than six months after the fifth anniversary of your registration. Failure to provide such notification will result in removal from the Labor Registration List.

Applicant's Full Name (Print Legibly): _____

Applicant's Signature: _____

Date: _____

It is unlawful in Massachusetts to require or administer a polygraph test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. (MGL c149, s 19b)



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Waltham Contributory Retirement System

WILLIAM R. MACDONALD, *Chairman*
PAUL G. CENTOFANTI | SCOTT A. HOVSEPIAN | ELIZABETH ARNOLD | MARY ROSEN *Co-Chairman*

ANDREW B MALIS, *Executive Director*

25 Lexington Street 2nd Floor, WALTHAM, MA 02452 | 781.314.3230 | FAX 781.314.3236

MEMORANDUM

TO: *NEW EMPLOYEE APPLICATION FOR MEMBERSHIP IN THE
WALTHAM CONTRIBUTORY RETIREMENT SYSTEM*

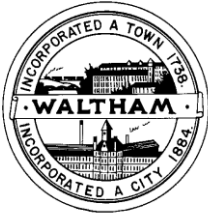
FROM: *ANDREW B MALIS
EXECUTIVE DIRECTOR*

Please make an appointment with the Waltham Retirement Board at 781-314-3230 to complete an application for Membership in the WCRS on or before your hire date.

Please bring the following items with you for your appointment.

- 1. Bring a Photo ID.*
- 2. Copy of yours and your Beneficiaries Birth Certificates.*
- 3. Bring a copy of your Marriage Certificate.*
- 4. You must have your Social Security number and those of your Beneficiaries.*
- 5. You must bring a copy of your DD214 documents for Veterans Status.*

Thank you



CITY OF WALTHAM MASSACHUSETTS

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL – KMURPHY@CITY.WALTHAM.MA.US

KRISTIN MURPHY
Human Resources Director
Workers' Compensation Agent

To: Non-union Employees
From: City of Waltham
Re: OPEB Contribution
Date: May 1, 2023

Permanent employees who are eligible for the City's health insurance program, incur a liability referred to as Other Post-Employment Benefits (OPEB). Below is an explanation of OPEB. Each permanent full-time employee will have \$10/week deducted from their paycheck to be deposited into the OPEB Trust Fund to help reduce the liability. Permanent part-time employees working over 20 hours/week, but less than full-time will contribute \$4/week.

Other Post Employee Benefits (OPEB)

What is OPEB?

OPEB is the benefit offered to retirees other than their pension. It is mainly health insurance, which includes medical, dental, Medicare Part B premiums and drugs.

What is the OPEB liability?

The OPEB liability is the present value of the City's cost of health insurance for retirees. This includes current retirees and those employees who have a right to retire at a future date (vested employees). The OPEB liability is reduced by the amount of assets the City has set aside to date. The net amount is the unfunded OPEB liability. The current unfunded OPEB liability for the City of Waltham is \$698.9 million.

What are the drivers of the City's OPEB liability?

- *Level of Benefits
- *Health care costs
- *Eligible population

The City of Waltham is self-insured and offers benefit rich health plans consisting of low co-payments and \$0 deductibles. The employee contribution is 12.5% for the PPO and 11% for the HMO plans. Under a special act for the City of Waltham, the contribution percentage paid by the employee at the time of retirement is guaranteed for the duration of their retirement.

Total annual rates for the City's plans as of July 1, 2023 are as follows:

BCBS PPO	Family \$46,350/Individual \$19,967
Tufts HMO	Family \$32,013/Individual \$11,930
HPHC HMO	Family \$31,124/Individual \$12,464

All permanent benefit eligible employees, their spouses and dependent children up to the age of 26 are eligible to participate. Additionally, surviving spouses of deceased employees and retirees are eligible to participate.

Why is the City's OPEB liability significant?

Health care costs are generally rising at a faster rate than the reserves.

A Mass Municipal Association (MMA) survey shows the average employee contribution for municipalities is 30%. The City is 11% or 12.5% and a contribution guarantee provided by a special act.

The OPEB liability in the near future will need to be included in the City's audited financial statements. This will have a significant unfavorable impact of the City's overall financial position and could potentially impact its bond rating.

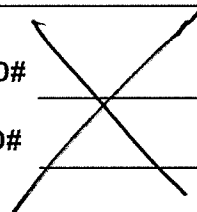
**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____

Employee ID# _____

Employer Name City of Waltham

Employer ID# _____



Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____

Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



CITY OF WALTHAM MASSACHUSETTS

119 SCHOOL ST., WALTHAM MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL: KMURPHY@CITY.WALTHAM.MA.US

KRISTIN MURPHY
DIRECTOR OF PERSONNEL
WORKERS' COMPENSATION AGENT

CITY OF WALTHAM SEXUAL HARASSMENT POLICY

The City of Waltham, as an employer, has as its goal the elimination of sexual harassment from the workplace. It is destructive of morale and teamwork and it can lead to poor job performance. Both the Massachusetts General Laws, Chapter 151B and 151C and Title VII of the Civil Rights Act of 1964 include sexual harassment as a form of unlawful sex discrimination. The City strongly disapproves of such conduct by or toward its' employees. It shall be the City's policy that all employees of the City, at all levels, elected or appointed, must avoid offensive and/or inappropriate sexual and/or sexually harassing behavior at work and will be held responsible for insuring that the workplace is free of sexual harassment. Sexual harassment, retaliation against an individual filing a claim, or retaliation against an individual cooperating in an investigation is against the law and will not be tolerated by the City of Waltham.

I. Definition of Sexual Harassment

Conduct which constitutes prohibited sexual harassment includes unwelcome sexual advances; requests for sexual favors; and other verbal or physical conduct of a sexual nature when:

- (a) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- (b) Submission to or rejection of such conduct by an individual is used explicitly or implicitly as the basis for employment decisions affecting such individuals; or
- (c) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, or sexually offensive working environment.

The following behaviors are examples of what the City would consider to be sexual harassment:

- (a) requests for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits or continued employment;
- (b) coerced sexual acts;

In certain circumstances, the following conduct may also constitute sexual harassment:

- (c) use of sexual epithets; gossip regarding one's sex life; comments about an individual's sexual activity;

- (d) unwelcome brushing against the body of an individual; unwelcome sexual gestures or suggestive comments;
- (e) displaying sexually suggestive objects, pictures, cartoons;
- (f) inquiries into a person's sexual experiences;
- (g) discussion of one's own sexual activities.

II. Considerations

Sexual harassment is not, by definition, limited to prohibited conduct by a male employee toward a female or by a supervisory employee toward a non-supervisory employee. The City's view of sexual harassment includes, but is not limited to, the following considerations:

- (a) A man as well as a woman may be the victim of sexual harassment; a woman as well as a man may be the harasser.
- (b) The harasser does not have to be the victim's supervisor. The harasser may also be a supervisory employee who does not supervise the victim, a non-supervisory employee (co-worker), or, in some circumstances, even a non-employee.
- (c) The victim does not have to be the opposite sex from the harasser.
- (d) The victim does not have to be the person at whom the unwelcome sexual conduct is directed. The victim may also be someone who is affected by such conduct when it is directed toward another person. For example, the sexual harassment of one employee may create an intimidating, hostile, or offensive working environment for another co-worker or unreasonably interfere with the co-worker's work performance.

III. Complaint Procedures

Complaints of sexual harassment may be made to: any Supervisor, any Department Head, the Director of Human Resources, Kristin Murphy, 119 School Street, Waltham, MA 02451, 781-314-3360.

- (a) Complaints of sexual harassment or retaliation will be accepted verbally or in writing. All complaints will be taken seriously and investigated. Anyone may make such a complaint whether it be the victim or any other individual who has witnessed acts of sexual harassment or retaliation. The City expects individuals who witness such acts to report this conduct.
- (b) Upon the occurrence of an initial act of harassment or upon repetition of such acts, the victim should report the incident to his/her immediate supervisor or the Department Head. The immediate supervisor or Department Head should then, in turn, immediately report the incident

to the Director of Personnel. In the event the immediate supervisor or Department Head is the offending person, or in the event the victim prefers to notify someone outside of the victim's department, the victim should report the incident directly to the Director of Personnel and/or the Administrative Assistant to the Mayor to handle and investigate sexual harassment complaints.

(c) The City will make every effort to investigate in a professional manner as expeditiously as possible and as confidentially as it is able to. The City will make every reasonable effort to limit information to those individuals who have an immediate need to know, including but not limited to, the Director of Personnel, the other person designated to handle sexual harassment complaints, the investigating officer (if someone other than the person designated to handle sexual harassment complaints), the alleged target of harassment or retaliation, the alleged harasser, and any possible witnesses or others who may be able to provide information necessary to the investigation.

(d) Upon completion of the investigation, the investigating officer will prepare a written report to be submitted to the Director of Personnel for appropriate action. A general summary of the investigation results will be shown by the Director of Personnel to the complainant within ten business days after the investigation has been concluded, if possible. The findings of the investigation will also be communicated to the alleged harasser.

(e) The Director of Personnel, irrespective of whether there is evidence that sexual harassment or retaliation has occurred, must advise the complainant that (s)he has the right to pursue other legal avenues which may be available.

IV. Sanctions

(a) Any employee found to have engaged in sexual harassment in violation of this policy is subject to disciplinary actions up to and including termination of employment. Disciplinary actions short of termination may include withholding of promotions and/or suspension.

(b) All employees are encouraged to contact their Supervisors, Department Heads, or the Director of Personnel if they have any questions as to whether or not they are or may be victims of sexual harassment. No employee will be punished for making such inquiries.

(c) If an employee is found to have made a knowingly false report for the sole purpose of harming another person, then such employee will be subject to disciplinary action.

V. State and Federal Remedies

In addition to filing a complaint with the City, if you believe you have been subjected to sexual harassment, you may file a formal complaint with either or both of the government agencies

listed below. Each of the agencies has a short time period for filing a claim (EEOC - 180 days; MCAD - 6 months):

1. The Massachusetts Commission Against Discrimination (MCAD)
One Ashburton Place Room 601
Boston, MA 02108-1518
(617) 727-3990 (Admin. Services)
(617) 720-6054 (TTY)

2. The United States Equal Employment Opportunity Commission (EEOC)
One Congress Street
10th Floor, Room 1001
Boston, MA 02114
(617) 565-3200 (To file complaints)
1-800-669-3362 (Toll free)

Jeannette A. McCarthy
City of Waltham
Mayor

Kristin Murphy
Director of Personnel
Workers' Compensation Agent

Date _____

Date _____

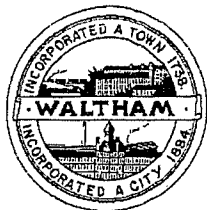
Created by the City of Waltham Personnel Department

Receipt Form - Sexual Harassment Policy

I, _____, have received, read, and accept the City of Waltham Sexual Harassment Policy.

SIGNATURE _____

DATE _____



CITY of WALTHAM

- Office of the City Treasurer & Collector -

Thomas J. Magno

Treasurer & Collector

Dear Fellow Employee,

As you know, all City Departments are looking for ways to reduce operation costs. All of us in government have been making every effort to insure that the taxpayer's dollars are spent wisely. Those of us in the Treasurer's Office are constantly being faced with increased banking costs just as you are experiencing increases in service charges in your own personal checking and savings account.

The Treasurer's Office has reviewed the cost of payroll check processing and we have been exploring options to reduce banking costs without increasing any costs, or causing any inconvenience, to the employee. The Treasurer's Office processes over 80,000 payroll checks annually.

In talks with several local banks we are proposing a direct deposit program that will provide both the City of Waltham and the Employee substantial savings. Your participation in this program by having your payroll check deposited directly into your bank account is essential to reducing administrative costs. This program could save the City of Waltham \$15,000 annually in and could save each employee \$60.00 annually in banking services.

This program is simple and efficient. While other people are waiting in long lines at banks your earnings will be in your account at 9:00 a.m. on payday (except on Monday holidays). You will be under no obligation to stay in the program. If you are not completely satisfied you can notify us to return you to check processing. You may select any bank as your depository as most banks participate in this direct deposit network.

Complete the enclosed form marked "Direct Deposit Authorization Form" and return it to your payroll clerk for processing. If you have any questions, please call Patty Keefe at extension 3272 and we will be glad to help you in any way we can.

Your participation is essential to the success of this cost savings program.

Respectfully yours,

Thomas J. Magno
Treasurer & Collector

TJM/kc

Direct Deposit Authorization Form

PLEASE PRINT:

Name: _____

Address: _____

SS#: _____

Bank Name: _____

Bank Address: _____

Account #: _____

Type of Account Checking Savings
(Please circle)

Signature

Date

BANK ROUTING #: _____

PLEASE ATTACH A SAMPLE PERSONAL CHECK
AND WRITE **VOID** ACROSS THE CHECK

RETURN THIS FORM WITH YOUR CHECK TO THE HUMAN RESOUCE DEPARTMENT
OR YOUR PAYROLL CLERK. THANK YOU.



NOW AVAILABLE DIRECT DEPOSIT EMAIL

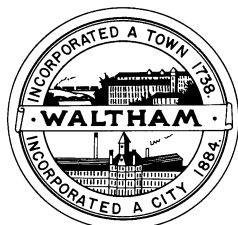
The City now has the ability to email direct deposit slips directly to the employees. You can sign up by going to the case following case sensitive link:

<http://payroll.city.waltham.ma.us/cow1/eAdvice.php>

**You may use any email address but you must use a computer or device logged onto the City network to enroll

Upon completion you will receive a verification email, you must reply to finalize the process. It may take up to two pay periods to take effect.

Any questions please contact
Payroll Department at ext. 3270



Timely receipt of pay stub

Ability to store in a computer file for easier access

Less paper clutter

Better Privacy / Security

CITY OF WALTHAM

610 Main Street
Waltham MA 02452

FlexChoice

Reimbursement Account Overview



A simple plan for ensuring your family's well-being

A flexible spending account (FSA) is one of the most valuable employee benefits your employer can offer you. It allows you to pay for qualified healthcare, dependent care and certain transportation expenses with pre-tax dollars.¹

How Does FlexChoice Work?

Participation in your FlexChoice plan is easy. You decide how much to contribute and to which accounts: Healthcare, Dependent Care or Transportation (*if available*). Contributions to your account(s) are made conveniently through payroll deduction on a pre-tax basis. When you incur an eligible expense, you may use one of the following methods to be reimbursed:

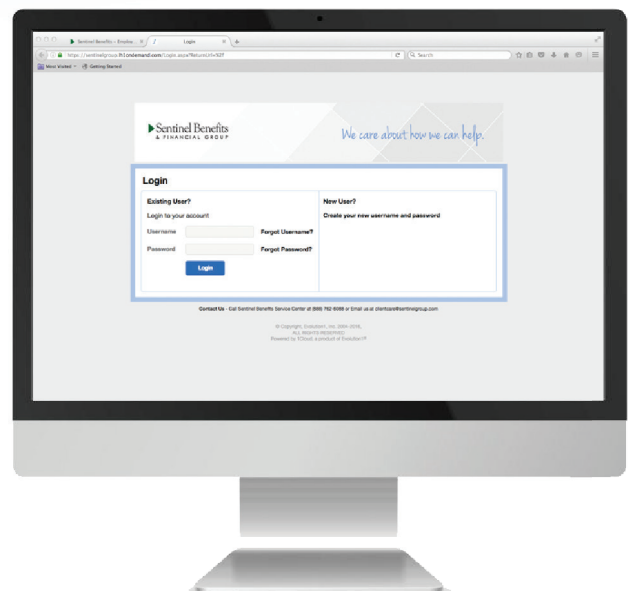
Benny Debit Card – The Benny Prepaid VISA makes it fast and convenient to access the money you have in your account. The Benny Card contains the value of your annual election and tracks it by account type – healthcare or dependent care. You can use the Benny Card to pay for qualified medical and dental expenses not covered by your insurance plan(s) or you can pay your childcare provider directly. You can also use it to pay for parking and transit expenses (*refer to the transportation benefits at sentinelgroup.com*). The Benny Card automatically deducts the cost of your eligible expenses from your account. Just swipe and go. It is that easy!

Online Claim Submission – If you do not have a Benny Debit Card or you are not able to use your Benny Card for a particular purchase, you may request reimbursement by using Sentinel's online system. Simply enter your claim online, attach your scanned receipts to your online request, and press "submit." That's it, you're done! Sentinel reimburses you every Friday and your payment can be automatically deposited into your bank account.

How To Register Online

When you register online with Sentinel Benefits, you will be able to gain access to your plan account(s).

Go to sentinelgroup.com and hover over ACCOUNT ACCESS in the upper right corner. Select "FlexChoice" in the "For You" category of the dropdown menu. Once you are on the Login web page, click "Create your new username and password." Enter the required information and press "Next."



How you can save with an FSA

What FlexChoice Covers

The FlexChoice FSA plan covers an extensive range of out-of-pocket expenses. The list of expenses includes, but is not limited to:

- ▶ Prescription drug co-payments
- ▶ Non-covered dentist or other provider fees
- ▶ Health plan deductibles and coinsurance
- ▶ Doctor and emergency room co-payments
- ▶ Contact lenses, eyeglasses, and LASIK surgery
- ▶ Mail service and online prescription co-payments and deductibles
- ▶ A variety of over-the-counter items (per current regulations)
- ▶ Dependent care expenses

Dependent care expenses include day care and summer day camp for children as well as the cost for a caregiver to assist an elderly parent while you and your spouse are working or seeking gainful employment.

For a comprehensive list of eligible healthcare and dependent care expenses, please visit: sentinelgroup.com/SentinelBenefits/media/Sentinel-Benefits/Documents/Eligible-Expenses.pdf.

FlexChoice helps you better prepare and manage unavoidable out-of-pocket costs while reducing your taxes. Refer to the examples on the right to see how quickly health and dependent care expenses can add-up and how much a FlexChoice plan can save you in taxes.

LISA ADAMS, age 26, unmarried

Lisa has medical and dental insurance at work. She learned very quickly that even with insurance, she still has significant out-of-pocket expenses.



Healthcare Related Expenses

Co-pays for Doctor Visits	\$75
Optician Visit	\$100
New Eyeglasses	\$235
Dental Cost for Root Canal	\$400
Prescription Co-Pay	\$30

Total Eligible Expenses \$840

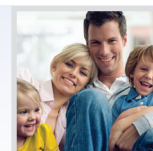
Tax Savings with an FSA

Healthcare FSA Expenses	\$840
Marginal Tax Rate	28%

Estimated Tax Savings \$235.20

ROGER & SUSAN COLLINS, ages 35 & 36, two children, ages 2 & 3

As their family grows, the Collins are finding that their insurance leaves them vulnerable to significant out-of-pocket costs. The children are in daycare while Roger and Susan work and the annual cost for this care exceeds \$5,000.



Healthcare Related Expenses

Well Baby Visit Co-pays	\$50
Children Sick Visit Co-pays	\$75
Roger's Prescription	\$100
Susan's Contact Lenses	\$350
Roger's Extensive Dental Work	\$225
Family Prescriptions	\$235

Total Eligible Expenses \$1,035

Tax Savings with an FSA

Healthcare FSA	\$1,035
Dependent Care FSA	\$5,000
Total Expenses	\$6,035
Marginal Tax Rate	33%

Estimated Tax Savings \$1,991.50

HENRY & MEREDITH BRINKER, ages 57 & 56

Meredith's aging mother, Olivia, who is a qualified dependent, lives with them and needs help at home while Henry and Meredith are at work. While the Brinkers are insured at work, Olivia is covered only through Medicare. The annual cost for Olivia's care at the Brinker's home is \$3,500.



Healthcare Related Expenses

Henry's Prescription	\$350
Meredith's Annual Exam	\$250
Family Dental Visits	\$250
Olivia's Medication (not insured)	\$750

Total Eligible Expenses \$1,600

Tax Savings with an FSA

Healthcare FSA	\$1,600
Dependent Care FSA	\$3,500
Total Expenses	\$5,100
Marginal Tax Rate	35%

Estimated Tax Savings \$1,785.00

See more tax savings with a reimbursement account

How To Participate in FlexChoice

You may only elect to participate in this program during your company's annual open enrollment period – unless you are new to your company or have experienced a "change in family status." Contact your Human Resources department for information about your company's open enrollment dates.

The Benny Card

The Benny Debit Card² helps you save time, money and paperwork. Using the Benny Card helps you keep cash in your wallet. You will never "pay twice" – first from your paycheck into your FSA and then again at the time of purchase. You will have no claim forms to complete and will not have to wait to be reimbursed. Also, when you request a Benny Debit Card, you will receive a complimentary card for your spouse or dependent to use. For important information and details regarding the Benny Card, log onto our website. You can also check your balance and other account details online at any time at www.sentinelgroup.com.

Get The Answers You Need

Visit www.sentinelgroup.com or for answers to all your specific questions, email us at flexhelp@sentinelgroup.com, or call toll-free at (888) 762-6088, 8:00 a.m. to 6:00 p.m. ET.

sentinelgroup.com
(888) 762-6088



IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT FLEXIBLE SPENDING ACCOUNT PLANS

Carefully estimate your FSA contributions as money not spent during the plan year is often forfeited. Some plans do allow for a carryover of up to \$500 of Healthcare funds, so please consult your Summary Plan Description for additional information on the carryover rules.

Only expenses incurred during the plan year are eligible for reimbursement from your account. (Some plans offer a 2 ½ month grace period that would allow you to submit claims incurred during the first 2 ½ months following the plan year to be included in the prior plan year's limit.)

You may only join a flexible spending account plan during your company's open enrollment period, when you first become eligible or experience a change in family status.

Once you elect to join the plan, you may not cancel or change your election during the plan year unless you have a change in family status.

If you are a partner or Sub-Chapter S shareholder employee, you may not participate in an FSA plan.

The maximum that you may contribute to the dependent care account is the lesser of \$5,000 per family or 100% of the lowest paid spouse's income.

The maximum that you may contribute to the healthcare account is limited by the IRS and/or your plan. Please refer to the Summary Plan Description or contact your Human Resources department.

To protect your privacy, your claim records are kept confidential by Sentinel Benefits.

¹The amount that you save in taxes with a reimbursement account will vary depending on the amount you set aside in the account, your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings.

² Always save receipts for qualified purchases made with the Benny Card. You may be asked to submit some receipts to verify that your expenses comply with IRS guidelines. Your receipt must show the merchant or provider name, service received or item purchased, date and amount of the expense.

First use: 4/14/2016

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) lets you set aside a certain amount of each paycheck into an account - before paying income taxes. During the year, you will have access to this account for reimbursement of eligible medical expenses not covered by insurance. You may also have the option to set aside pre-tax dollars to reimburse eligible dependent care and commuter expenses (if allowed in the Plan).

How Does It Work?

You can contribute up to your plan's maximum for each benefit offered in the FSA. To do so, simply make your annual elections during your Plan's Open Enrollment Period. As a reminder, you must actively enroll in your FSA each Plan Year.

Benefit Options	Benefit Maximum	Deadline to Incur Expenses	Deadline to Submit Claims
Dependent Care	\$5,000	3/15	3/31
Health FSA	\$2,550	3/15	3/31

What is the Sentinel Benny Card?

The Benny Card is a Pre-Paid VISA card that allows you to pay for eligible FSA expenses at the point-of-sale. These cards can be used wherever VISA is accepted. Your Benny Card is valid for 3 years. If you continue to participate in the FSA, simply keep your card and your new balance is reloaded each year!

It's simple: The card eliminates out-of-pocket expenses and reduces the need to file a claim. And the best part - it's free!



How Do I Establish My Online Account at www.sentinelgroup.com?

Setting up your secure online account is simple! Log onto www.sentinelgroup.com and hover over ACCOUNT ACCESS in the upper right corner. Select "Login to your FSA, HRA, HSA and Retirement accounts" in the "For You" category of the dropdown menu. Once you are in the Account Access web page, click Register Online and follow the online instructions. Your online account allows you to submit claims, review account activity and manage your information.

Your temporary Plan Access Code to register is **22502501**.



Manage your account
www.sentinelgroup.com



Call the Member Service Center at
1-888-762-4088



Download our app at iTunes App
Store or Google Play.

Sentinel Benefits
& FINANCIAL GROUP
Custom Solutions for Life and Wealth

Important Information Regarding Health Care and Dependent Care Flexible Spending Accounts

To learn more about FlexChoice, please visit our website at www.sentinelgroup.com. You will find everything you need, including:

- Claim forms
- Information on eligible expenses, including over-the-counter items
- Status information on claims and outstanding balances
- Everything you need to know about benefits debit card
- ... and much more!

You can only elect to participate in this program during your company's open enrollment period – unless you are new to your company or have experienced a qualified status change. Only the following events will be considered a qualified change in status under IRS guidelines:

- Change in legal marital status
- Change in number of dependents
- Change in employment status
- Change in work schedule which changes your eligibility requirements
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change of residence or work-site
- Judgment, decree or order pertaining to child or spouse

You must provide the appropriate documents for a Change in Status, e.g. marriage or birth certificate.

Any change in your annual election due to a qualified status change is only valid for expenses incurred from the date of the status change through the end of the plan year.

For answers to specific questions, email us at flexhelp@sentinelgroup.com or call the Sentinel Benefits member Service Center at 888-762-6088 Mon. - Fri., 8:00 AM to 6:00 pm ET (excluding holidays).

Know Your FSA: What's Eligible & What's Not

Eligible Health Care Expenses

▶ Caring for the Handicapped

- Service dog
- Special education for the blind
- Tuition at special school for handicapped

▶ Child Birth & Well-Being

- Breast pumps & lactation supplies
- Birthing/Lamaze
- Childbirth expenses (physician, hospital, etc.)
- Midwife services

▶ Dental

- Bridges
- Crowns (non-cosmetic)
- Dentures and care products
- Exams and teeth cleaning
- Fillings
- Gum treatment
- Implants
- Occlusal guards
- Oral surgery
- Orthodontia
- Root canals
- X-Rays

▶ Family Planning

- Condoms
- Fertility treatments
- Oral contraceptives
- Pregnancy test kit
- Tubal ligation
- Vasectomy

▶ Hearing

- Hearing aid devices and batteries
- Hearing exams
- Telephone for the hearing impaired

▶ Lab Exams & Tests

- Blood tests
- Body scans
- Cardiographs
- Cholesterol testing
- Laboratory fees
- Mammograms

- Radiology
- Urine/stool analysis
- X-Rays

▶ Medical Equipment

- Artificial limb/prosthetics
- Asthma flow meters
- Autoette/wheelchair
- Blood pressure monitors
- Blood sugar test kit/strips
- Custom orthotic
- Diabetic Supplies
- Glucose kits, monitors and testers
- Heart rate monitors
- Medic-alert bracelet
- Nebulizers/Vaporizers
- Prosthesis
- Syringes

▶ Medical Procedures

- Acupuncture
- Breast reconstruction surgery (following mastectomy due to disease)
- Operations (non-cosmetic)
- Organ donor's medical expenses
- Surgical fees

▶ Medicines & Drugs

- Insulin
- Prescription Drugs

▶ Miscellaneous

- Ambulance service
- Co-insurance and co-pays
- Deductible eligible expenses
- Hospital services
- Transportation expenses incurred for the rendering of medical services

▶ Routine or Preventative Care

- Flu shots
- Immunizations/Vaccinations
- Physical exams

▶ Specialists

- Chiropractor
- Dermatologist

- Osteopath
- Psychiatrist
- Psychologist

▶ Therapy

- Alcoholism treatments
- Drug dependency treatments
- Physical therapy
- Smoking cessation programs
- Speech therapy

▶ Vision

- Artificial eyes
- Contact lenses & cleaning solutions
- Eye examinations
- Eye surgery
- Eyeglasses
- Laser eye surgery/LASIK
- Prescription sunglasses
- Seeing eye dog and its upkeep

▶ Over-the-Counter

- Bandages
- Callous and corn removers
- Crutches
- Cushions, pads, arch supports
- First-Aid kits
- Gauze and gauze pads
- Heating pads
- Hot/cold packs
- Hydrogen Peroxide
- Incontinence supplies for adults
- Medical tape
- Pedialyte for child's dehydration
- Rubbing alcohol
- Sunscreen (SPF 15+)
- Supports and braces
- Thermometers

Prescriptions for OTC drugs and medicines must be submitted to Sentinel Benefits along with a request for reimbursement.

Ineligible Health Care Expenses

- Christian Science practitioner*
- Compression hosiery* (for treatment of varicose veins)
- Cosmetic Surgery/Procedures
- Dancing/Exercise/Fitness Programs*
- Diaper Service
- Doula*
- Electrolysis
- Exercise Equipment/Personal Trainers
- Fiber supplements*
- Glucosamine/Chondroitin*
- Hair Loss Medication
- Hair Transplant
- Handicap automobile modifications*
- Health Club Dues*
- Herbal supplements*
- Humidifier*
- Insurance Premiums and Interest
- Lactation consultant*
- Language training for disabled child*
- Laser hair removal
- Lead-based paint removal*
- Long-Term Care Premiums
- Marriage Counseling
- Massage*
- Maternity Clothes
- Mentally handicapped or disabled person's cost for special home*
- Nutritionist*
- Orthopedic shoes* (to the extent the cost exceeds that of normal shoes)
- Prenatal vitamins*
- Psychoanalysis*
- Special food/beverage* (cost difference from regular food purchase)
- Special formula*
- Stem cell harvesting*
- Swimming Lessons
- Teeth Bleaching or Whitening
- Vitamins or nutritional supplements*
- Weight-loss program*
- Wig*

**Expenses marked with an asterik (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*

Note: This list is not meant to be all-inclusive. For a full list please refer to IRS Code Section 213(d).

Eligible expenses under a Dependent Care FSA are defined as those that enable the participant or the participant's spouse to work or to look for work. For purposes of a Dependent Care FSA plan, a "qualified dependent" must be under the age of 13, unless mentally or physically handicapped. Per IRS regulations, the service provider cannot be an individual under the age of 19 whom a personal tax exemption may be claimed and/or a child of the participant or spouse.

Eligible Dependent Care Expenses

- After-school care or extended day programs
- Babysitters (not for social events)
- Caregivers for a disabled spouse or dependent who lives with the participant
- Child care centers that care for six or more children and that meet the IRS's definition of a qualified day care center
- Day camps
- Household expenses provided that a portion of such expenses is incurred to ensure a qualifying dependent's well-being and protection
- Nursery schools
- Transportation services provided by the dependent care provider

Ineligible Dependent Care Expenses

- Babysitting for social events
- Educational expenses
- Expenses deducted from personal income tax return (dependent care)
- Kindergarten
- Overnight camps

For more information call (888) 762-6088,
or visit www.sentinelgroup.com





Health Care and Dependent Care Flexible Spending Account Enrollment/Change Form

General Information

Employer Name, City of Waltham, Department, Participant Name, Date of Birth, Social Security Number, Street Address, City, State, Zip Code, Phone, Email Address, Date of Hire, Pay Frequency: Weekly (52 Pays), Bi-Weekly (26 Pays), Bi-Weekly (22 Pays), Monthly (12 Pays)

Health Care Spending Account

I choose to participate in the FlexChoice Health Care Spending Account. I authorize my employer to make the following payroll deductions: \$_____ per pay period for _____ pay periods for an annual amount of \$_____.

Dependent Care Spending Account

I choose to participate in the FlexChoice Dependent Care Spending Account. I authorize my employer to make the following payroll deductions: \$_____ per pay period for _____ pay periods for an annual amount of \$_____.

If enrolling during the plan year, be sure to calculate your annual election based on the remaining pay periods in the plan year.

Authorization to Participate

I understand that I may not increase or decrease the amount of my income reduction until the next plan Year, except to reflect a change in my family status (e.g. marriage, birth of a child, divorce or death). In making contributions to the spending accounts, I understand that I may forfeit any amounts in my account if I do not incur eligible expenses by the end of the plan Year. In addition, I understand that my Social Security benefits may be slightly reduced because I will pay less Social Security taxes. This election replaces any previous elections and will terminate on the earlier of (1) the end of the plan Year; (2) when I am no longer being compensated in an amount at least equal to my total salary reduction; (3) termination of the plan. My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.

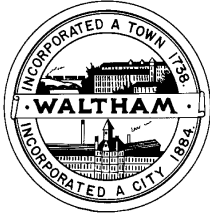
I certify that: (i) I understand that pre-tax funds deposited into my FlexChoice account via payroll deductions as authorized by me upon enrollment in the FlexChoice program, (ii) I will only use the debit card to pay for any and all qualified expenses as defined under Sections 105, 125, 129, 132, and 213 of the Internal Revenue Code and as permitted by my Employer's plan, (iii) I understand that qualified expenses will be deducted directly from my FlexChoice account and that any non-qualified expenses or qualified purchases that exceed the available funds in my FlexChoice account may be declined by the merchant, (iv) I will only use the debit card for qualified expenses which have not been and will not be reimbursed under any other plan (v) I understand that if my Employer later identifies a reimbursed claim as a non-qualified expense, I will be responsible to repay the amount. my Employer may withhold the amount from my wages, my Employer may offset amounts reimbursed for non-qualified expenses against future claims for reimbursement, or my Employer may deny access to the debit card until the amount is repaid, (vi) I will retain receipts and other documentation for the expenses paid with the debit card. If the debit card fee is paid for by the employee, Sentinel will automatically deduct the annual fee from your FlexChoice Account when your enrollment form is processed.

Signature _____ Date _____

Employer Verification (to be completed by HR)

Qualifying Event Date: _____ Qualifying Event: _____ Benefit Effective Date: _____ Verified by: _____ Date: _____

This form must have an employer verification signature in order to be processed.



CITY OF WALTHAM MASSACHUSETTS

119 SCHOOL STREET, WALTHAM MASSACHUSETTS 02451

781-314-3355 FAX 781-314-3358

Email kmurphy@city.waltham.ma.us

Kristin Murphy
Human Resources Director
Workers' Compensation Agent

The City of Waltham offers a deferred compensation plan.

What is a 457 Deferred Compensation Plan?

Under Section 457 of the Internal Revenue Code, Deferred Compensation Plans were established to permit you, on a voluntary basis, to authorize your employer to withhold a portion of your salary and invest it, on a tax-deferred basis, for payment to you and a later date. Neither your contributions nor any investment earnings are subject to current federal and (in most cases) state income taxes. Taxes become payable when your account assets are distributed to you, generally at retirement, when you may be in a lower income tax bracket. As you withdraw assets from the plan, they will be taxed as ordinary income.

Currently, the Internal Revenue Service (IRS) does not impose a tax penalty on assets withdrawn from a 457 Plan regardless of your age, but certain withdrawal restrictions may apply.

Andrew Wilson, CFP®, Retirement Plan Advisor
Massachusetts SMART Plan

255 Bear Hill Road, Waltham, MA 02451
Plan Support: 877.457.1900 | Direct: 339.221.2770 |
Email: andrew.wilson@empower.com
www.mass-smart.com

CITY OF WALTHAM - DRUG AND ALCOHOL POLICY

I. PURPOSE AND SCOPE:

The purpose of this policy is to outline the responsibilities of employees, supervisors and managers with regard to drug and alcohol use in the workplace and the testing of employees in safety sensitive positions in accordance with U.S. Department of Transportation regulations, issued under the Omnibus Transportation Employee Testing Act of 1991.

II. APPLICABILITY:

This policy applies to all safety-sensitive employees employed by the City of Waltham.

III. DEFINITION:

Safety Sensitive - For the purposes of this policy, safety-sensitive shall refer to all employees required by the City to obtain and retain a Commercial Drivers License.

IV. GENERAL POLICY REGARDING DRUGS AND ALCOHOL IN THE WORKPLACE:

A. The City of Waltham firmly believes that the use of illegal drugs and misuse of legal drugs, including alcohol, is a source of danger in the workplace and a threat to the City's goal of maintaining a productive and safe work environment. The City of Waltham discourages users of illegal drugs and misusers of legal drugs, including alcohol, from seeking employment with the City and encourages very forcefully the rehabilitation of such persons already in its employ.

B. Employees of the City of Waltham are visible and active members of the communities where they live and work. They are inescapably identified with the City and are expected to represent it in a responsible and creditable fashion. While the City of Waltham has no intention of intruding into the private lives of its employees, the City does expect employees to report for work in a condition to perform their duties. The City recognizes that employee off-the-job as well as on-the-job involvement with drugs and alcohol can have an impact on the workplace and on our ability to accomplish our goal of providing an alcohol and drug-free environment.

1. In accordance with the Federal Drug Free Workplace Act, the illegal use, sale or possession of narcotics, drugs or controlled substances while on the job or on City property is an offense warranting disciplinary action up to and including termination.

2. Employees who are under the influence of alcohol, either on the job or when reporting for work, or who possess or consume alcohol during work hours, have the potential for interfering with their own as well as their co-workers safe and efficient job performance. Consistent with City practice, such conditions will be proper cause for disciplinary action up to and including termination of employment.

3. Off-the-job illegal drug activity which could adversely affect an employee's job performance, or which could jeopardize the safety of other employees, the public or City property or equipment, is proper cause for disciplinary action up to and including termination of employment.

4. Employees who are involved with off-the-job drug activity may be considered in violation of this policy. In deciding what action to take, management will take into consideration the nature of the charges, the employee's present job assignment, the employee's record with the City and other factors relative to the impact of the employee's arrest upon the conduct of City business.

5. Employees are expected to follow any directions of their health care provider concerning prescription medications, and must immediately notify their supervisor if any prescription drug is likely to have an impact on job performance. In addition, notification must be given at the time of any testing or screening as to any drugs or medicine being taken.

6. Any employee, while on City property or during the employee's work shift, including without limitation all breaks and meal periods, consumes or uses, or is found to have in his or her personal possession, in his or her locker or desk or other such repository, alcohol or drugs, which are not medically authorized, or is found to have used or to be using such alcohol or drugs, will be suspended immediately pending further investigation. If use or possession is substantiated, disciplinary action, up to and including termination will be imposed.

7. Any employee who voluntarily requests assistance in dealing with a personal drug addiction or alcohol problem, prior to being found to be in violation of this policy, may participate in a rehabilitative program (such as an Employee Assistance Program) without jeopardizing his/her continued employment with the City of Waltham.

V. POLICY REGARDING DRUG AND ALCOHOL TESTING:

A. It is the policy of the City of Waltham to comply fully with the regulations mandating pre-use, random, reasonable suspicion and post-accident drug and alcohol testing in accordance with regulations issued by the U.S. Department of Transportation, (DOT).

B. Performance of safety-sensitive functions is prohibited by employees having a breath alcohol concentration of 0.04 percent or greater as indicated by an alcohol breath test; by employees using alcohol or within four hours after using alcohol; and by employees in the possession of any medication containing alcohol unless the package seal is unbroken.

C. Use of illicit drugs by safety-sensitive drivers is prohibited on or off duty.

VI. PROCEDURES:

A. Types of Tests The following tests are required:

1. Pre-employment - (Pre-use) All applicants for employment in positions requiring Commercial Drivers License, or candidates for transfer or promotion to such a position are subject to screening for improper use of alcohol or controlled substances.

2. Post-Accident - Conducted after accidents on drivers in City vehicles whose performance could have contributed to the accident, as determined by a citation for a moving traffic violation, and for all fatal accidents even if the driver is not cited for a moving traffic violation. An accident is defined as an incident involving a commercial motor vehicle in which there is either a fatality, an injury treated away from the scene, or a vehicle is required to be towed from the scene. Alcohol tests should be conducted within 2 hours, but in no case more than 8 hours after the accident. Employees must refrain from all alcohol use until the test is complete. Post-accident drug tests must be conducted within 32 hours.

3. Reasonable Suspicion - Conducted when a trained supervisor or manager observes behavior or appearance that is characteristic of alcohol or illicit drug misuse. If a driver's behavior or appearance suggests alcohol or drug misuse, a reasonable suspicion test must be conducted. If a test cannot be administered, the driver must be removed from performing safety sensitive duties for at least 24 hours. Testing for alcohol abuse must be based upon suspicion which arises just before, during or just after the time when the employee is performing safety-sensitive duties. Testing for substance abuse may occur at any time upon suspicion.

4. Random - Conducted on a random, unannounced basis just before, during or after performance of safety sensitive functions for alcohol or at any time for drugs. Each year, the number of random alcohol tests conducted by the City must equal at least 25% of all the safety-sensitive drivers. Random drug tests conducted by the City must equal at least 50% of all safety-sensitive drivers.

5. Return to Duty and Follow-up - Conducted when an individual who has violated the prohibited alcohol or drug standards returns to performing safety sensitive duties. Follow-up tests are unannounced and at least six (6) tests must

be conducted in the first 12 months after a driver returns to duty. Follow-up testing may be extended for up to 60 months following the return to duty.

B. Conduction Tests

1. Alcohol

DOT rules require breath testing using evidential breath testing (EBT) devices. Two breath tests are required to determine if a person has a prohibited alcohol concentration. A screening test is conducted first. Any result less than 0.02 alcohol concentration is considered a “negative” test. If the alcohol concentration is 0.02 or greater, a second, confirmation test must be conducted.

2. Drugs

a. Drug testing is conducted by analyzing a driver’s urine specimen, and must be conducted through a U.S. Department of Health and Human Services (DHHS) certified facility. Specimen collection procedures and chain of custody requirements ensure that the specimen’s security, proper identification and integrity are not compromised.

b. DOT rules require a split specimen procedure. Each urine specimen is subdivided into two bottles labeled as primary and split. Both bottles are sent to the laboratory. Only the primary specimen is opened and used for the urinalysis. The split specimen remains sealed at the laboratory. If the analysis of the primary specimen confirms the presence of illegal controlled substances, the driver has 72 hours to request that the split specimen be sent to another DHHS certified laboratory for analysis.

c. All urine specimens are analyzed for the following drugs:

Marijuana (THC metabolite)
Cocaine
Amphetamines
Opiates (including heroin)
Phencyclidine (PCP)

Testing is conducted using a two-stage process. First, a screening test is performed. If the test is positive for one or more of the drugs, a confirmation test is performed for each identified drug. Sophisticated testing requirements ensure that over-the-counter medications or preparations are not reported as positive results.

All drug tests are reviewed and interpreted by a physician designated as a Medical Review Officer (MRO) before they are reported to the employer. If the laboratory reports a positive result to the MRO, the MRO will

contact the driver and conduct an interview to determine if there is an alternative medical explanation for the drugs found in the urine specimen. For all the drugs listed above, except PCP, there are some limited, legitimate medical uses that may explain a positive test result. If MRO determines that the drug use is legitimate, the test will be reported to the City as a negative result.

3. Refusal to Participate

Any refusal to participate in any of the types of alcohol and or drug tests authorized in this policy will be treated as indicative of a positive result.

C. Consequences of Alcohol/Drug Misuse

1. Safety sensitive employees who have any alcohol concentration (defined as 0.02 or greater) who tested just before, during or just after performing safety sensitive functions must be removed from performing such duties for 24 hours, and will be suspended without pay for any lost work time.

2. Drivers who engage in prohibited alcohol or drug conduct (that is, who test positive for alcohol use greater than 0.04 or drug use) must be immediately removed from safety sensitive functions.

3. Drivers who wish to continue employment with the City of Waltham must be evaluated by a substance abuse professional and comply with any treatment recommendations to assist them with an alcohol or drug problem. The payment for any recommended treatment will be strictly at the expense of the employee (or his/her health insurance program, if applicable). Employees will be placed on non-occupational sick leave or leave without pay status during the treatment period, whichever is appropriate.

4. Drivers who have been evaluated by a substance abuse professional, who comply with any recommended treatment, who have taken a return to duty test with a result less than 0.02, and who are then subject to unannounced follow-up tests may return to work.

5. Drivers who have returned to work under these conditions and who subsequently test positive for alcohol or drug in accordance with this policy during the next five years will be terminated immediately.

D. Information/Training

1. All current and new employees, classified as safety sensitive, will receive written information about the testing requirements and how and where they may

receive assistance for alcohol or drug misuse. These employees must receive a copy of this policy.

2. All supervisory and management personnel employed by the City of Waltham must attend at least two hours of training on alcohol and drug misuse symptoms and indicators used in making determinations for reasonable suspicion testing.

3. This policy will be posted on employee bulletin boards and will be available to all employees.

4. Educational information will be made available periodically which will focus on the potentially dangerous effects of drug and alcohol use and abuse, the procedures associated with pre-employment drug screening and “reasonable suspicion” testing, the effects on job performance measured in loss of productivity, and the potential safety hazards presented to the individual employee, other employees and the public.

5. All recruitment advertising must include the statement “Drug/alcohol screening is a condition of employment” at the bottom of the advertisement/posting with the EEO statement.

6. All final candidates for employment must be given a copy of this policy, and be given opportunity to read the policy in its entirety.

E. Record Keeping:

1. The City is required to keep detailed records of its alcohol and drug misuse prevention program.

2. Driver alcohol and drug testing records are confidential. Test results and other confidential information may only be released to the employer, the substance abuse professional, the MRO, and any arbitrator of a grievance filed in accordance with this policy. Any other release of this information may only be made with the driver’s consent.

F. Pre-employment References:

1. The City must obtain and review the following information from each employer that the prospective driver worked for, in a safety-sensitive position, during the previous two years: information about a test in which the employee’s blood alcohol was 0.04 or greater; information about a positive drug test; and information about any refusal to participate in the alcohol and drug testing program.

2. The prospective employee must provide the former employer with a written release allowing the release of this information or he/she will not be hired.

3. If the previous employer indicates that a positive result was received, or that the employee refused to participate when selected for an alcohol or drug test, the applicant may not be appointed unless he/she has already consulted with a substance abuse professional, already received recommended treatment, and subsequently tested negative in a return to duty test for the former employer.

4. The City of Waltham must provide the same information to subsequent employers of current City employees when provided with a written release.

G. Questions:

Questions about this policy should be referred to the employee's Department Head and/or the Personnel Director.

Jeannette A. McCarthy
City of Waltham
Mayor

Brenda D. Capello
Director of Personnel
Workers' Compensation Agent

Date _____

Date _____

ATTACHMENT A
Pre-placement Consent to Drug and Alcohol Screening

I, _____, _____, understand
(Name) (Social Security)

That the medical examination that I am about to receive includes:

- A blood test for the presence of drugs and/or alcohol
- A urine test for the presence of drugs and/or alcohol

I hereby give my consent to _____ to perform these tests. I understand that if I decline to sign this consent, and thereby decline to submit a sample for the test, the test will not be completed. The Personnel Department will be notified and my application for employment will be rejected.

I further consent to the release of the results to the Waltham Personnel Department.

I have taken the following drugs or substances within the last 96 hours:

<u>Identify</u>	<u>Name & Amount</u>	<u>Prescribing Physician</u>
<input type="checkbox"/> Sleeping Pills	_____	_____
<input type="checkbox"/> Diet Pills	_____	_____
<input type="checkbox"/> Pain Relief Pills	_____	_____
<input type="checkbox"/> Cold Tablets	_____	_____
<input type="checkbox"/> Anti-malarial	_____	_____
<input type="checkbox"/> Other	_____	_____

CONSENT GIVEN

CONSENT REFUSED

Specimen Number: _____

Date: _____

Signed: _____

Witness: _____

Attachment B
Employee Confirmation of Receipt

I hereby certify that I have received a copy of the Waltham Drug and Alcohol Policy and testing requirements and have been given the opportunity to ask questions about the content of the policy.

Employee's Name (please print)

Department

Employee's Signature

Date

Emergency Contact Form

Please provide the following information for notification in case of an emergency.

Employee name: _____ Date of Birth: _____

Home address: _____

Email address: _____

Home telephone : _____ Cell phone: _____

I give my permission to contact the following people in case of emergency:

Employee Signature

Next of Kin/Emergency Contact:

#1

Name: _____ Relationship: _____

Home address: _____

Email address: _____ Work telephone: _____

Home telephone : _____ Cell phone: _____

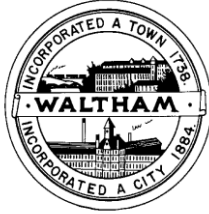
#2

Name: _____ Relationship: _____

Home address: _____

Email address: _____ Work telephone: _____

Home telephone : _____ Cell phone: _____



***CITY OF WALTHAM
MASSACHUSETTS***

119 SCHOOL ST., WALTHAM MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL - kmurphy @city.waltham.ma.us

Kristin Murphy
Director of Personnel
Workers' Compensation Agent

January 3, 1989
(Revised November 22, 2002)

Personnel Department Regulation Number 1989-1

FAIR LABOR STANDARDS ACT

1. General

On November 13, 1985, President Ronald Reagan signed the "Fair Labor Standards Act Amendments of 1985." The implementation date is April 15, 1986; however, payment of monetary overtime compensation due under the Act may be deferred until August 1, 1986.

2. Applicability

This regulation applies to all departments except Fire and Police personnel who are covered under Personnel Department Regulation dated March 16, 1987.

3. Work Period

The City is hereby establishing a seven-day work period commencing at 12:01 a.m. on Sunday for all departments with the exception of employees engaged in law enforcement and fire protection activities.

4. Exemptions

The Act allows for certain employees to be exempt under the Act or its overtime provisions. Some of the exemptions, among others, are elected officials, executive, administrative, professional personnel, etc. The Personnel Department will notify Department Heads which of their employees, if any, are exempt from the Act.

5. Overtime Requirements

The Act calls for overtime payment for hours worked over 40 in a work period. Vacation leave, sick leave, time not actually worked during a call back period are not counted as hours worked under the Act.

6. Compensatory Time

Compensatory time off may only be provided under the provisions of a labor contract or for employees not included in bargaining units, under a written memorandum of understanding arrived at before the performance of the work.

Compensatory time off must be computed at the rate of 1-½ hours off for each hour of employment for which overtime compensation is required by the FLSA, i.e., for hours actually worked in excess of 40 hours in the workweek. Employees engaged in public safety, emergency response, or a seasonal activity may not accrue more than 480 hours of compensatory time for hours worked during the first work week beginning after April 15, 1986 or later. Other employees may not accrue more than 240 hours of compensatory time. Additional overtime hours of work must be paid by overtime pay. Employees must be permitted to use compensatory time off within a reasonable period after requested provided that the use would not unduly disrupt operations. Unused compensatory time off must be paid for on termination.

7. Occasional or Sporadic Employment

The hours of an employee who on an occasional or sporadic basis solely at his/her own option works part-time, in a different capacity than the one in which he/she is regularly employed, are excluded from hours worked for determination of overtime.

8. Suffer and Permit Time

Employees are not to commence work before the starting time, work during their lunch periods, not work beyond the quitting time of their shift unless written prior approval has been obtained from the supervisor.

9. Responsibilities

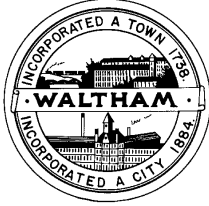
Every Department Head will be responsible for implementing this regulation and for calling this regulation to the attention of every current and new employee under his/her jurisdiction.

The Department Head will be responsible for maintaining and determining by work periods what overtime, if any, the City has incurred under the Act for those employees who are nonexempt.

The Data Processing Department will be responsible for developing and maintaining within its data processing system procedures which will determine the compensation and/or compensatory time due an employee.

The City Auditor will be responsible for maintaining and preserving records of the persons employed by the City, and of the wages, hours and other conditions and practices or employment of such employees as required by the Act.

The Personnel Department will be the liaison between the City and the U.S. Department of Labor and will be responsible for furnishing advice and guidance to conform with the Act. Personnel will also be responsible for notifying Department heads which of their employees, if any, are exempt from the Act.



**CITY OF WALTHAM
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL - KMURPHY@CITY.WALTHAM.MA.US

KRISTIN MURPHY
Human Resources Director
WORKERS' COMPENSATION AGENT

**CITY OF WALTHAM
VEHICLES CAN BE DANGEROUS POLICY**

The prevention of injuries is a major responsibility of employers. Therefore, it is the policy of the City of Waltham that no employee shall ride outside the passenger compartment of a city owned vehicle. **All individuals in city-owned vehicles must be seated inside, wearing seatbelts.** There will be NO exceptions to this policy. This policy will be rigorously enforced. Failure to comply may result in disciplinary action.

CITY OF WALTHAM
Kristin Murphy
Director of Personnel
Worker's Compensation Agent

Date

This is to acknowledge that I, *(print name)* _____, have read the *City of Waltham Vehicles Can Be Dangerous Policy* and that I will abide by the rules set forth in this policy.

Employee Signature

Date

City of Waltham
Laborers' Union – Clothing
Size/Style Election Form

Employee Name

Department

SHIRT SIZE (circle one)

S M L XL 2XL 3XL 4XL 5XL

SHIRT STYLE (Select up to 10 in total)

Short Sleeve – T shirt style

Short Sleeve – Collar style

Long Sleeve – T shirt style

SWEATSHIRT (Choose one style)

Hooded with full zippered front style

S M L XL 2XL 3XL 4XL 5XL

Crew neck style

S M L XL 2XL 3XL 4XL 5XL

Employee Signature



**CITY OF WALTHAM
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

I, _____ (Driver Name), hereby provide consent to the City of Waltham, Massachusetts (hereinafter "the City") or its agent to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (hereinafter "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid during the period of my employment by the City and the City or its agent may make inquiries of the Clearinghouse as needed during my employment.

I understand that if the limited query conducted by City or its agent indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the City or its agent without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the City or its agent to conduct a limited query of the Clearinghouse, the City must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____
Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____ Date: _____

Keep employees in motor vehicles safe by preventing distracted driving and ensuring seat belts are worn!

What happened in Massachusetts?

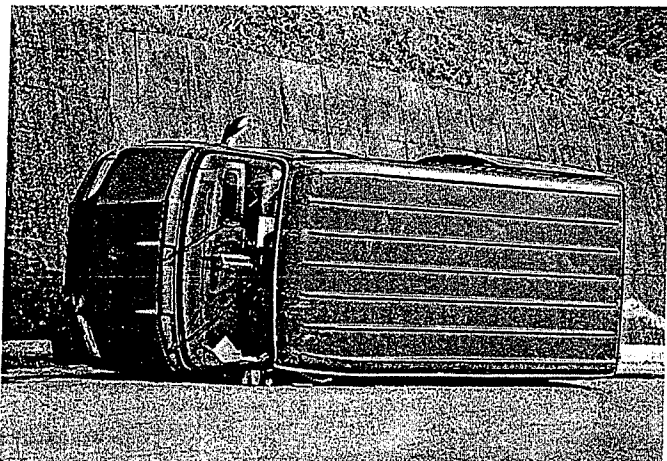
Lots of people drive as a part of their job – some more than others. Motor vehicle crashes continue to be a leading cause of work-related death in Massachusetts and across the country. In the past four years (2013-2016), 36 workers have died in motor vehicle crashes while driving for work in Massachusetts. It's not just

truck drivers who are dying in these crashes. Only 11 of these 36 victims were truck drivers. Many different jobs require employees to drive or be a passenger in a vehicle while at work. Some examples are: home health aides, landscapers, sales representatives, and police officers.



Food delivery crash

In 2016, a 22-year-old employee of a sandwich shop died while driving his own car to make a food delivery. He crashed into the rear of a truck that was making a left turn. Witnesses reported the driver was speeding before the crash. After the crash, police recovered the driver's cell phone from the car and a game was running on the screen. It was unknown if the victim was wearing a seatbelt.



Construction van crash

In 2016, two employees of a construction company, a 20- and a 52-year-old, died while riding in a company van. The van was in the left lane of a highway when a tire lost air and the van overturned. The van had only two front seats, but there were six employees in the vehicle. The employees in the back of the van were sitting on the floor or on supplies. Only the driver was wearing a seat belt. The worker in the front passenger seat, who was not wearing a seatbelt, and one of the workers in the back were ejected from the van when it crashed.

How can employers keep workers safe while driving or riding in motor vehicles?

Prevent distracted driving by:

- Banning texting and hand-held phone use while driving for work (both work and personal phones).
- Requiring employees to pull over in a safe location if they must text, look up directions, or make/answer a call. This includes texts or calls from management.
- Preparing employees before implementing these policies by communicating:
 - › How distracted driving puts them at risk of a crash;
 - › That driving requires their full attention while they are on the road; and
 - › What action the company will take if they do not follow the policies.
- Ensuring that employees program navigation devices (e.g., GPS, phones) before they start driving, and that these cannot be operated manually when the vehicle is in motion. Also, make sure a vehicle mount is used to secure the device and eliminate the need to hold it while driving.

Require the use of seat belts at all times by all vehicle occupants.

- Ensure that there are enough seats for each passenger and that each seat has a functioning seat belt.

- Require more than one trip or an additional vehicle if there are more passengers than seats.

Develop a Motor Vehicle Safety Program that includes policies on:

- Training employees on the importance of being attentive while driving.
- Routinely reminding employees that while behind the wheel, driving is their primary job.
- Schedules that allow employees to obey speed limits, follow applicable hour-of-service regulations, and prevent drowsy driving.
- Zero tolerance for speeding and aggressive driving practices.
- Procedures for reporting and investigating crashes and vehicle breakdowns.
- Routine maintenance procedures for employer provided vehicles.

IN ADDITION, AS A REMINDER:

In Massachusetts and many other states, anyone under 18 years old cannot drive as part of their work duties.

Resources

Preventing work-related motor vehicle crashes, NIOSH

www.cdc.gov/niosh/docs/2015-111/pdfs/2015-111.pdf

Distracted Driving At Work web page, NIOSH

www.cdc.gov/niosh/topics/distracteddriving/

Guidelines for Employers to Reduce Motor Vehicle Crashes, OSHA, NHTSA, NETS

www.osha.gov/Publications/motor_vehicle_guide.pdf

Motor Vehicles, Safe Driving Practices for Employees, OSHA

www.osha.gov/Publications/Safe_Driving_Practices.pdf

Distracted Driving for Employers, National Safety Council

www.nsc.org/learn/NSC-Initiatives/Pages/distracted-driving-for-employers.aspx

Network of Employers for Traffic Safety, Road Safety Resources

<http://trafficsafety.org/road-safety-resources/#open-access>



About FACE Facts | MA FACE: MA FACE (Massachusetts Fatality Assessment and Control Evaluation) seeks to prevent work fatalities by identifying and investigating these incidents and developing prevention strategies for those who can intervene in the workplace. MA FACE is supported by cooperative agreement # U60OH008490 from CDC-NIOSH. This document may be copied freely and found online at www.mass.gov/dph/FACE. If you have comments or questions, call the MA FACE Project at 1-800-338-5223.



Group Basic Life and Accidental Death & Dismemberment Benefit Summary for Eligible Employees of City of Waltham, MA

The following information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Eligibility

All Eligible Active Employees working a minimum of 20 hours per week are eligible. *If you are not actively at work on the effective date then insurance will not become effective until you return to active employment.*

Employee Basic Life and AD&D Benefit

- Flat \$15,000.
- Upon retirement, Basic Life and AD&D coverage continues at \$5,000.

Cost of Coverage

You, the employee, currently contribute to the cost of the Basic Group Life and AD&D coverage. Please consult your Benefits Administrator for specific contribution percentage.

Portability

If you leave your employment prior to age 60, the coverage is "portable" for you. You may elect to exercise this option in accordance with the provisions as defined by the policy. The coverage would not include Waiver of Premium.

Conversion

Employees have 31 days from the date of termination to convert their Basic Life Insurance to an individual permanent life policy without evidence of insurability. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion. Coverage will not include Waiver of Premium.

Waiver of Premium

If you become totally disabled prior to age 60 and remain totally disabled for the period stated in the policy, Boston Mutual will continue your insurance without any further payment of premiums subject to the provisions of the contract.

Accelerated Death Benefit

This provision enables an employee diagnosed and certified by a Doctor with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary.

Education Benefit

We will pay a percentage of an employee's life insurance benefit to a maximum of \$2,500 per year, for up to four years of education, to each qualifying dependent if the employee's death is the result of an accident while covered under Group AD&D.

Seat Belt Benefit

We will pay an additional 50% of the AD&D benefit, not to exceed \$10,000, in the event of an insured's death as a result of an automobile accident while wearing a properly secured seat belt.

Repatriation of Remains Benefit

If an employee dies as a result of an Accident while insured for AD&D and the death occurs outside a 100 mile radius from his or her primary residence, we will pay for Covered Expenses reasonably incurred to return his or her body to their primary residence up to \$5,000.

Exclusions

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: self-inflicted injuries, suicide or attempted suicide, riot or war, diseases, ptomaine or bacterial infection, drug and/or alcohol abuse, commission of an assault or felony by an employee, accident while serving on active duty, travel or flight in any aircraft or device which can fly above the earth's surface (does not apply to commercial flights) or injury which occurred before the Employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.

Also available to you...

Bereavement Counseling*

This service is provided to all beneficiaries who experience the loss of a loved one. Beneficiaries have access to a toll-free counseling service supported by professional counselors experienced with the human emotions associated with the death of a loved one.

**Services provided by Health Management Systems of America - a nationally recognized leader in the field of Mental and Behavioral Health Care Services. These services are currently available but are not part of your Boston Mutual policy/contract.*

Insurance products from
the people you trust

James A. Flynn
Licensed Insurance Adviser

LifePlus[™]
Insurance Agency, Inc.

475 School Street, Suite 5, Marshfield, MA 02050
Tel: 781.837.9222 • Fax: 781.837.9227
Toll Free: 866.511.9222 • Cell: 781.789.8859
jim@lpins.com • www.lpins.com



PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE/FAMILY INFORMATION
City of Waltham
Employer/Policyholder
Employee Name (Last, First, Middle)
Home Address (Street, City, State, Zip)
Gender (M/F) Occupation or Job Title Date of Birth Age
PAYROLL TYPE: Weekly, Bi-Weekly, Monthly, Annual
Earnings: \$
Average Hours Worked Date of Hire or Date of Full Time Employment if different Effective Date State Class
Spouse (Last, First, Middle) Gender (M/F) Date of Birth Age No. of Dependents

Life Insurance Selection
You Must Have Basic Coverage to Elect Voluntary Coverage
You Must Have Voluntary Coverage to Elect Dependent Coverage
BASIC: Group # G-25763 Div. 1 YES NO Insurance Amount
LIFE & AD&D [X] [] \$15,000
VOLUNTARY: Group # G-25763 Div. YES NO Insurance Amount
LIFE & AD&D Units of \$10,000 [] [] \$
SPOUSE Units of \$5,000 Max 50% of Employee's Voluntary Amount [] [] \$
DEPENDENT LIFE: CHILD(REN) \$1,000 14 days to 1 year; \$10,000 age 1 year to 19 or 25 if full time student [] [] \$

BENEFICIARY
Name of Your Beneficiary(ies) for Life and/or AD&D Benefits: (Total Percentage of Benefit must equal 100%) List Additional Beneficiaries on separate sheet
Primary Beneficiary(ies): Residential Address Date of Birth Social Security # Tel. # Relationship % of Benefit
Contingent Beneficiary(ies):

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary. If an insured dependent dies, we will pay the proceeds to you.

ACCEPTANCE OF INSURANCE - Employee Signature Required

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the Group Policy or Group Policies issued to my employer by the Boston Mutual Life Insurance Company and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of the insurance. I understand that if I am disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active full-time work. I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee _____ Date _____

REFUSAL OF INSURANCE

Employee Name _____ Employee/Policyholder City of Waltham _____ Group No. G-25763
(Last, First, Middle)

I hereby certify that I have been given an opportunity to participate in the Group Insurance Plan offered by my Employer (or the Association with whom I am affiliated) and insured by Boston Mutual Life Insurance Company and that I have declined to do so with respect to:

- [] Basic Life & AD&D [] Voluntary Life & AD&D [] Dependent Life

I further understand that if I desire to participate in the Plan at a later date with respect to the coverage checked, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee _____ Date _____
Signature of Witness _____ Date _____

CITY OF WALTHAM VOLUNTARY TERM LIFE AND AD&D RATES

Must have Basic Life to sign up for Optional Life

ISSUE AGE OPTION Rates Do Not Increase

MONTHLY PREMIUM

		GUARANTEED ISSUE AMOUNTS		
AGE		Under 60	60-69	70 & Over
Employee		\$ 100,000	\$ 50,000	\$ 10,000
Spouse		\$ 30,000	\$ 20,000	Not Eligible
Dependent		\$ 10,000		

Age	Monthly Premium Rate per 1,000										
	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	**100,000**	
<35	\$0.11	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
35-39	\$0.15	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
40-44	\$0.22	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00
45-49	\$0.32	\$3.20	\$6.40	\$9.60	\$12.80	\$16.00	\$19.20	\$22.40	\$25.60	\$28.80	\$32.00
50-54	\$0.41	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60	\$28.70	\$32.80	\$36.90	\$41.00
55-59	\$0.74	\$7.40	\$14.80	\$22.20	\$29.60	\$37.00	\$44.40	\$51.80	\$59.20	\$66.60	\$74.00
60-64	\$1.22	\$12.20	\$24.40	\$36.60	\$48.80	\$61.00	\$73.20	\$85.40	\$97.60	\$109.80	\$122.00
65-69	\$2.01	\$20.10	\$40.20	\$60.30	\$80.40	\$100.50	\$120.60	\$140.70	\$160.80	\$180.90	\$201.00
70-74	\$3.35	\$33.50	\$67.00	\$100.50	\$134.00	\$167.50	\$201.00	\$234.50	\$268.00	\$301.50	\$335.00
75+	\$6.27	\$62.70	\$125.40	\$188.10	\$250.80	\$313.50	\$376.20	\$438.90	\$501.60	\$564.30	\$627.00

EMPLOYEE MUST HAVE COVERAGE IN ORDER TO INSURE SPOUSE AND/OR CHILDREN

- EMPLOYEE LIFE & AD&D = \$10,000 TO A MAXIMUM OF \$500,000 (NOT TO EXCEED 5 TIMES SALARY)
- SPOUSE LIFE & AD&D = \$5,000 TO A MAXIMUM OF \$100,000 (NOT TO EXCEED 50% OF EMPLOYEE BENEFIT)
- DEPENDENT (LIFE ONLY) = \$1,000 AGE 14 DAYS TO 1 YEAR; \$10,000 AGE 1 YEAR TO AGE 19 OR 25 IF FULL TIME STUDENT (\$1.90/MONTH)
- DEPENDENT CHILD(REN) - (LIFE ONLY) COVERAGE ALL GUARANTEE ISSUE

Applicants requesting insurance amounts over the guaranteed issue amount will require an Evidence of Insurability Form and Authorization to Release Medical Information. These forms will need to accompany the application.

City of Waltham

PERMANENT LIFE

When can I sign up?

You are eligible to sign up for permanent life insurance within the first 30 days of employment or during an enrollment period.

What is permanent life insurance?

Permanent Life Insurance is a cash value insurance policy. You are eligible to get coverage for yourself, a spouse or dependent(s). The permanent life policy offers guaranteed level premiums, cash values and fixed death benefits. The permanent life option is yours to keep at the rates you are offered when your policy is accepted.

Why shouldn't I just buy the Term Life Option?

While the City of Waltham offers you a basic amount even when you are retired, it may not be enough to cover funeral costs and term insurance ends at some point. The permanent life option is yours for as long as you continue to pay premiums.

What are the costs for permanent life insurance?

Rates are based upon your age and gender. Once your policy is issued your rates are to remain level.

Should I wait until I'm older to sign up for this coverage?

When you get older and are in more need of the insurance you may not be medically capable of qualifying. The younger you sign up the less the premium will cost.

Can this policy be deducted from my paycheck as other benefits?

Yes, the Permanent Life Insurance also includes convenient payroll deductions.

Can I keep this policy if I leave employment?

Yes, this policy is portable (YOU OWN IT). You can take your policy with you at the same rate as when you were an employee.

Please contact LifePlus Insurance Agency, Inc. with any enrollment questions.
781-837-9222 – fax 781-837-9227

This form is for informational purposes only, please refer to the contract for specific language.

City of Waltham CANCER EXPENSE PLAN

When can I sign up?

Within the first 30 days of employment or during an enrollment.

Why do I need the Cancer Expense Plan if I have health insurance?

The American Cancer Society estimates that 30% of the cost of fighting cancer is “Direct” costs which are paid for by your health plan; doctor visits, prescriptions, surgeries, etc. The other 70% “Indirect” costs come out of the patient’s pocket; lost income, co-pays, transportation, hotel, child care, special diets, etc.

How much does it pay?

The first occurrence benefit is \$7,000. There is a \$5,000 Radiation/Chemotherapy benefit and a maximum benefit of \$3,000 for surgery.

Do I have to use the money for things related to medical expenses?

No benefits are paid directly to the insured with no questions asked.

Can my whole family be covered?

Yes, family and individual policies are available.

Are there benefits for having cancer screenings?

Yes, each insured person is eligible for an annual \$50.00 Wellness Benefit available for most cancer screenings such as mammography, Pap smear, PSA test and sigmoidoscopy. This benefit is paid regardless of the test results.

Can the benefit be pre-taxed, like my health insurance?

Yes, the premiums can be pre-taxed without affecting the benefit received.

How much does it cost?

There are two options: Individual Plan is \$4.89/week, Family Plan is \$8.37/week.

Can I keep this policy if I leave employment?

Yes, this policy is portable (YOU OWN IT) at the same rates as when you were an employee.

**Please contact LifePlus Insurance Agency, Inc. with any enrollment questions.
781-837-9222 – fax 781-837-9227**

This form is for informational purposes only, please refer to the contract for specific language.



Allstate
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**SM

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹

20.3 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026²

¹Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.

²Cancer Treatment & Survivorship Facts & Figures, 2016-2017

Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

TJ's Cancer claim paid him cash benefits for the following:

Wellness
Cancer Initial Diagnosis
Continuous Hospital Confinement
Non-Local Transportation
Surgery
Anesthesia
Medical Imaging
Inpatient Drugs and Medicine
Physician's Attendance
Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Wellness Benefit

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS

Surgery* - based on Certificate Schedule of Surgical Procedures

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium** - must be disabled 90 days in a row due to cancer, as long as disability lasts

OPTIONAL/ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Wellness Benefit - once per year for one of 23 exams. See left for list of wellness tests

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits **Premiums waived for employee only

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1
Continuous Hospital Confinement (daily)	\$200
Government or Charity Hospital (daily)	\$200
Private Duty Nursing Services (daily)	\$200
Extended Care Facility (daily)	\$200
At Home Nursing (daily)	\$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000
Hematological Drugs ¹ (every 12 months)	\$100
Medical Imaging ¹ (every 12 months)	\$250
SURGERY AND RELATED BENEFITS	PLAN 1
Surgery ²	\$3,000
Anesthesia (% of surgery benefit)	25%
Bone Marrow or Stem Cell Transplant (once/year)	
1. Autologous	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$2,500
3. Non-autologous (Leukemia)	\$5,000
Ambulatory Surgical Center (daily)	\$500
Second Opinion	\$400
MISCELLANEOUS BENEFITS	PLAN 1
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50
Family Member Lodging (daily per trip; max. 60 days and Transportation (coach fare or amount shown per mile**))	0.40/Mile
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000
Prosthesis ³ (per amputation)	\$2,000
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis ⁴	\$50
Anti-Nausea Benefit ⁴ (once per calendar year)	\$200
Waiver of Premium (employee only)	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 1
Cancer Initial Diagnosis (one-time benefit)	\$7,000
Wellness Benefit	\$50

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

MODE	EE	F
Weekly	\$4.89	\$8.37
Monthly	\$21.17	\$36.26

Issue ages: 18 and over if actively at work

EE=Employee; F=Family

FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-2Hosp; 2Rad; 2Surg; 1Misc; 7Init; 0ICU; 2Well; 0Prog

V.2019.11.22 FA Rate Insert Creation Date: 12/17/2019



For use in enrollments situated in: MA. This rate insert is part of the approved brochure for form ABJ30590-3; it is not to be used on its own.

This material is valid as long as information remains current, but in no event later than December 17, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



Practical benefits for everyday living.sm

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands[®] promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind. Are you in good hands?[®]

DEFINITIONS

Actual Charges vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death.

Coverage for children ends the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations

We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

Hospice Care Team Limitation: Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation: Does not include immunoglobulins or blood replaced by donors.

For the **Surgery, New or Experimental Treatment** and **Prosthesis** benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

This brochure is for use in enrollments situated in MA and is incomplete without the accompanying rate insert.

This material is valid as long as information remains current, but in no event later than December 19, 2022.

Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com



U.S. Department of Labor



Job Safety and Health IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

This poster is available free from OSHA.

Contact OSHA. We can help.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.





Massachusetts Workplace Safety and Health Protection for Public Employees

454 CMR 25.00 requires all public sector employers to comply with OSHA regulations.

- Employers:** Employers are required to provide procedures, equipment, and training to prevent work-related injuries and illnesses.
- Employees:** Employees are required to comply with the policies and procedures established in their workplace to reduce work-related injuries and illnesses.
- Inspection:** The Department of Labor Standards (DLS) may conduct an on-site inspection to evaluate workplace conditions and make recommendations for the prevention of work-related injuries and illnesses. See **Inspection Summary** at mass.gov/dols/wshp.
- Enforcement:** DLS may issue a *Written Warning* which contains an *Order to Correct* when an inspection reveals a condition which could cause a work-related injury or illness. DLS may issue a *Civil Citation with Civil Penalty* when an employer fails to abate a *Written Warning*, or repeats conditions identified in a previous *Written Warning*.
- Voluntary Assistance:** Public sector workplaces may request technical assistance by contacting DLS at safepublicworkplacemailbox@mass.gov or (508) 616-0461 and choose option #1. There are no written warnings or penalties issued for voluntary assistance.
- Complaints:** Public employees or their representatives may file a complaint about safety and health conditions at their workplace by contacting DLS at safepublicworkplacemailbox@mass.gov or (508) 616-0461 and choose option #1.
- Safety and Health Management:** Sample safety programs and technical bulletins are available at mass.gov/dols/wshp.

RIGHT TO KNOW WORKPLACE NOTICE

**The Commonwealth of Massachusetts
Department of Labor and Workforce Development
Division of Occupational Safety**

The **RIGHT TO KNOW LAW, Chapter 111F** of the Massachusetts General Laws, provides rights to Public Sector employees* regarding the communication of information on toxic and hazardous substances. These rights include:

WORKPLACE NOTICE- A notice must be posted in a central location in the workplace informing employees of their rights under the law. The notice must be in the English language. In workplaces where employees' first language is other than English, the notice must be posted in that language.

TRAINING- Employers must provide an annual training program to employees who work with toxic or hazardous substances. New employees must receive training within thirty days from date of hire. The training program must be conducted by a competent person and may be in the form of verbal and/or written instruction. At a minimum, training must include an explanation of employee rights, information on how to read an MSDS, the specific hazards of the chemicals used, handled or stored in the workplace, the type of personal protective equipment to be worn, and information on labeling of hazardous substances. This training must be done with pay during the employee's normal work shift or work hours. A record of this training must be maintained by the employer.

MATERIAL SAFETY DATA SHEET (MSDS)- The Material Safety Data Sheet is the document that provides information on each toxic or hazardous substance used or stored in the workplace. An employee or his or her designated representative has the right to obtain and examine the MSDS for any toxic or hazardous substance to which the employee "is, has been, or may be", exposed, if the employee's request is made to the employer in writing. After four working days from the date the request is made, an employee can refuse to work with the substance under two circumstances:

1. The employer fails to (a) furnish the employee with MSDA and (b) furnish the employee with proof that the employer has exercised diligent effort to obtain the MSDS, wither through the manufacturer or through the Deputy Director of the Division of Occupational Safety, or,
2. The MSDS provided by the employer is incomplete or outdated.

LABELING- All containers in the workplace of more than five pounds or more than one gallon, containing toxic or hazardous substances, must be labeled with the chemical name of the substance. Containers of mixtures must be labeled with the chemical name of each toxic or hazardous constituent when the constituents comprise one percent or more of the

mixture. Containers must also be labeled with the appropriate National Fire Prevention Association (NFPA) symbol if available. Labels must be clear, prominent, in English and weather resistant. There are some exceptions to the labeling requirements for containers, which are labeled in accordance with certain Federal laws.

NON-DESCRIMINATION- An employee who believes he or she has been discharged, disciplined, or in any other manner discriminated against by an employer for exercised rights granted under the Law, has one hundred eighty (180) days following the violation of the Law or following the date on which he or she obtained knowledge that a violation occurred, to file a complaint with the Deputy Director of the Division of Occupational Safety. A copy of the complaint must be sent to the employer at the same time by certified mail.

NOTE- The employee rights listed above are further defined in Chapter 111F of the Massachusetts General Laws and the Code of Massachusetts Regulations 454 CMR 21.00. Copies of the law and regulation can be obtained at the Statehouse Bookstore (617-727-2834).

All Right-to-Know Inquiries should be addressed to:
Paul Aboody, Program Manager
Division of Occupational Safety
1001 Watertown Street
West Newton, MA 02465
(617-969-7177
(Fax 617-727-4581)

*Private sector employees in Massachusetts are covered by a similar regulation, the Hazard Communication Standard (29 CFR 1910.1200), enforced by the Federal Occupational Safety and Health Administration (OSHA 616-565-9860).



ENROLLMENT FORM

PLEASE PRINT OR TYPE -
BE SURE FORM IS COMPLETED IN FULL TO ENSURE ENROLLMENT

Delta Dental of Massachusetts
PO Box 9695
Boston, Massachusetts 02114
enrollment@deltadentalma.com

Customer Service (617) 886-1234
Corporate Office (617) 886-1000
Enrollment Fax (617) 886-1293

Toll Free (800) 872-0500
MA & Nat's Toll Free (800) 451-1249
www.deltadentalma.com

1. GROUP NAME/DEPARTMENT:		2. EFFECTIVE DATE:		3. DATE OF HIRE:		4. GROUP NUMBER:	
5. LAST NAME: (Subscriber)				6. FIRST NAME:			
7. SOCIAL SECURITY NO.:			8. DATE OF BIRTH:			9. GENDER: F / M	
10. HOME ADDRESS:			11. CITY:		12. STATE:	13. ZIP:	

PLAN SELECTION

14. PLAN: Select plan you are enrolling in:

Delta Dental Premier Delta Dental PPO Delta Dental PPO Plus Premier Delta Dental EPO DeltaCare The Value Plan

If DeltaCare or the Value Plan is selected, each subscriber & dependent must choose a DeltaCare Primary Care Dentist (PCD).

PLEASE LIST ALL ELIGIBLE DEPENDENT(S) COVERED UNDER YOUR POLICY

15. FIRST NAME	16. LAST NAME (IF DIFFERENT FROM SUBSCRIBER)	17. DATE OF BIRTH	18. SEX M/F	19. CHECK IF DEPENDENT IS OVER 19 AND A FULL TIME STUDENT	DELTACARE OR VALUE PLAN ONLY		
					20. CHOOSE A PCD FOR EACH COVERED INDIVIDUAL	21. PROVIDER #	22. DO YOU CURRENTLY USE THIS DENTIST
SUBSCRIBER							
SPOUSE							
CHILDREN							

23. REASON FOR SUBMISSION (CHECK ONE)

- New Addition
 - Individual Individual+SP Individual+CH Family
- Termination
- Add dependent to family
- Reinstatement
- Remove dependent _____ name
- Name change
- Address change
- Remove dep. from student status _____ name
- Transfer from sublocation _____ to _____
- Status change
 - Individual to Family Individual+1 Family to Individual
- COBRA
 - Reinstatement of Subscriber
 - Individual Individual+1 Family
 - Transfer to COBRA Sublocation
 - New addition of dependent formerly covered under ID # _____

24. COORDINATION OF BENEFITS If YES, please indicate name of covered individual: _____
Are you OR any other family member covered by another dental plan? No Yes

OTHER DENTAL INSURANCE CO.:	EMPLOYER NAME:	POLICY HOLDER ID NO.:	EFFECTIVE DATE
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25. N/A If YES, please indicate name of covered individual: _____
Are you OR any other family member covered by another medical plan? No Yes

OTHER MEDICAL INSURANCE CO.: N/A	EMPLOYER NAME: N/A	POLICY HOLDER ID NO.: N/A	EFFECTIVE DATE: N/A
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I certify that all information is true and correct to the best of my knowledge. Also, I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Delta Dental of Massachusetts. In addition, if my employer requires employee contributions for this coverage, I authorize the deduction of this amount from my wages.

26. Subscriber Signature _____ Date _____ Benefit Administrator Signature _____ Date _____

Visit deltadentalma.com for detailed benefit information

**Coverage Summary for
City of Waltham
Group #009132
Effective 7/1/2024**

Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.

Calendar Year Maximum: \$1,000 per person.

Category / Procedure	Qualifications	Co-Insurance	
		In Network	Out of Network
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months.		
Periodic Oral Exam	Twice per calendar year.		
Panoramic or Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Twice per calendar year.		
Single Tooth X-rays	As needed.		
Preventive		100%	100%
Teeth Cleaning	Twice per calendar year.		
Fluoride Treatments	Twice per calendar year for members under age 19.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.		
Restorative		80%	80%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.		
Inlays and White Fillings (Back Teeth)	Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings.		
Protective Restorations	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth (on primary teeth only).		
Oral Surgery		80%	80%
Extractions	Once per tooth.		
General Anesthesia	General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).		
Periodontics (on natural teeth only)		80%	80%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.		
Scaling and Root Planing	Once in 24 months, per quadrant. No more than 2 quadrants per date of service.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
Bone Grafts/GTR	No more than 2 teeth per quadrant per 36 months on natural teeth.	80%	80%
Endodontics		80%	80%
Root Canal Treatment	Once per tooth.		
Root Canal Retreatment	Once per tooth after 24 months have elapsed from initial treatment		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		80%	80%
Bridge or Denture Repair	Once per bridge/denture per 12 months, after 24 months of initial insertion.		
Crown or Onlay Repair	Once per tooth per 12 months after 24 months of initial placement		
Rebase or Reline of Dentures	Once per denture within 36 months.		
Recement of Crowns & Onlays, Bridges	Once per crown, onlay or bridge.		
Emergency Dental Care		80%	80%
Palliative Treatment	Three occurrences in 12 months.		
Prosthodontics		50%	50%
Dentures	Once within 60 months (age 16 and older).		
Fixed Bridges	Once within 60 months (age 16 and older).		
Implants (only in lieu of a 3-unit bridge)	Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimate recommended).		
Implant Abutments	Once per implant only when surgical implant is benefitted.		
Major Restorative		50%	50%
Crowns or Onlay	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older).		
Cast Posts/Buildups	Once per tooth per 60 months only benefitted to retain a crown.		

Dependent Eligibility: Eligible dependents are covered until the last day of the month of the member's 26th birthday.

Additional Benefit Information

Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that this services are covered under your dental coverage.

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental Premier



Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental Premier subscriber, you have access to the most extensive dental network in Massachusetts, with more than 11,000 participating dentist locations.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services/>

To find a dentist, simply visit www.deltadentalma.com (click on the Find a Dentist link and select Delta Dental Premier) or call Delta Dental customer service at 1-800-872-0500.

Learn more at deltadentalma.com

Visit the member area of www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

Delta Dental Premier

NONDISCRIMINATION NOTICE

Delta Dental of Massachusetts complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, and accessible electronic formats)

- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, visit: <http://www.deltadentalma.com> or call the number on your member ID card.

If you believe that Delta Dental of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu
Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02129
Fax: 617-886-1390
Phone: 617-886-1683
Email: FairTreatment@greatdentalplans.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.

Delta Dental Premier

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (TTY: 1-844-233-4524).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-872-0500 (TTY: 1-844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (TTY: 1-844-233-4524).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

تطوحيح: ان اجمل اب كل رفاوتت ةويوغلللا دع اساسملا تامدخ ناف، ةغلللا رلفذا تدمحتت تنك اذا: 1-800-872-0500 (TTY: 1-844-233-4524)

ប្រយ័ត្ន៖ បរិស្ថានជាអនុករិយាយ ភាសាខ្មែរ, សំរាប់ជំនួយជូនអ្នកភាសា ដទៃយើងគិតឈ្នួល គឺអាចមានសំរាប់បរិស្ថាន។ ចូរ ទូរស័ព្ទ 1-800-872-0500 (TTY: 1-844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524). 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524). पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).

Coordination of Benefits

Sometimes family members are covered by more than one health care plan. This happens, for example, when a husband and wife both work and choose to have family coverage through both employers. When you are covered by more than one plan, Delta Dental of Massachusetts follows a legal procedure called coordination of benefits to establish which dental plan is primary and how much the secondary plan should pay. The goal is to pay the maximum allowable benefit without exceeding the actual cost approved for your care.

Determining the Primary Plan

The guidelines below will help determine which plan is primary.

- If a health plan does not have a coordination of benefits provision, that plan is primary.
- The plan that covers the patient as the employee (member or subscriber) is primary over a plan covering the patient as a dependent, retiree, or COBRA-qualified beneficiary.
- If a child is covered under both parents' plans, the plan of the parent (or legal guardian) whose birthday is earlier in the year is the primary plan.
- For children of divorced or separated parents, benefits are determined in the following order unless a court order places financial responsibility on one parent:
 - plan of the custodial parent;
 - plan of the custodial parent's new spouse (if remarried);
 - plan of the noncustodial parent;
 - plan of the noncustodial parent's new spouse (if remarried).

Delta Dental as Primary Plan

When Delta Dental is the primary plan, we pay the claim to the full extent of the patient's coverage.

Delta Dental as Secondary Plan

Payment is calculated on the total approved amount for the services billed. The primary payment amount is deducted from the total approved amount, and Delta Dental makes payment based on the balance. Delta Dental's limitations and exclusions apply to COB claims.

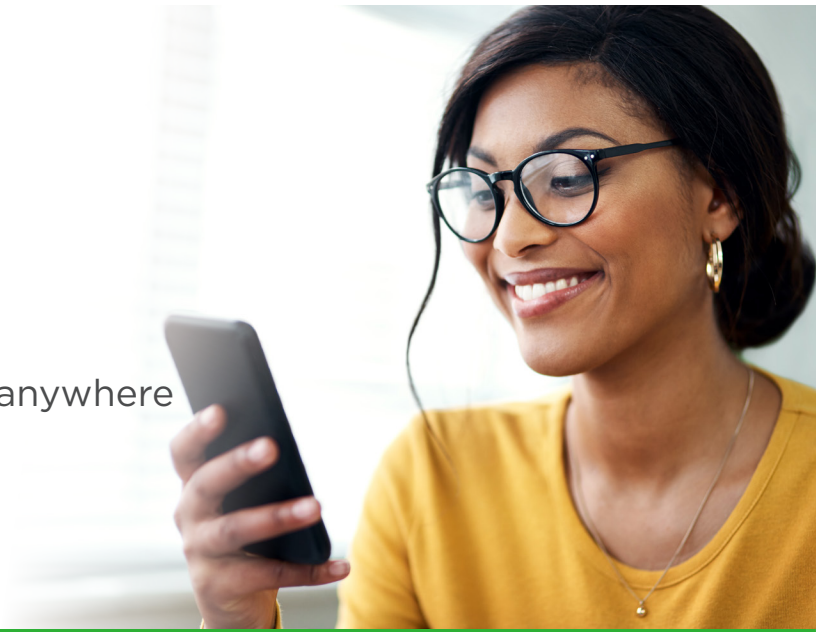
Some plans have a non-duplication of benefits clause. This means if the primary plan's payment is less than what Delta Dental would have paid as primary, Delta Dental pays the difference between the actual primary payment and the amount Delta Dental would have paid as primary. If the primary plan's payment is more than Delta Dental would have paid as primary, Delta Dental's payment is zero.

Coordination of benefits covers a variety of circumstances. This is only an overview of the most common ones. If you have questions, email us at customer.care@deltadentalma.com or call Customer Service at 1-800-872-0500.

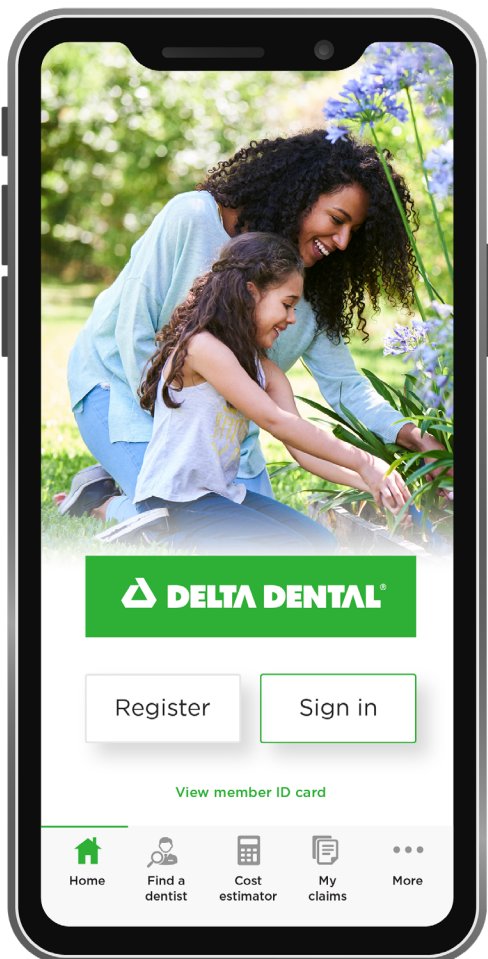


Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.



My claims

Look up detailed claims information for your dentist visits over the last 18 months.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

deltadental.com

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Keeping your teeth clean is easier - and less expensive - than ever

As a member of Delta Dental, you can now take advantage of significant discounts on two kinds of Z Sonic toothbrushes, as well as replacement heads.

With your member discount, you can get the premier Z Sonic toothbrush for \$59.95, \$140 off the Manufacturer's Suggested Retail Price (MSRP). The offer also includes 2 brush heads & 1 charging base. And as a member you also get discounts on replacement heads.

The Z Sonic pulses 31,000 - 48,000 times a minute and features 5 brushing modes (Clean, Whiten, Polish, Massage, and Sensitive) to customize your tooth cleaning experience.



Here's How to Order:

Online

- Go to: myzsonic.com/DDMA
- Add products to your cart
- Enter payment information

By Phone

- Call **1-888-228-7706**
- **Be sure to mention that you are a Delta Dental of Massachusetts member**

Discount Codes:

- Z Sonic - \$59.95 (MSRP: \$199.95)
- 4 Regular Brush Heads - \$21.88 (MSRP: \$43.76)
- 4 Premium Brush Heads - \$25.88 (MSRP: \$51.76)
- Z Sonic Mini Travel Toothbrush - \$14.50
Promo Code: DDMA4 (MSRP: \$19.95)
- 4 Z Sonic Mini Brush Heads - \$14.00 (MSRP: \$28.00)

Take Your Sonic Cleaning on the Road

If you travel and want to keep your mouth healthy on the road, you can also pick up a Z Sonic travel toothbrush for \$14.50. This portable, battery powered, toothbrush gives you the benefits of sonic brushing in a size that can fit in your carry on, in the glove compartment or in your desk drawer.



Save On Replacement Heads Too

You can also get replacement heads for both the Z Sonic or Z Sonic Mini at 50% off retail costs.

And if you buy replacement heads and the toothbrush together, you can get FREE shipping.

A healthy smile for life!



You can prevent oral health problems

What is gum disease?

- Periodontal disease is an infection of your gums and jawbone.
- Gingivitis is an infection in your gums.

Gum disease

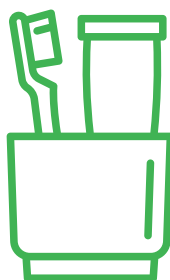
- Gets worse if not properly treated.
- Can be passed on to other family members.
- Can appear without symptoms so people may not know they have it.
- May affect the outcomes of other diseases, such as diabetes and heart disease.
- May lead to premature birth in pregnant women.

How is gum disease treated?

- A deep cleaning by your dentist to remove the bacteria that is damaging your gums.
- Prescription mouth rinse or fluoride toothpaste, or other medicine to use at home.
- Some people may need gum surgery.

Stay healthy after treatment for gum disease

- Floss daily.
- Brush twice a day.
- Visit your dentist regularly for oral exams and cleanings.
- Use at-home products your dentist recommends.
- Do not chew or smoke tobacco.



What causes cavities?

- Bacteria in your mouth.
- Frequent snacking and sipping sugary drinks.
- Not cleaning your teeth well.

Reduce your risk for cavities

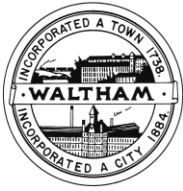
- Brush for two minutes, twice a day, with fluoride toothpaste.
- Brush your teeth after eating sugary or starchy foods.
- Floss daily to remove food trapped between teeth.
- Chew Xylitol gum. Studies show that Xylitol, an all-natural sweetener, reduces cavity-causing bacteria in the mouth.

Protect your children's teeth with sealants

- A dental sealant is a thin, plastic coating painted on the chewing surfaces of teeth — usually the back molars — to prevent tooth decay.
- It only takes a dentist or dental hygienist a few minutes to apply sealants.
- Last for 5 years or longer.

Who should get sealants?

- Children when their first molars (ages 6-7) and second molars (ages 12-13) emerge.



CITY OF WALTHAM

MASSACHUSETTS

CITY AUDITOR
Paul G. Centofanti

ASSISTANT CITY AUDITOR
Laura M. Doane

TO: City & School Employees
FROM: Paul G. Centofanti, City Auditor
RE: Health Insurance Enrollment
DATE: April 22, 2024

Other than salaries, health insurance is the single largest budget item for the City of Waltham. For FY2025, the total cost of providing health care to employees, retirees and their dependents is estimated to be in excess of \$65 million, of which almost \$60 million will be directly subsidized by the taxpayers of the City of Waltham.

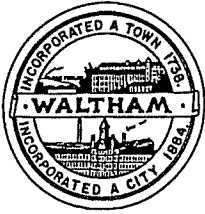
To ensure that coverage is fairly provided to all eligible employees and their eligible dependents, the City's policy is to have all new enrollments or changes to enrollment overseen by the Benefits Office located in the Treasurer's Office at City Hall. This allows employees to receive accurate information about each of the plan offerings, including benefit coverage and cost. It also allows the City to collect the required documentation to verify each individual's eligibility for enrollment so they may have timely access to benefits.

Generally, any new enrollment or changes to enrollment are only permitted during the City's annual enrollment period during the month of May. The only other time a new enrollment or a change to an enrollment is allowed is the occurrence of a qualifying event. Some examples of a qualifying event are employment, birth/adoption of a child, marriage/divorce or change in employment status that results in the loss of coverage. Also, there is a limited time period of thirty (30) days from the date of the qualifying event to elect coverage.

Although each of the two plan offerings (Blue Cross PPO and Harvard Pilgrim/Delta Dental) have similar benefits, employees are encouraged to compare the level of benefits and cost of each to choose the plan that best meets the individual needs of the employee and/or their dependents. A general overview of each plan's benefits may be found on the Human Resources webpage on the City's website. Included in this communication is the current and new monthly cost for employees for the three plan offerings.

Questions about the City's health care program, including benefits, eligibility, enrollment and cost should be directed to the City's Benefits Office by telephone at 781-314-3270 or by visiting at City Hall.

Thank you.



CITY OF WALTHAM MASSACHUSETTS

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL - KMURPHY@CITY.WALTHAM.MA.US

KRISTIN MURPHY
HUMAN RESOURCES DIRECTOR
WORKERS' COMPENSATION AGENT

Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

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. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." 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 [*choose and enter appropriate information: must pay or aren't required to pay*] for COBRA continuation coverage.

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 his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); 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 his or her 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 Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- *[add if Plan provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;];* or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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 Plan Administrator within 60 days *[or enter longer period permitted under the terms of the Plan]* after the qualifying event occurs. You must provide this notice to: *[Enter name of appropriate party]. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation.]*

How is COBRA continuation coverage provided?

Once the Plan 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 spouses, and parents may elect COBRA continuation coverage on behalf of their 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 Plan 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. *[Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]*

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; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. 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.

Are there other coverage options besides COBRA Continuation Coverage?

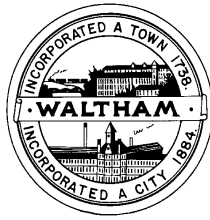
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be the Human Resources Department at 781-314-3355. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan 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 Plan Administrator.



CITY OF WALTHAM
119 SCHOOL STREET
WALTHAM MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL - KMURPHY@CITY.WALTHAM.MA.US

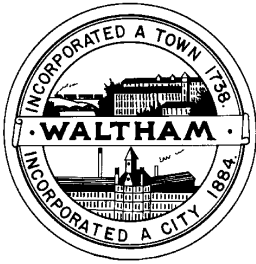
MEMORANDUM

DATE: NOVEMBER 8, 2021
FROM: KRISTIN MURPHY, HUMAN RESOURCES DIRECTOR
SUBJECT: OPEN ENROLLMENT

The City of Waltham holds our annual Open Enrollment period the first two weeks of May for plan changes effective July 1st. During the Open Enrollment period, employees may make changes to their Health and Benefit plans. This is the **ONLY** time changes are allowed with the exception of Special Enrollment Periods due to a qualifying event.

It is the responsibility of the employee to notify the Human Resources Department **within 30 days of the qualifying life event**. Examples of these events are birth/adoption, marriage/divorce or loss of coverage. Documentation such as birth/marriage certificates, divorce decrees or proof of loss of coverage must be submitted with enrollment forms. Failure to meet this timeline will result in waiting until the Open Enrollment Period.

Health insurance is paid one month in advance. In the event of moving from an individual to family plan the employee will be responsible for paying the difference in cost between an individual and family plan back to the event date.



**CITY OF WALTHAM
MASSACHUSETTS**

119 SCHOOL STREET, WALTHAM MASSACHUSETTS 02451
781.314.3355 FAX 781.314.3358
E-MAIL kmurphy@city.waltham.ma.us

Kristin Murphy
Director of Human Resources
Workmans' Compensation
Agent

WAIVER OF GROUP HEALTH INSURANCE COVERAGE

Employee Name: _____ Emp#: _____

Employee Address: _____

Department: _____

I hereby certify that I have been given an opportunity to participate in a Group Health Insurance Plan offered by my employer, the City of Waltham, and that I have declined to do so with respect to all health insurance coverages.

I further understand that if I desire to participate in a health insurance plan offered by the City of Waltham at a later date, this can only be done so during open enrollment in May of each year, for effective coverage as of July 1st.

Signature of Employee

Date

CITY OF WALTHAM MONTHLY RATES FOR HEALTH AND LIFE INSURANCE PREMIUMS

As of July 1, 2024

HEALTH INSURANCE:

- 1. Blue Cross/Blue Shield PPO (12.5%)**
Individual Rate: Employee Monthly Rate = \$211.81
Family Rate: Employee Monthly Rate = \$482.13
- 2. Harvard Pilgrim Health Care HMO/Delta Dental (11%)**
Individual Rate: Employee Monthly Rate = \$123.60
Family Rate: Employee Monthly Rate = \$328.10

There is no dental insurance with Blue Cross/Blue Shield

Delta Dental is included at no additional cost w/ Harvard Pilgrim Health Care HMO

LIFE INSURANCE: Life Plus Insurance Agency, Inc.

\$15,000 Basic Life Insurance Employee Weekly Share \$1.82

When you purchase \$15,000 Basic Life Insurance you are eligible to purchase up to \$100,000 additional life insurance at reduced rates. Please see cost grid included in packet.

Cancer & Permanent Life policies are also available by contacting LifePlus Insurance Agency directly. Toll Free: 866-511-9222

DEPENDENT COVERAGE

If you purchase the \$15,000 Basic Life Insurance plan, you are eligible to purchase life insurance for your spouse and/or children.

Please Read the Instructions Before Filling Out This Form.



Enrollment and Change Form

Please **TYPE OR PRINT CLEARLY** using blue or black ink to avoid coverage delay or type in information

MASSACHUSETTS

Please mail to: P.O. Box 986001
Boston, MA 02298 or fax to 1-617-246-7531

1. To Be Filled Out by Your Employer

Company Name/Department			Current Medical Group #:			Medical Group # Transferring To:			
Current BCBS ID #, If any		Requested Effective Date		Date of Hire		Current Dental Group #:		Dental Group # Transferring To	
		MM DD YYYY		MM DD YYYY		N/A		N/A	
Type of Transaction			Remarks: (i.e., qualifying event for a new add, change to family or other instruction)						
<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE Three digit termination code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRANSFER			<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire <input type="checkbox"/> COBRA		<input type="checkbox"/> Change to Family <input type="checkbox"/> Add Spouse <input type="checkbox"/> Add Dependent		<input type="checkbox"/> Loss of Coverage (HIPAA Continuation of Coverage Letter required) <input type="checkbox"/> Other: _____		

2. Yourself (Member 1)

What products?		<input type="checkbox"/> Access Blue <input type="checkbox"/> Blue Medicare Rx (Part D) <input type="checkbox"/> Blue Choice <input type="checkbox"/> Dental Blue <input type="checkbox"/> Blue Choice New England <input type="checkbox"/> HMO Blue		<input type="checkbox"/> HMO Blue New England <input type="checkbox"/> Managed Blue for Seniors <input type="checkbox"/> Medex (Group)		<input type="checkbox"/> Network Blue <input type="checkbox"/> PPO <input type="checkbox"/> Saver Blue		Membership Type (Medical)		Membership Type (Dental) N/A	
								<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Family			
First Name			M.I.		Last Name			Sex		Date of Birth	
Street Address/ P.O. Box #			Apt. #		City/Town			State		Zip Code	
Home Phone ()			Cell Phone ()			Email					
Social Security # (REQUIRED) ¹			Other Insurance? ² Y <input type="checkbox"/> / N <input type="checkbox"/>		Other Insurance Company Name			Member Identification Number			
PCP ID # (see instructions)			Name of PCP			City / State			Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>		
Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/>		Part A Effective Date		Part B Effective Date		Part D Effective Date		Medicare #		<input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date	
		MM DD YYYY		MM DD YYYY		MM DD YYYY				Actively Working? Y <input type="checkbox"/> / N <input type="checkbox"/>	

3. Member 2

Please Check One: Spouse Domestic Partner Divorced Spouse (court ordered) Plan Type: Medical Dental

First Name			M.I.		Last Name			Sex		Date of Birth	
Social Security # (REQUIRED)			Phone ()		Other Insurance? ¹ Y <input type="checkbox"/> / N <input type="checkbox"/>		Other Insurance Company Name			Member Identification Number	
PCP ID # (see instructions)			Name of PCP			City / State			Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>		
Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/>		Part A Effective Date		Part B Effective Date		Part D Effective Date		Medicare #		<input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date	
		MM DD YYYY		MM DD YYYY		MM DD YYYY				Actively Working? Y <input type="checkbox"/> / N <input type="checkbox"/>	

4. Your Eligible Dependents (Member 3, 4 and 5)

Dependent's First Name			M.I.		Last Name			Sex		Date of Birth	
Social Security # (REQUIRED)			PCP ID # (see instructions)		Name of PCP			Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			Full-time student and aged 19 or older <input type="checkbox"/>			Disabled and aged 26 or older <input type="checkbox"/>			Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental		
Dependent's First Name			M.I.		Last Name			Sex		Date of Birth	
Social Security # (REQUIRED)			PCP ID # (see instructions)		Name of PCP			Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			Full-time student and aged 19 or older <input type="checkbox"/>			Disabled and aged 26 or older <input type="checkbox"/>			Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental		
Dependent's First Name			M.I.		Last Name			Sex		Date of Birth	
Social Security # (REQUIRED)			PCP ID # (see instructions)		Name of PCP			Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			Full-time student and aged 19 or older <input type="checkbox"/>			Disabled and aged 26 or older <input type="checkbox"/>			Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental		

Please check if you are using separate forms for additional dependent children Total # of dependents: _____

5. Personal Savings Account

<input type="checkbox"/> HSA: Health Savings Account		Start Date		End Date		FSA Goal Amount (Please see instructions for limits.): \$	
<input type="checkbox"/> FSA: Health Flexible Spending Account		Start Date		End Date		Health: \$	
<input type="checkbox"/> FSA: Dependent Care Reimbursement Account		Start Date		End Date		Dependent Care: \$	

6. Signature (Employer & Employee)

The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my health care plan. I understand that Blue Cross and Blue Shield may obtain personal and medical information about me to carry out its business, and that it may use and disclose that information in accordance with law. I acknowledge that I may obtain further information about the collection, use, and disclosure of my information in "Our Commitment to Confidentiality," Blue Cross and Blue Shield's notice of privacy practices.

Employee's Signature _____ Date _____ Employer's Signature _____ Date _____

1. REQUIRED: Under the Affordable Care Act, we are required to collect the Social Security number for you and any dependent enrolling in your plan.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



MASSACHUSETTS

Thank you for choosing a Blue Cross Blue Shield plan.

Please take a few minutes to help us set up your membership by filling out the attached enrollment form.

Before You Begin

Please carefully read the instructions below.

For members of HMO Blue,[®] Network Blue,[®] Blue Choice,[®] HMO Blue New England,SM or Blue Choice New EnglandSM: You're required to choose a primary care physician (PCP) when you enroll. Please choose a PCP from your plan's provider directory. Be sure to read "PCP ID #" in Section 2. List your PCP choice on your enrollment form. The PCP ID number can also be found by visiting bluecrossma.com and selecting **Find a Doctor**.

For Access BlueSM Members: Although you're not required to choose a PCP, we recommend you choose one by following the instructions in Section 2 on the back of this page.

Important: Are you covered by Medicare or other insurance? We need to know if you or any family member listed have Medicare and/or other insurance in addition to your Blue Cross Blue Shield of Massachusetts plan. Please be sure to check either Y (for yes) or N (for no) in the correct box. This information will help us accurately coordinate your benefits. Please follow the instructions in Sections 2 and 3.

Please print two copies of your completed application. Keep one for your records and give the other to your employer to sign and mail to Blue Cross Blue Shield of Massachusetts. In order to complete your enrollment request, your employer is required to sign the application.

Special Instructions for Student Coverage: If you're seeking coverage for a full-time student dependent over age 19, you may need to fill out a Student Certificate form. Check with your employer to see if this coverage is available.

Blue Cross Blue Shield of Massachusetts
P.O. Box 986001
Boston, MA 02298
Fax: 1-617-246-7531

Instructions

Section 1 To Be Filled Out By Your Employer

Your employer will fill out this section.

Type of Transaction—Check the box(es) that apply.

Subscriber Cancellation Codes. If the subscriber won't be continuing any Blue Cross Blue Shield coverage, carefully select one of the following and indicate the three-digit code on the form.

Code #	Reason for Canceling	Code #	Reason for Canceling
041	<ul style="list-style-type: none">• Changing to other health plan• Voluntary termination• COBRA cancellation (under 18 months or nonpayment)	061	<ul style="list-style-type: none">• Left employment• COBRA ending
042	<ul style="list-style-type: none">• Over 65, changing to Group Medex® plan. (Requires Medicare A and B)• Over 65, changing to direct-pay Medex plan. (Requires Medicare A and B)• Over 65, changing to Medicare supplement other than Medex plans.	063	<ul style="list-style-type: none">• Transfer
043	<ul style="list-style-type: none">• Medicare (age =< 65)	064	<ul style="list-style-type: none">• Cancellation as of original effective date
		070	<ul style="list-style-type: none">• Deceased
		071	<ul style="list-style-type: none">• Moved out of state (out of HMO service area)
		076	<ul style="list-style-type: none">• Military service

Note: If your subscribers are adding or dropping one benefit only (medical/dental), please indicate “add medical,” “add dental,” “cancel medical,” or “cancel dental” in the “Remarks” section.

If your new hires are subject to a probationary period, please indicate the time frame in the “Remarks” section, as well as the qualifying events for new enrollees.

If a subscriber is being moved from an active group to a retiree group (within the same account), this is a transfer and not a termination. Please include the Medical or Dental Group # transferring to.

Cancellation date will be the first day of no coverage.

Qualifying Events—Remarks:

To assist in the enrollment process, please use check boxes or write in applicable information in the “Remarks” section of the form.

- Open Enrollment—Check this box for open enrollment.
- New Hire—Check this box for new hires to the company.
- COBRA—Check this box if person is continuing coverage under COBRA.
- Add Spouse—Check this box if spouse is being added. Ensure date of marriage is within approved retroactive period.
- Add Dependent—Check this box if adding any dependent.
- Loss of Coverage—Check this box if employee lost coverage through spouse or parent. Please include HIPAA Continuous of Coverage Letter from prior company/insurer. If you have questions, contact your account service representative.
- Other—Check this box if change to family requires additional explanation. Please write in the reason for change (e.g., court order, adoption, New Dependent Law under HCR, legal guardianship, etc.). Include supporting documentation. If you have questions, contact your account service representative.

Section 2 Yourself (Member 1)

Please fill in all information that applies to you. (REQUIRED)*

PCP ID#—If your health plan requires you to choose a primary care physician (PCP), please fill in this section. Write the PCP ID number (*not* the telephone number) of the doctor you have chosen to coordinate your health care. You'll find the doctor's PCP ID number in the provider directory for your health plan. If you need help choosing a PCP, please call our Physician Selection Service at 1-800-821-1388. A representative will be happy to help you select a doctor. PCP ID number can be found at bluecrossma.com, select **Find a Doctor**.

Other Insurance—Do you have other health insurance or Medicare in addition to your Blue Cross Blue Shield plan? Please be sure to circle either **Y** (for *yes*) or **N** (for *no*) in the correct box. If you have other insurance, please write the name of the other insurance company and your member identification number.

To Add or Delete a Member—Are you adding or deleting a member under your existing membership? If yes, please fill in the areas in Sections 1 and 2. You may need help from your employer to fill in Section 1. Then, give us the details about the members you're adding or deleting in Section 3 and/or Section 4.

Section 3 Member 2

If you choose a **Family** membership, please fill in this section if you want Member 2 to be covered. (REQUIRED)* (Note: Member 2 cannot be covered under an **Individual** membership.)

Other Insurance—Does your spouse have other health insurance or Medicare? Please be sure to circle either **Y** (for *yes*) or **N** (for *no*) in the correct box. If your spouse or partner has other insurance, please write the name of the other insurance company and your member identification number.

Section 4 Your Eligible Dependents (Members 3, 4, and 5)

If you choose a **Family** membership, please fill in this section for all children or other eligible dependents you want to be covered. (REQUIRED)* (Note: dependents cannot be covered under an **Individual** membership.)

If you have more than three dependents to be covered, please use additional Enrollment Forms as needed. Please indicate on the form that additional forms have been used and write in the total number of dependents you want to be enrolled.

Section 5 Personal Savings Account

Your employer may have chosen to offer a personal savings account alongside your medical offering. Please consult your open enrollment materials and/or your HR department to determine if this applies to you.

For each option:

Start Date: Your start date will be considered established for tax purposes as of the start date of your medical plan, provided that you have signed, dated, and submitted the completed application for these accounts on or before that date.

End Date: Your end date is the date you choose to stop deposits into the selected financial account. If you have any questions, please see your employer.

Note: If you are transferring from one medical/dental plan to another plan, please complete Section 5 of the Enrollment and Change Form to let us know that you will be continuing your personal savings account.

Section 6 Signatures (Employer & Employee)

Employee: Please sign and date the application and return it to your employer. **Employer:** Please sign and date the application and return to Blue Cross Blue Shield of Massachusetts. Please mail to:

P.O. Box 986001
Boston, MA 02298
or fax to 1-617-246-7531

* Under the Affordable Care Act, we are required to collect the Social Security number for you and any dependent enrolling in your plan.

BLUE CARE ELECT PREFERRED

City of Waltham

\$15 OFFICE VISIT COPAYMENT

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND
BENEFITS



CLAIMS AND
BALANCES



DIGITAL
ID CARD

Sign in

Download the app, or create an account at bluecrossma.org.



The Plan Sponsor believes that this is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Act). As permitted by the Act, a grandfathered plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being grandfathered means the plan may not include certain consumer protections of the Act that apply to other plans, such as providing preventive health services without any cost sharing. However, a grandfathered plan must comply with certain other consumer protections of the Act, such as the elimination of annual and lifetime limits on most benefits.

Questions about which protections do or do not apply, and what causes a plan to change from grandfathered health plan status, can be directed to the Plan Administrator at 1-781-314-3268. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a summary of the protections which do and do not apply to grandfathered health plans.



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

YOUR CHOICE

When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you're still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider on Find a Doctor at bluecrossma.com/findadoctor. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.org

When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

You must pay a calendar-year deductible before you can receive coverage for certain out-of-network benefits under this plan. The calendar-year deductible begins on January 1 and ends on December 31 of each year. Your deductible is **\$250** per member (or **\$500** per family).

Your out-of-pocket maximum is the most that you could pay during a calendar year for out-of-network coinsurance for covered services. Your out-of-pocket maximum is **\$1,000** per member (or **\$2,000** per family).

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your benefit description. You may be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or your coinsurance).

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a copayment per visit for in-network or out-of-network emergency room services. The copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

Telehealth services are covered when the same in-person service would be covered by the health plan and the use of telehealth is appropriate. Your health care provider will work with you to determine if a telehealth visit is medically appropriate for your health care needs or if an in-person visit is required. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.org, consult Find a Doctor, or call the Member Service number on your ID card.

Utilization Review Requirements

Certain services require **pre-approval/prior authorization** through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage; this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures, and drugs. You should work with your health care provider to determine if pre-approval is required for any service your provider is suggesting. If your provider, or you, don't get pre-approval when it's required, your benefits will be denied, and you may be fully responsible for payment to the provider of the service. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval, Concurrent Review and Discharge Planning, and Individual Case Management.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care		
Well-child care exams, including routine tests, according to age-based schedule as follows: <ul style="list-style-type: none"> Ten visits during the first year of life Three visits during the second year of life (age 1 to age 2) Two visits for age 2 One visit per calendar year for age 3 and older 	Nothing	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	20% coinsurance after deductible
Mental health wellness exams (at least one per calendar year)	Nothing	Nothing, no deductible
Routine hearing exams, including routine tests	Nothing	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
Outpatient Care		
Emergency room visits	\$50 per visit (waived if admitted or for observation stay)	\$50 per visit, no deductible (waived if admitted or for observation stay)
Office or health center visits	\$15 per visit	20% coinsurance after deductible
Mental health or substance use treatment	\$15 per visit	20% coinsurance after deductible
Outpatient telehealth services <ul style="list-style-type: none"> With a covered provider With the in-network designated telehealth vendor 	Same as in-person visit \$15 per visit	Same as in-person visit Only applicable in-network
Chiropractors' office visits	\$15 per visit	20% coinsurance after deductible
Acupuncture visits (up to 12 visits per calendar year)	\$15 per visit	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	\$15 per visit	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$15 per visit	20% coinsurance after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing	20% coinsurance after deductible
Home health care and hospice services	Nothing	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing	20% coinsurance after deductible
Prosthetic devices	Nothing	20% coinsurance after deductible
Surgery and related anesthesia <ul style="list-style-type: none"> Office or health center services Ambulatory surgical facility, hospital outpatient department, or surgical day care unit 	\$15 per visit** Nothing	20% coinsurance after deductible 20% coinsurance after deductible
Inpatient Care (including maternity care)		
General or chronic disease hospital care (as many days as medically necessary)	Nothing	20% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	Nothing	20% coinsurance after deductible
Rehabilitation hospital care (up to 100 days per calendar year)	Nothing	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing	20% coinsurance after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Prescription Drug Benefits*		
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)**	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3	Not covered
Through the designated mail service or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)**	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3	Not covered

* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred brand-name drugs.
 ** Cost share may be waived or reduced for certain covered drugs and supplies.

Get the Most from Your Plan: Visit us at bluecrossma.org or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program Fitness Reimbursement: a program that rewards participation in qualified fitness programs or equipment (See your benefit description for details.)	\$150 per calendar year per policy
Weight Loss Reimbursement: a program that rewards participation in a qualified weight loss program (See your benefit description for details.)	\$150 per calendar year per policy
Mind and Body Wellness Program Reimbursement for participation in the Mind and Body Wellness Program (See your benefit description for details.)	\$300 per calendar year per policy

 **24/7 Nurse Line: Speak to a registered nurse, day or night, to get immediate guidance and advice. Call 1-888-247-BLUE (2583). No additional charge.**

QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at bluecrossma.org.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.



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. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **hhs.gov**.

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

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

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនាញ៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béésh bee hodíílnih (TTY: 711).



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see <https://www.city.waltham.ma.us/human-resources-department/pages/insurance-0>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at bluecrossma.org/sbcglossary or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$0 in-network; \$250 member / \$500 family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. Emergency room and emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	\$0 in-network; \$1,000 member / \$2,000 family out-of-network.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	\$15 / visit; \$15 / chiropractor visit; \$15 / acupuncture visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for out-of-network; limited to 12 acupuncture visits per calendar year; a telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge; No charge for related routine lab tests and x-rays	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; <u>cost share</u> waived for at least one mental health wellness exam per calendar year; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at bluecrossma.org/medication	Generic drugs	\$10 / retail or mail service supply	Not covered	Up to 30-day retail (90-day designated retail or mail service) supply; <u>cost share</u> may be waived or reduced for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$25 / retail or mail service supply	Not covered	
	Non-preferred brand drugs	\$45 / retail or mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable <u>cost share</u> (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; <u>cost share</u> may be waived or reduced for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$50 / visit	\$50 / visit; <u>deductible</u> does not apply	<u>Copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$15 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> / authorization required for certain services
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> / authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> / authorization required for certain services
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	No charge	20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$15 / visit for outpatient services; No charge for inpatient services	20% <u>coinsurance</u> for outpatient services; 20% <u>coinsurance</u> for inpatient services	<u>Deductible</u> applies first for out-of-network; limited to 100 outpatient visits per calendar year (other than for autism, <u>home health care</u> , and speech therapy); limited to 100 days per calendar year for inpatient admissions; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	\$15 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; outpatient rehabilitation therapy coverage limits apply; <u>cost share</u> and coverage limits waived for early intervention services for eligible children; a telehealth <u>cost share</u> may be applicable
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to 100 days per calendar year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	20% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|----------------------|-----------------------|------------------------|
| • Children's glasses | • Dental care (Adult) | • Private-duty nursing |
| • Cosmetic surgery | • Long-term care | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|--|---|---|
| • Acupuncture (12 visits per calendar year) | • Infertility treatment | • Routine foot care (only for patients with systemic circulatory disease) |
| • Bariatric surgery | • Non-emergency care when traveling outside the U.S. | • Weight loss programs (\$150 per calendar year per policy) |
| • Chiropractic care | • Routine eye care - adult (one exam every 24 months) | |
| • Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) | | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or www.mass.gov/doi. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting www.mahealthconnector.org. For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, call 1-800-782-3675 or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Disclaimer: This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- **The plan's overall deductible** \$0
- **Delivery fee copay** \$0
- **Facility fee copay** \$0
- **Diagnostic tests copay** \$0

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$70

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$0
- **Specialist visit copay** \$15
- **Primary care visit** \$15
- **Diagnostic tests copay** \$0

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,000
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture
(in-network emergency room visit and follow-up care)

- **The plan's overall deductible** \$0
- **Specialist visit copay** \$15
- **Emergency room copay** \$50
- **Ambulance services copay** \$0

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$100

The **plan** would be responsible for the other costs of these EXAMPLE covered services.

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This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.



The Plan Sponsor believes that this is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Act). As permitted by the Act, a grandfathered plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being grandfathered means the plan may not include certain consumer protections of the Act that apply to other plans, such as providing preventive health services without any cost sharing. However, a grandfathered plan must comply with certain other consumer protections of the Act, such as the elimination of annual and lifetime limits on most benefits.

Questions about which protections do or do not apply, and what causes a plan to change from grandfathered health plan status, can be directed to the Plan Administrator at **1-781-314-3268**. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or **www.dol.gov/ebsa/healthreform**. This website has a summary of the protections which do and do not apply to grandfathered health plans.



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. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **hhs.gov**.

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

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

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: **711**)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: **711**).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនាញ៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: **711**)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : **711**).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: **711**).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કૉલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowólgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béésh bee hodíílnih (TTY: 711).

REASONS FOR SUBMISSION (PLEASE CHECK ONE) <input type="checkbox"/> NEW ENROLLMENT/CONTRACT <input type="checkbox"/> CHANGE TO CONTRACT <input type="checkbox"/> TERMINATE CONTRACT	QUALIFYING EVENT DATE: _____ <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> COBRA <input type="checkbox"/> LOSS OF INSURANCE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> BIRTH/ADOPTION <input type="checkbox"/> P/T TO F/T <input type="checkbox"/> MARRIAGE/DIVORCE <input type="checkbox"/> MOVED IN/OUT OF SERVICE AREA <input type="checkbox"/> DEATH <input type="checkbox"/> VOLUNTARY CANCELLATION
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REASON FOR CHANGES (CHECK ALL THAT APPLY)
 CHANGE COVERAGE TYPE ADD DEPENDENT LISTED TERMINATE DEPENDENT LISTED TRANSFER/RE-ENROLL TO COBRA
 OTHER: _____

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)

EMPLOYER/GROUP NAME/DEPARTMENT	GROUP #DIVISION	DATE OF HIRE	EFFECTIVE DATE OF COVERAGE
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SUBSCRIBER INFORMATION

HP ID	PRODUCT: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> ACCESS AMERICA	PLAN NAME	
SUBSCRIBER FIRST NAME	MI	LAST NAME	DOB
		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
SSN Required	HOME PHONE	WORK PHONE	CELL PHONE
EMAIL			
STREET ADDRESS (NO PO BOX)		APT #	CITY
		STATE	ZIP
PRIMARY LANGUAGE (OPTIONAL)	PCP FULL NAME Required	PCP TOWN Required	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO
		PCP ID #	

SPOUSE INFORMATION

SPOUSE FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN Required	MAILING ADDRESS (IF DIFFERENT)			RELATION CODE
PCP FULL NAME Required	PCP TOWN Required		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID #

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)				SSN Required	
PCP FULL NAME Required	PCP TOWN Required		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#	

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)				SSN Required	
PCP FULL NAME Required	PCP TOWN Required		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#	

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)				SSN Required	
PCP FULL NAME Required	PCP TOWN Required		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#	

PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS

OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.

ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? YES, PLEASE COMPLETE NO

NAME OF HEALTH PLAN	HEALTH PLAN ID NUMBER	EFFECTIVE DATE	NAMES OF SUBSCRIBER
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MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN YOUR EVIDENCE OF COVERAGE (EOC). I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINISTER THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. MAINE MEMBERS: YOU UNDERSTAND THAT YOUR EOC INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUITABLE BASIS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

EMPLOYEE SIGNATURE _____ DATE _____ EMPLOYER SIGNATURE _____ DATE _____

Schedule of Benefits

THE HARVARD PILGRIM HMO MASSACHUSETTS

This Schedule of Benefits states any Benefit Limits and the Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

Medical Necessity Guidelines

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our Medical Necessity Guidelines on our website at www.harvardpilgrim.org or by calling the Member Services Department at 1-888-333-4742.

Covered Benefits

Your Covered Benefits are administered on a Calendar Year basis. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, see "Physician and Other Professional Office Visits." For services provided in a hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery - Outpatient."

When you receive a service at your home (other than home health care), your Member Cost Sharing will be the same as when the service is provided in an office or facility. For example, if you have a physician visit in your home, see "Physician and Other Professional Office Visits." If you have blood drawn at home, see "Laboratory, Radiology and Other Diagnostic Services."

General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	See the benefits table below
Deductible	None
Deductible Rollover	None
Out-of-Pocket Maximum	\$2,000 per Member per Calendar Year \$4,000 per family per Calendar Year
Includes all Member Cost Sharing except Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum	

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Acupuncture Treatment for Injury or Illness	
	\$15 Copayment per visit
Ambulance and Medical Transport	
Emergency ambulance transport	No charge
Non-emergency medical transport	No charge
Autism Spectrum Disorders Treatment	
Applied behavior analysis	\$15 Copayment per visit
Chemotherapy and Radiation Therapy	
Chemotherapy	No charge
Radiation therapy	No charge
Dental Services	
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.	
Extraction of teeth impacted in bone (performed in a physician's office)	\$15 Copayment per visit
Pediatric Dental Care for children (up to the age of 13) – limited to 2 preventive dental exams per Calendar Year	No charge
Dialysis	
	No charge
Installation of home equipment is covered up to \$300 in a Member's lifetime.	No charge
Durable Medical Equipment	
Durable medical equipment	No charge
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge
Oxygen and respiratory equipment	No charge
Early Intervention Services	
	No charge
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.	
Emergency Room Care	
	\$50 Copayment per visit
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.	
Fertility Services (see the Benefit Handbook for details)	
	Not covered

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Gender Affirming Surgery	
	Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."
Hearing Aids (for Members up to the age of 22)	
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	No charge
Home Health Care	
	No charge
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.	
Hospice – Outpatient	
	No charge
Hospital – Inpatient Services	
Acute hospital care	No charge
Inpatient maternity care	No charge
Inpatient routine nursery care	No charge
Inpatient rehabilitation – limited to 100 days per Calendar Year	No charge
Skilled nursing facility – limited to 100 days per Calendar Year	No charge
Infertility Services and Treatments (see the Benefit Handbook for details)	
	Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."
Laboratory, Radiology and Other Diagnostic Services	
Laboratory	No charge
Genetic testing	No charge
Radiology	No charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	No charge
Other diagnostic services	No charge
Low Protein Foods	
	No charge

Schedule of Benefits

THE HARVARD PILGRIM HMO MASSACHUSETTS

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General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	See the benefits table below
Deductible	None
Deductible Rollover	None
Out-of-Pocket Maximum	\$2,000 per Member per Calendar Year \$4,000 per family per Calendar Year
Includes all Member Cost Sharing except Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum	

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
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Ambulance and Medical Transport	
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Applied behavior analysis	\$15 Copayment per visit
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Chemotherapy	No charge
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Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.	
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Pediatric Dental Care for children (up to the age of 13) – limited to 2 preventive dental exams per Calendar Year	No charge
Dialysis	
	No charge
Installation of home equipment is covered up to \$300 in a Member's lifetime.	No charge
Durable Medical Equipment	
Durable medical equipment	No charge
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge
Oxygen and respiratory equipment	No charge
Early Intervention Services	
	No charge
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.	
Emergency Room Care	
	\$50 Copayment per visit
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.	
Fertility Services (see the Benefit Handbook for details)	
	Not covered

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Gender Affirming Surgery	
	Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."
Hearing Aids (for Members up to the age of 22)	
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	No charge
Home Health Care	
	No charge
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.	
Hospice – Outpatient	
	No charge
Hospital – Inpatient Services	
Acute hospital care	No charge
Inpatient maternity care	No charge
Inpatient routine nursery care	No charge
Inpatient rehabilitation – limited to 100 days per Calendar Year	No charge
Skilled nursing facility – limited to 100 days per Calendar Year	No charge
Infertility Services and Treatments (see the Benefit Handbook for details)	
	Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."
Laboratory, Radiology and Other Diagnostic Services	
Laboratory	No charge
Genetic testing	No charge
Radiology	No charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	No charge
Other diagnostic services	No charge
Low Protein Foods	
	No charge

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Maternity Care - Outpatient	
Routine outpatient prenatal and postpartum care	No charge
<p>Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."</p>	
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs received in a physician's office or other outpatient facility	No charge
Medical drugs received in the home	No charge
<p>Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.</p>	
Medical Formulas	
	No charge
Mental Health and Substance Use Disorder Treatment	
Inpatient services	No charge
Intermediate care services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs	No charge
Annual mental health wellness examination performed by a licensed mental health professional. Please Note: Your annual mental health wellness examination may also be provided by a PCP as part of your annual routine examination for preventive care.	No charge
Outpatient group therapy	\$10 Copayment per visit
Outpatient individual therapy	\$15 Copayment per visit
Outpatient treatment, including outpatient detoxification and medication management	\$15 Copayment per visit
Outpatient methadone maintenance	No charge
Outpatient psychological testing and neuropsychological assessment	\$15 Copayment per visit
Outpatient telemedicine virtual visit – group therapy	\$10 Copayment per visit
Outpatient telemedicine virtual visit services – including individual therapy, detoxification, and medication management	\$15 Copayment per visit

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Maternity Care - Outpatient	
Routine outpatient prenatal and postpartum care	No charge
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."	
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs received in a physician's office or other outpatient facility	No charge
Medical drugs received in the home	No charge
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.	
Medical Formulas	
	No charge
Mental Health and Substance Use Disorder Treatment	
Inpatient services	No charge
Intermediate care services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs	No charge
Annual mental health wellness examination performed by a licensed mental health professional. Please Note: Your annual mental health wellness examination may also be provided by a PCP as part of your annual routine examination for preventive care.	No charge
Outpatient group therapy	\$10 Copayment per visit
Outpatient individual therapy	\$15 Copayment per visit
Outpatient treatment, including outpatient detoxification and medication management	\$15 Copayment per visit
Outpatient methadone maintenance	No charge
Outpatient psychological testing and neuropsychological assessment	\$15 Copayment per visit
Outpatient telemedicine virtual visit – group therapy	\$10 Copayment per visit
Outpatient telemedicine virtual visit services – including individual therapy, detoxification, and medication management	\$15 Copayment per visit

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Observation Services	
	No charge
Ostomy Supplies	
	No charge
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)	
Routine examinations for preventive care, including immunizations	\$15 Copayment per visit
Consultations, evaluations, sickness and injury care	\$15 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."	
Office based treatments and procedures, including, but not limited to administration of injections, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	No charge
Administration of allergy injections	No charge
Prosthetic Devices	
	No charge
Rehabilitation and Habilitation Services - Outpatient	
Cardiac rehabilitation	\$15 Copayment per visit
Pulmonary rehabilitation therapy	No charge
Speech-language and hearing services	\$15 Copayment per visit
Occupational therapy – limited to 60 visits per Calendar Year Physical therapy – limited to 60 visits per Calendar Year	\$15 Copayment per visit
Scopic Procedures - Outpatient Diagnostic and Therapeutic	
Endoscopy and sigmoidoscopy	No charge
Colonoscopy	No charge
Spinal Manipulative Therapy (including care by a chiropractor)	
– Limited to 12 visits per Calendar Year	\$15 Copayment per visit
Surgery – Outpatient	
	No charge
Telemedicine Virtual Visit Services - Outpatient	
	\$15 Copayment per visit
For inpatient hospital care, see "Hospital — Inpatient Services" for cost sharing details.	
Urgent Care Services	
Doctor On Demand	\$15 Copayment per visit

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
Important Note: Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at www.harvardpilgrim.org .	
Convenience care clinic	\$15 Copayment per visit
Urgent care center	\$15 Copayment per visit
Hospital urgent care center	\$15 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."	
Vision Services	
Routine eye examinations – limited to 1 exam per Calendar Year	\$15 Copayment per visit
Vision hardware for special conditions	No charge
Voluntary Sterilization in a Physician's Office	
	\$15 Copayment per visit
Voluntary Termination of Pregnancy	
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Office based treatments and procedures." For inpatient hospital care, see "Hospital –Inpatient Services." No charge
Wigs and Scalp Hair Protheses as required by law	
– Limited to \$350 per Calendar Year (see the Benefit Handbook for details)	No charge

Notice of Grandfathered Plan Status

Harvard Pilgrim Health Care, Inc. believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Employer's benefits office or human resources department. For plans governed by the Employee Retirement Income Security Act (ERISA), (generally these are plans purchased by an employer, other than a governmental entity or a church) you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or www.dol.gov/ebsa/healthreform. This web site has a table summarizing which protections do and do not apply to grandfathered health plans. For Plans that are not governed by ERISA, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

THE HARVARD PILGRIM HMO - MASSACHUSETTS

You may also contact our Member Services Department at **1-888-333-4742** with any questions about which protections apply to your grandfathered health plan.

General List of Exclusions MASSACHUSETTS

The following list identifies services that are generally excluded from Harvard Pilgrim Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

Exclusion
<p>Alternative Treatments</p> <ul style="list-style-type: none"> • Acupuncture care, except when specifically listed as a Covered Benefit. • Acupuncture services that are outside the scope of standard acupuncture care. • Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit. • Aromatherapy, treatment with crystals and alternative medicine. • Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs). • Massage therapy. • Myotherapy.
<p>Dental Services</p> <ul style="list-style-type: none"> • Dental Care, except when specifically listed as a Covered Benefit. • Temporomandibular Joint Dysfunction (TMD) care, except as described in the Plan's <i>Benefit Handbook</i>. • Extraction of teeth, except when specifically listed as a Covered Benefit. • Pediatric dental care, except when specifically listed as a Covered Benefit.
<p>Durable Medical Equipment and Prosthetic Devices</p> <ul style="list-style-type: none"> • Any devices or special equipment needed for sports or occupational purposes. • Any home adaptations, including, but not limited to home improvements and home adaptation equipment. • Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services. • Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.
<p>Experimental, Unproven, or Investigational Services</p> <ul style="list-style-type: none"> • Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.
<p>Foot Care</p> <ul style="list-style-type: none"> • Foot orthotics, except for the treatment of severe diabetic foot disease or systemic circulatory disease. • Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members diagnosed with diabetes or systemic circulatory disease.
<p>Maternity Services</p> <ul style="list-style-type: none"> • Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery. • Planned home births. • Services provided by a doula. • Routine pre-natal and post-partum care when you are traveling outside the Service Area.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion

Mental Health and Substance Use Disorder Treatment

- Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement or developmental functioning, (2) to resolve problems of school performance, (3) for driver alcohol education, or (4) for community reinforcement approach and assertive continuing care.
- Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.
- Sensory integrative praxis tests.
- Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.
- Mental health and substance use disorder treatment that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
- Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
- Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.

Physical Appearance

- Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care.
- Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.
- Liposuction or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging.

Procedures and Treatments

- Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray.
- Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit.
- Commercial diet plans, weight loss programs and any services in connection with such plans or programs. **Please note:** If you have coverage through an employer group plan, your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan.
- Gender affirming services including reassignment surgery and all related drugs and procedures for self-insured groups, except when specifically listed as a Covered Benefit.
- If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence.
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).
- Physical examinations and testing for insurance, licensing or employment.
- Services for Members who are donors for non-members, except as described under Human Organ Transplant Services.
- Testing for central auditory processing.
- Group diabetes training, educational programs or camps.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion
<p>Providers</p> <ul style="list-style-type: none"> • Charges for services which were provided after the date on which your membership ends. • Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit. • Charges for missed appointments. • Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.) • Follow-up care after an emergency room visit, unless provided or arranged by your PCP. • Inpatient charges after your hospital discharge. • Provider's charge to file a claim or to transcribe or copy your medical records. • Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.
<p>Reproduction</p> <ul style="list-style-type: none"> • Any form of Surrogacy or services for a gestational carrier other than covered maternity services. • Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment. • Infertility drugs, if infertility services are not a Covered Benefit. • Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage. • Infertility treatment for Members who are not medically infertile. • Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit. • Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal). • Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>. • Sperm identification when not Medically Necessary (e.g., gender identification). • The following fees: wait list fees, non-medical costs, shipping and handling charges etc. • Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit. • Voluntary termination of pregnancy, except when specifically listed as a Covered Benefit.
<p>Services Provided Under Another Plan</p> <ul style="list-style-type: none"> • Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities. • Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.
<p>Telemedicine Services</p> <ul style="list-style-type: none"> • Telemedicine services involving e-mail or fax. • Provider fees for technical costs for the provision of telemedicine services.
<p>Types of Care</p> <ul style="list-style-type: none"> • Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities. • All institutional charges over the semi-private room rate, except when a private room is Medically Necessary. • Pain management programs or clinics. • Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. • Private duty nursing. • Sports medicine clinics. • Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.
<p>Vision and Hearing</p> <ul style="list-style-type: none"> • Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit. • Hearing aids, except when specifically listed as a Covered Benefit. • Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD. • Over the counter hearing aids. • Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism. • Routine eye examinations, except when specifically listed as a Covered Benefit.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion

All Other Exclusions

• Any service or supply furnished in connection with a non-Covered Benefit. • Any service or supply (with the exception of contact lenses) purchased from the internet. • Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided. • Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school or court). • Beauty or barber service. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Externally powered exoskeleton assistive devices and orthoses. • Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings. • Guest services. • Medical equipment, devices or supplies except as described in the Plan's *Benefit Handbook*. • Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services. • Reimbursement for travel expenses, except as described in the Plan's *Benefit Handbook*. Excluded services include but are not limited to: Alcohol and tobacco; Childcare expenses; Entertainment; Expenses for anyone other than you and your companion; First class, business class and other luxury transportation services; Lodging other than at a hotel or motel; Lost wages; Meals; Personal care and hygiene items; Telephone calls; Tips and gratuities. • Services for non-Members. • Services for which no charge would be made in the absence of insurance. • Services for which no coverage is provided in the Plan's *Benefit Handbook*, this Schedule of Benefits, or the Prescription Drug Brochure (if applicable). • Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor. • Services that are not Medically Necessary. • Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the *Handbook* sections "Your PCP Manages Your Health Care" and "Using Plan Providers". • Taxes or governmental assessments on services or supplies. • Transportation, except for emergency ambulance transport, and non-emergency medical transport needed for transfer between hospitals or other covered health care facilities or from a covered facility to your home when Medically Necessary. • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Prescription Drug Coverage

Tier 1

Generic drugs, certain over-the-counter medications, and selected brand-name drugs

Tier 2

Brand-name drugs without generic equivalents and some high-cost generic drugs

Tier 3

Drugs not in Tier 1 or Tier 2 (non-preferred brands, and highest cost generics)

Your Drug Coverage

What is covered?

- Most generic drugs
- Select brand-name drugs without generic equivalents
- Certain over-the-counter medications

What is not covered?

- Most brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit harvardpilgrim.org/rx. Choose the year and then **Premium 3-Tier** for information on exceptions.

What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition. For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B.*

How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy.

Visit harvardpilgrim.org/rx, choose the year and then **Premium 3-Tier** to find out how your drugs are covered.

What kinds of over-the-counter medications are available in Tier 1?

Tier 1 includes certain cough, cold and allergy medicines; skin treatments (dermatology); stomach medicines (gastrointestinal); pain relievers; and eye preparations (ophthalmic).

How can I get an over-the-counter medication covered under my prescription drug benefit?

Visit harvardpilgrim.org/rx and choose the year and then **Premium 3-Tier**. Use the Prescription Drug Lookup to find out which over-the-counter medications are included in Tier 1. Ask your provider to write a prescription for the generic version and have it filled at a participating pharmacy.

*If you have already tried Drug A or are unable to try Drug A, an exception may be granted.

Prescription Drug Coverage

PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$10 Copayment per prescription or prescription refill Up to a 90-day supply: \$30 Copayment per prescription or prescription refill	\$10 Copayment per prescription or prescription refill
Tier 2	Up to a 30-day supply: \$25 Copayment per prescription or prescription refill Up to a 90-day supply: \$75 Copayment per prescription or prescription refill	\$25 Copayment per prescription or prescription refill
Tier 3	Up to a 30-day supply: \$45 Copayment per prescription or prescription refill Up to a 90-day supply: \$135 Copayment per prescription or prescription refill	\$45 Copayment per prescription or prescription refill

Visit www.harvardpilgrim.org/2024Premium3T for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.





Filling Your Prescriptions

Where can I get my prescriptions filled?

You can get your prescriptions filled at any of the more than 68,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your pharmacy is in the network, visit harvardpilgrim.org/rx, choose the year and then **Premium 3-Tier** to find participating pharmacies.

Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program.

To learn more, visit harvardpilgrim.org/rx, choose the year and then **Premium 3-Tier** for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program.

If you have questions about your prescription drugs, please speak with your doctor.

What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit harvardpilgrim.org/rx for information on our specialty pharmacy program, choose the year and then **Premium 3-Tier** for details.

What do I pay for my medications?

Depending on your plan, your payments — also called “cost sharing” — may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.



Learn more at harvardpilgrim.org/rx or call **888-333-4742** TTY: **711**.



Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum® Home Delivery after **January 1, 2023**.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox – with free standard shipping.
- Talk to a pharmacist 24/7.

Submit your order one of three ways:



Online at
optumrx.com



Via the
Optum Rx app



Call
1-800-860-3161

Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.

Beginning **January 1, 2023**, Optum Rx will be the new pharmacy benefit manager for Harvard Pilgrim Health Care and Tufts Health Plan members.

Optum Home Delivery is a service of OptumRx.

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1. Member and physician information – please use black or blue ink. One form per member.

Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

2. Health history

Medication allergies:	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa
	<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines
Health conditions:	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis
	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease

Over-the-counter medications, vitamins and herbal supplements taken regularly:

3. Payment and shipping information – do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

<input type="checkbox"/> Expedite shipping. Add \$20.00 to order amount (subject to change).	New credit card number
<input type="checkbox"/> Check enclosed. All checks must be signed and made payable to: Optum Rx.	<input type="text"/>
<input type="checkbox"/> Charge to my credit card on file.	Expiration Date (Month/Year)
<input type="checkbox"/> Charge to my new credit card.	<input type="text"/> / <input type="text"/>
	Visa, MasterCard, AMEX and Discover are accepted.

Signature: _____ Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4. Mail this completed order form with your new prescription(s) to Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.



Discover medication savings

As your pharmacy benefit provider, we are always looking for ways to help our members save money. That's why we have created the Savings Center – one place where you can see the medication savings we have found for you.

Here's how it works:



Register for your online account using your member ID card or sign in to optumrx.com to see the actual price you would pay for a drug, plus the expected savings amount. You can:

- Explore generics.
- Switch to Optum® Home Delivery.
- Choose a new pharmacy that fits your needs.
- See the cost for another covered drug.



You may receive an email to alert you when you have savings opportunities. Click the link in the email and sign in to view your personal Savings Center.



Sign in to your account at any time to see if savings are available. Follow a few simple instructions to save.



We find ways you can pay less. Sign in to optumrx.com > Member Tools > Savings Center or scan the QR code to get started.



Coverage for Over-the-Counter Medications






Your health plan includes coverage for certain generic over-the-counter (OTC) medications. This means cost savings on the essentials in your medicine cabinet.

Here's how it works:

- › Use the online lookup tool at [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) to see which OTC medications you take are covered.
- › Ask your provider to write a prescription for the covered medication, for up to a 90-day supply.
- › Bring the prescription to any in-network pharmacy* so that the pharmacist can give you the proper medication.
- › You pay Tier 1 cost sharing instead of the retail price. If you have an HSA plan, you pay either our discounted rate or the retail cost, whichever is lower, until you meet your deductible, and then Tier 1 cost sharing applies.

There's another advantage: because your provider will be giving you a prescription for the OTC medications you take, your medical records will have a more complete medication history.






Below are the types of OTC medications that are covered along with a complete listing by medication:

Type of Therapy	Purpose
 Cough, cold, allergy	<ul style="list-style-type: none"> › Antitussive (cough suppressant) › Expectorant › Nasal decongestant › Antihistamine › Nasal spray
 Dermatology	<ul style="list-style-type: none"> › Anti-fungal › Poison ivy
 Eyes (ophthalmic)	<ul style="list-style-type: none"> › Dry eye › Allergy
 Gastrointestinal	<ul style="list-style-type: none"> › Anti-parasite › H2 blocker (antacid) › Laxative
 Pain	<ul style="list-style-type: none"> › Anti-inflammatory

*Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) to find in-network pharmacy locations near you.

Covered Over-the-Counter Generic Medications

- › When using the lookup tool for your plan's formulary, search by the generic name shown here.
- › Only the generic versions of the product names are covered.
- › Keep in mind that multiple store brands are available as generic drugs.

Type of Therapy	Medication Brand Name	Generic Name
 Cough, cold, allergy	Benadryl tabs, liquid	Diphenhydramine
	Claritin tabs, syrup	Loratadine
	Dextromethorphan liquid, syrup	Guaifenesin
	Nasal crom nasal spray	Cromolyn
	Ocean 0.65% nasal spray	Saline
	Robitussin syrup, liquid	Phenylephrine tablet
	Sudafed tabs, liquid	Pseudoephedrine
	Zyrtec tabs, solution	Cetirizine
 Dermatology	Clotrimazole cream, vaginal cream	Clotrimazole
	Hydrocortisone cream, gel, lotion, ointment, solution (various name brands)	Hydrocortisone
	Miconazole cream, vaginal cream and suppository	Miconazole
	Tolnaftate cream, solution, aerosol	Tolnaftate
 Eyes (ophthalmic)	Artificial tears (various name brands)	Artificial tears
	Zaditor OTC 0.025%	Ketotifen
 Gastrointestinal	Citrate of Magnesium solution	Magnesium citrate
	Dulcolax tabs, suppositories	Bisacodyl
	Fleet Enema	Sodium phosphate
	Metamucil powder	Psyllium
	Miralax powder	Polyethylene glycol 3350
	Pepcid tabs	Famotidine
	Senna 8.6mg tabs	Senna, sennosides
	Tagamet tabs	Cimetidine
 Pain	Ibuprofen 100mg/5mL suspension	Ibuprofen

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Out-of-Area Dependent Coverage

For members enrolled in an HMO plan

If you're enrolled in a Harvard Pilgrim HMO plan that includes out-of-area dependent coverage, you and your covered family members typically must receive care from in-network providers. But did you know these plans provide coverage for dependents under the age of 26 who live outside of Harvard Pilgrim's enrollment area?* With this benefit, they have access to in-network providers and services through Harvard Pilgrim's national provider network with UnitedHealthcare (UHC) Options.

How does out-of-area dependent coverage work?

We provide limited out-of-area dependent coverage because many dependent children attend schools or colleges outside of the enrollment area where participating providers are not available to provide care. Please note that all dependents under the age of 26 (not just students) may be covered by your HMO plan if they live outside of the enrollment area.

How can my dependent take advantage of this benefit?

Before using this benefit, the plan's subscriber must first call Harvard Pilgrim to register the dependent who lives outside of the enrollment area. To do this, please call Member Services at **888-333-4742**.

Is my dependent required to have a primary care provider (PCP) and get referrals to see specialists?

As with all HMO plans, your registered dependent must have a Harvard Pilgrim network PCP on file with us. When the dependent is within the enrollment area (e.g., for school breaks or visits) and need to see a specialist, they must get a referral from their PCP. While living outside of the enrollment area, they do not need a referral from their PCP to see a specialist, but they will need to choose a specialist from the UHC Options network.

How can my dependent find a provider?

To find a provider outside of the enrollment area, they should search the **Dependent Out-of-Area provider directory**, which is listed under the "Standard Plans" section of our online provider directory at **harvardpilgrim.org**.

What services are covered out-of-area?

Your registered dependent can receive most of the same coverage available to them under the plan as though they

were within the enrollment area. Please refer to your Benefit Handbook and Schedule of Benefits for specific coverage information. Bariatric surgery, infertility treatment and fertility services (when covered under your plan) are not covered outside of the enrollment area.

What about behavioral health services?

To find a behavioral health provider outside of the enrollment area, your registered dependent should search the **Dependent Out-of-Area provider directory**.

What cost sharing applies for out-of-area services?

For services received out-of-area, including urgent care, your dependent's cost sharing will follow your plan's Schedule of Benefits. If your plan includes a tiered network, the cost sharing for the highest tier will apply.

Does my dependent need to get prior approval for certain services?

If your dependent requires certain care, like being admitted to a hospital, home infusion or durable medical equipment, they will need to call Harvard Pilgrim at **800-708-4414** to get approval before they receive the service. Please refer to your Benefit Handbook for specific coverage information.

Need assistance?

- › Call Member Services at **888-333-4742** for additional help or to register your dependent under the age of 26.
- › Log in to your online account at **harvardpilgrim.org** to view your plan documents.

* See your plan's Benefit Handbook for information on your enrollment area.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Let's find your doctor.

Use "Find a provider" online, which we update weekly, to find participating doctors, hospitals and other clinicians.

To find Harvard Pilgrim participating providers:

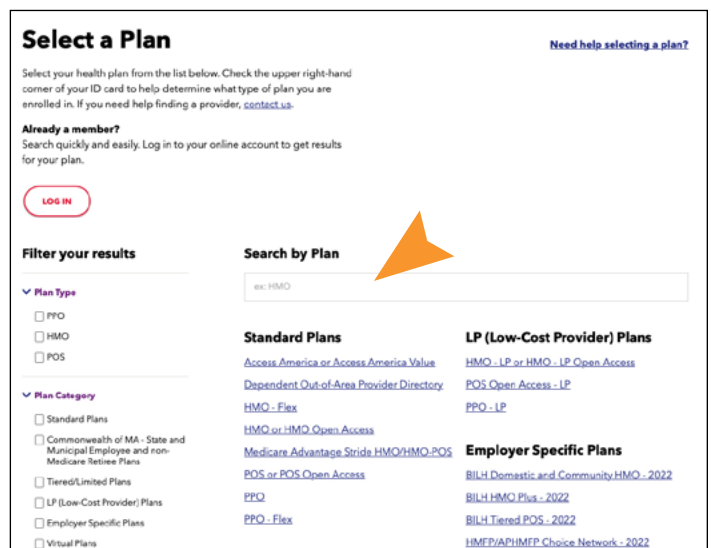
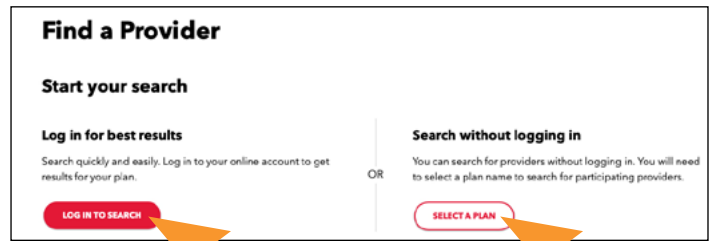
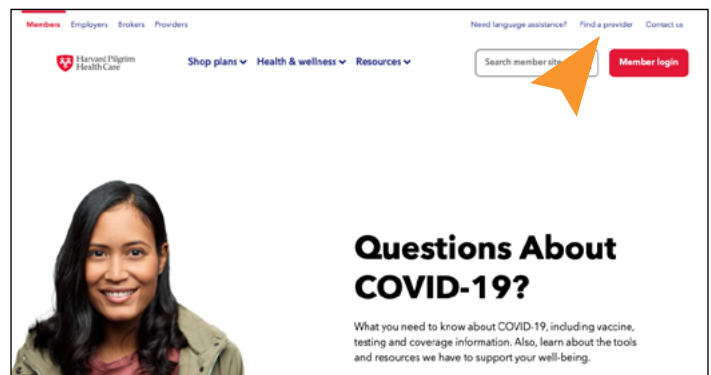
- > Visit harvardpilgrim.org.
- > Click "**Find a Provider.**"
- > If you have created a Harvard Pilgrim member account, click "**Login to search.**" After logging in, you will be taken to your plan's directory.
- > If you don't have a Harvard Pilgrim member account, click "**Select a plan.**" Choose a plan on the page or locate your plan on your ID card or plan documents and type the plan in the search bar.

Within each plan directory, you can search by provider type (primary care providers, specialists, behavioral health providers, hospitals and other care providers) or by specialty.

Need assistance? Call us.

Not yet a member? Call **(800) 848-9995**.

Already a member? Call Member Services at **(888) 333-4742**. For TTY service, call **(800) 637-8257**.



Additional Benefit Details

- ¹ Estimating costs and some other features are not available on the mobile app.
- ² Your health plan may require a referral and/or prior authorization before you receive services from a cost-effective provider. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at 888-333-4742. For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit harvardpilgrim.org/reducemycosts/maine. Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- ³ This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List).
- ⁴ Physicians will not order prescriptions for patients calling from outside the U.S. and they do not provide Schedule I-IV DEA controlled substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.
- ⁵ AbleTo is available to Harvard Pilgrim members. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- ⁶ Valera Health services, Northeast Health Services and Cortica autism services providers are located only in Massachusetts. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- ⁷ This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care.

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way
Canton, MA 02021

866-750-2074, TTY service: 711,
Fax: 617-509-3085

Email: civil.rights@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
hhs.gov/ocr/office/file/index.html

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) សូមជូនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).



Key Terms

Premium

This is the monthly cost of your health insurance coverage.

Cost-sharing

Your out-of-pocket costs for services included within your health plan including copayments, deductibles and coinsurance.

Copayments

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

Deductible

The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

Coinsurance

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

Out-of-pocket maximum

This is a limit on the total amount of cost-sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

In-network

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost-sharing to apply.

Out-of-network

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost-sharing amounts. Typically, you'll save money when you see Tier 1 providers.



Pharmacy Key Terms

Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. We consult with your doctor(s) to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who recommended the medication or service. If the doctor believes the medication or service that requires PA is necessary for your treatment, they may submit a request for coverage to Harvard Pilgrim. We'll cover the medication or service if it meets our medical necessity coverage guidelines.

Step Therapy Authorization (STPA)

An automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered. Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits."

Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

Designated Specialty Pharmacy (SP)

A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits," or contact our Member Services department to help you receive your medication without interruption.

Non-Covered (NC)

Medications that are not currently covered by us. If your provider feels you require this medication, your provider should contact us. They may submit a request for coverage to Harvard Pilgrim. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

New-to-Market Drug Evaluation (NTM)

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drugs until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.

Dear Member,

At Harvard Pilgrim Health Care we strongly believe in whole-person care. Our mission is to ensure that you and your loved ones have access to high-quality health care coverage and services, including medical and behavioral health services, chronic care management, wellness programs, exclusive discounts, and many other great perks. With innovative programs, we focus on enhancing physical and mental well-being whether you're connecting in person or virtually.

We encourage you to use this member guide to:

- Activate your secure member account and download our free mobile app. Your secure member account will offer details on your specific health plan coverage and costs
- Learn more about your care options
- Explore our wellness programs, including discounts and reimbursement opportunities

You can also visit **harvardpilgrim.org** for more information, resources and access to your secure member account.



Maximize Your Health Plan: Digital Tools and More



Secure Member Account and Mobile App

Log in or activate your secure online account at harvardpilgrim.org/create or download the Harvard Pilgrim mobile app¹ to access your health plan benefits information.



Find a doctor or hospital

Log in to your secure account to find a convenient location near you:

- Search for doctors or hospitals by name or location
- Find doctors accepting new patients
- View doctors by specialty such as behavioral health, pediatrics and more



Estimate My Cost

Log in to your secure account to estimate your out-of-pocket costs and get quality care from a provider that will save you money and fit into your budget.



Reduce My Costs

Connect with a nurse at **855-772-8366** when you shop for a wide range of outpatient tests and procedures, including lab work and diagnostic imaging, and earn cash rewards when you select high-quality, cost-effective providers.²



Telehealth provided by Doctor On Demand

Set up your account at **doctorondemand.com/harvard-pilgrim**. Access a Doctor On Demand provider 24/7, by phone or mobile app worldwide³ for everyday care and confidential therapy. Physicians can also order your prescription⁴ at your local pharmacy when medically necessary.



An Integrated Approach to Behavioral Health

Harvard Pilgrim Health Care provides several programs and services, complemented by our extensive network of providers, to support you and your covered family members. Our integrated approach to care allows us to help you improve both your physical and mental well-being for the best outcomes.



Broad Network Providers

In line with our “whole-person” care approach, Harvard Pilgrim members have continuous access to high-quality comprehensive care through our expansive network of medical and behavioral health care providers. Our network covers New England and extends nationwide, offering both in-patient and out-patient services.



NEW: Behavioral health service navigation

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.



Care management programs

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.



Behavioral health programs and services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents and adults:

- Virtual therapy services are available 7 days/week: to support your mental health and well-being. Our services include AbleTo,⁵ Doctor on Demand, and Valera Health⁶, offering licensed therapy, medication management and more.
- Quick and easy access to specialty providers including Cortica,⁶ offering diagnostic, applied behavior analysis (ABA), occupational therapy, speech therapy and social skills under one roof. To provide rapid access appointments, we have partnered with Northeast Health Services,⁶ a virtual and in-person outpatient mental health clinic.
- Substance use treatment services are also available through multiple network providers, including Better Life Partners, and members are supported after inpatient treatment by our internal addiction recovery care management team.

Help is just a phone call away. For assistance with accessing these innovative programs and services, please call the number on the back of your ID card.

If you are experiencing a crisis or emergency, you should always call **911 or go to the nearest emergency facility right away.**

Understand Your Pharmacy Benefits

OptumRx provides Harvard Pilgrim members with retail, mail order and specialty pharmacy services, allowing you to have one pharmacy manager for all pharmacy needs.



Log in to your secure online member account to look up your prescriptions

We cover thousands of different medications, but if your current prescription isn't on our list, talk to your doctor about switching to a covered medication.

Many medications we cover have cost-sharing (copayment, deductible or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized into different tiers. Typically, the lower the tier, the lower your cost. Refer to your prescription drug plan documents for specific cost-sharing details and a description of the tiers.



Check if your prescription has special requirements

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider. Refer to the "Key Terms" section of this Member Guide for full "special requirements" definitions.



Plan ahead if you take maintenance medication

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Harvard Pilgrim, make sure you have enough medication on hand to cover the transition period until your new coverage with Harvard Pilgrim begins.

Check your medication expiration date, refill amount and coverage under Harvard Pilgrim. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



Save money with mail order service

Mail order service provides the convenience of home delivery instead of going to a retail pharmacy. On some plans, your medication may be less expensive if you buy a 90-day supply through this service.

For more information, go to [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx)

Know Your Care Options

Health care isn't one-size-fits-all. From minor cuts to a sore throat or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:



When to visit the Emergency Room

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack or severe abdominal pain.



When to see your Primary Care Provider (PCP)

For non-urgent needs such as preventive screenings, checkups, immunizations or chronic conditions, your PCP knows your medical history and is best suited to coordinate your care. And, they may also offer virtual health care services for even greater convenience.



When to visit an Urgent Care Center

You can stop by an urgent care center without an appointment for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.



When to go to a Retail Clinic

Retail clinics such as CVS MinuteClinic® and Walgreens Health care Clinic are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.



When to use virtual care, through Doctor On Demand

You can request a virtual visit with a U.S.-based doctor 24/7 for non-emergency conditions such as upper respiratory infection, upset stomach or skin rash using live video or voice call via your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.



When to reach out to our Harvard Pilgrim Care Team

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our Care Team of registered nurses and clinical social workers will answer your questions, help you navigate the health care system and support your health and wellness goals at no cost.



Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness and other services related to good health. For more information and details on the different programs and services available, visit harvardpilgrim.org/discounts⁷

Start Living Well Today

Log into harvardpilgrim.org and click "Member Login." If you don't have an account, choose "Create a secure account" to create one. Once logged in, select "Get Started" on the Health & Wellness tile.

- Take your Well-being Assessment
- Earn points towards rewards
- Participate in monthly challenges and activities to build healthy habits



Stay Connected and Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we offer many other ways to connect you with the information you need to live healthier and save money.



Member Newsletter

Our digital member newsletter shares current health topics and benefit highlights including tips to manage your health, recipes and discounts on wellness services. It's delivered to your email inbox and posted on our public website.



Text Messaging

Our text messaging service is your personalized connection to your health plan. Get reminders and notifications about flu shots, as well as updates on exclusive member discounts and perks.



Email Messages

Receive valuable information about your benefits, discount options, new program, and health and well-being opportunities.



Website

The member section of our website is a great place to learn more about the resources, wellness options, care management programs and additional member benefits to keep you and your family healthy. Bookmark the site for easy access [harvardpilgrim.org](https://www.harvardpilgrim.org)



Social Media

Follow our social feeds to keep up with the latest news, tips and stories.



How to get started

Check your secure member account to be sure we have your current email address and mobile telephone number, and we'll ensure you stay informed.





Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at [harvardpilgrim.org](https://www.harvardpilgrim.org). Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on [harvardpilgrim.org](https://www.harvardpilgrim.org), click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at 888-333-4742.

Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

Members: 888-333-4742

Non-members: 800-848-9995

TTY: 711





Medical Coverage & Cost-Sharing Guide

HMO

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim's provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

- › **In-network coverage only**
- › **Referrals needed for most specialists**
- › **PCP required**
- › **Co-payments for most office visits**

A primary care provider (PCP) is key to good health

A PCP is the doctor, nurse practitioner or other qualified medical professional you see for annual checkups and for treatment when you're sick or injured.

- Because this plan requires you to have a PCP, we will assign one to you automatically if we don't have one on file for you or if you don't select one when you enroll.
- You and each of your dependents can choose different PCPs from our network of participating providers.
- Find a PCP or see if your current provider is in our network at [harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory)

Getting care with the HMO plan



Routine and preventive care*

There's no extra charge for routine annual exams with your PCP and many preventive tests and services. Other tests and services your PCP orders may require cost-sharing.



Specialty care

You will need your PCP's referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.



Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.



Behavioral health care**

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.



Care when you're traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.



Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals on most plans.



Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911. Learn more about your care options at [harvardpilgrim.org/urgentcareoptions](https://www.harvardpilgrim.org/urgentcareoptions)

*Preventive services that fall under the federal Affordable Care Act.

**Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.



Cost-sharing overview

No cost-sharing:

Routine & preventive care*

- › Annual checkup with your PCP
- › Preventive screenings and tests
- › Immunizations, including flu shots
- › Routine prenatal and postpartum visits

Cost-sharing may apply:

PCP and specialist visits, diagnostic tests & services, hospital services

- › Visits to your provider when you're sick or injured
- › Diagnostic screenings and tests outside of preventive care
- › X-rays, CT scans and MRIs
- › Inpatient and outpatient hospital care
- › Emergency room visits

What you pay for services

Cost-sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.** Copayments, deductibles and coinsurance are examples of cost-sharing.

Coinsurance: A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

Copayment: A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

Deductible: A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

Out-of-pocket maximum: A limit on the total amount of cost-sharing you pay annually for covered services. This generally includes copayments, deductibles and coinsurance. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

See the Schedule of Benefits for more details on your coverage and cost-sharing amounts.

* Preventive services that fall under the federal Affordable Care Act.

** Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Learn more at [harvardpilgrim.org](https://www.harvardpilgrim.org) or call member services at (888) 333-4742

Get up to \$300 in fitness reimbursement

We'll reimburse you for fees you pay toward a fitness facility or other qualified membership, including virtual fitness subscriptions!



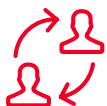
What qualifies for reimbursement?

Fitness reimbursement applies to monthly fees paid to a facility that provides cardiovascular and strength-training equipment for exercising and improving physical fitness (such as health clubs and community fitness centers). Monthly fees for a virtual subscription also qualify for reimbursement (i.e., OmPractice and Peloton memberships).

Qualified facilities also include fitness studios and facilities that offer:

- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Indoor cycling/spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

New! Up to two covered members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150.



Available on plans sold to large employer groups.

Getting reimbursed is simple.

1. Pay your monthly membership or subscription fees
2. After four months of membership, you may complete the Fitness Reimbursement Form; go to www.harvardpilgrim.org/fitnessreimbursement and pick one of these options:



Online

Click on the link to submit your request online.



Mail

Complete the paper form and mail to the address on the form, along with a copy of your fitness membership receipt.

Read on for details ▶

What does not qualify for reimbursement?

The following are not eligible for reimbursement:

- Fees you pay for some group classes or personal training outside of a fitness facility/studio
- Health club initiation fees for instructional dance studios, country clubs, social clubs (such as ski, riding or hiking clubs), spas, gymnastics facilities, martial arts schools, pool-only facilities
- Road race fees, sport camps, ski passes, sports teams or leagues, and school sports athletic user fees

When can I submit my request?

You can request reimbursement:

- Starting May 1 of the current calendar year, and after you've been enrolled in a Harvard Pilgrim plan for four continuous months
- After four months of fitness club membership or virtual fitness subscription
- One per calendar year, submitted by March 31 of the following year

How long will it take to be reimbursed?

Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

For complete guidelines:



Go to

www.harvardpilgrim.org/fitnessreimbursement



Call Member Services at

(888) 333-4742

There is a \$300 maximum reimbursement per family contract for up to two members on the Harvard Pilgrim policy with a maximum of \$150 per member, per calendar year. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement and active fitness club members for at least four months within a calendar year. Restrictions apply. Fitness reimbursement may be considered taxable income. Members should consult your employer or tax advisor.

Vision Benefits & Discount Programs

Vision Benefits

Your Harvard Pilgrim medical plan offers coverage for routine eye exams and other vision services.

Find participating optometrists and ophthalmologists or see if your current provider is in our network by visiting [harvardpilgrim.org](https://www.harvardpilgrim.org) and clicking "Find a provider". Enter "Optometry" or "Ophthalmology" under Search by Specialty.

Review your plan's Schedule of Benefits and Handbook for more details on your vision services coverage and cost-sharing amounts.

Vision Hardware Discount Programs*

Harvard Pilgrim provides several discount programs on vision-related services to help members save.

EyeMed

Visit a participating EyeMed location to purchase a complete pair of glasses and get 35% off the frames. Or, save 20% on any frame or lens options purchased separately, or on any optical accessory. EyeMed discounts are available at participating independent vision shops as well as InStyle Optical, LensCrafters, Pearle Vision and Target Optical locations.

Visionworks

Have your routine eye exam at a participating Visionworks® location in Massachusetts, New Hampshire, New York and Rhode Island and get a free pair of prescription eyeglasses from a select store collection. You must choose and order your free eyewear on the day of your exam.

Harvard Vanguard Medical Associates

For members living in Massachusetts, Harvard Vanguard Medical Associates optical shops offer member discounts on frames and prescription sunglasses.

How to access these discounts:

Find your unique Harvard Pilgrim discount in the [HP secure member portal](#). Show your Harvard Pilgrim member ID card upon arrival for your appointment.

View a complete list of discounts and savings at [harvardpilgrim.org/public/discounts-and-savings](https://www.harvardpilgrim.org/public/discounts-and-savings)



*These savings programs are not insurance products. Rather, they are discounts for programs and services designed to help keep members healthy and active. All programs are subject to change without advance notice. Harvard Pilgrim Health Care does not specifically endorse or recommend, and makes no warranties expressed or implied with respect to the programs and services offered.

Telehealth

Provided by Doctor On Demand

Access virtual health care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world^{1,2} and in less than 15 minutes. Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

Access confidential therapy your way

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription³ at your local pharmacy when medically necessary.



95% case resolution rate



4.5 min average wait time



4.9 out of 5 stars average rating



Providers with 17+ years average experience and diverse background



60%
Female



69%
Parents

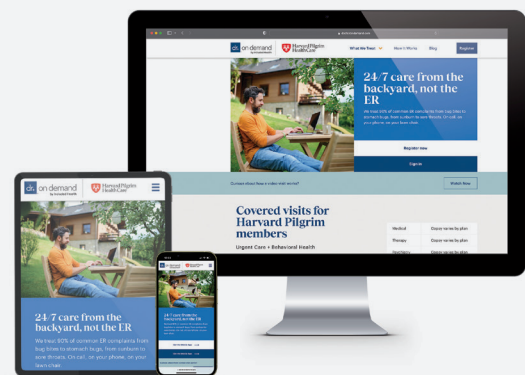


20%
LGBTQ+

What our members are saying:

"With Doctor On Demand I don't have rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

-Harvard Pilgrim Health Care Member



Set up your account at doctorondemand.com/harvard-pilgrim

¹In case of emergency, please call 9-1-1 or visit the nearest emergency department.

²This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

³Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.



Get Confidential Therapy Your Way

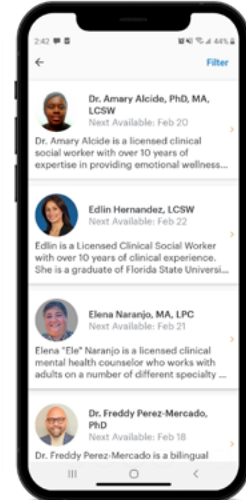
Talk to a Doctor On Demand Provider
and Establish an Ongoing Relationship

From talk therapy to medication¹ management, Doctor On Demand licensed providers are here to support you and your dependents by video or phone visits, with concerns such as anxiety, depression, seasonal affective disorder, or PTSD. Appointments are confirmed in less than 72 hours.

How to request a visit

- › Download the Doctor On Demand app from the **App Store** or **Google Play** and **set up your account**
- › Request a visit and answer a few questions
- › Select the provider of your choice and the appointment that works best for you

"I was able to get a prescription at my local pharmacy and a dr's note stating my return to work date for my employer. Best part, my insurance covered it!" – Lois



More diversity among providers
to improve health equity 60%
female 20% LGBTQ+ BH Specialists

Set up your account at patient.doctorondemand.com/register

When you or your dependents need non-emergency care, talk to a doctor 24/7 and save time and money. You can even receive your prescription at your local pharmacy when medically necessary.

1 dr+ on demand doctors are unable to write prescriptions for controlled substances such as benzodiazepines (e.g. Xanax, Ambien) and stimulants (e.g. Adderall, Ritalin). Please see a doctor in person if you require medication classified as a controlled substance. Testimonial reflects this member's experience.



SmartStart Program

Make your switch to Harvard Pilgrim easier than ever.

New plan. New benefits. Questions answered.



How soon do I get my ID card?



How can I confirm coverage for an upcoming appointment or procedure?



How will my medications be covered?

SmartStart will guide you through enrollment even before your plan is active.



Pre-enrollment phone line

Our pre-enrollment call center dedicated team will help answer your questions about your new benefits and connect you with a nurse care manager when you or your dependents have complex medical conditions —providing needed support even before your new plan is active.

Contact us at SmartStart@harvardpilgrim.org or call (866) 874-0817 for answers to your questions.



Member online secure account

Visit harvardpilgrim.org/create to activate your secure account to quickly and securely access your personal health plan benefits information such as:

- › View your ID card
- › Find a doctor or a hospital
- › Select a Primary Care Provider (PCP)
- › Estimate your out of pocket costs and more

Member Secure Account and Mobile App

Quickly access your benefits

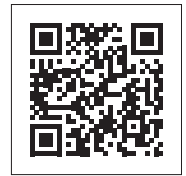
Log in at harvardpilgrim.org/login or activate your secure online account at harvardpilgrim.org/create or via the Harvard Pilgrim mobile app¹, to quickly and securely access your health plan benefits information.

- › Understand your coverage
- › Check your claims, referrals, and authorizations
- › View plan limits, including your out-of-pocket costs
- › Find a doctor or a hospital
- › Select or change your Primary Care Provider (PCP)
- › Estimate your costs²
- › Access health and wellness resources

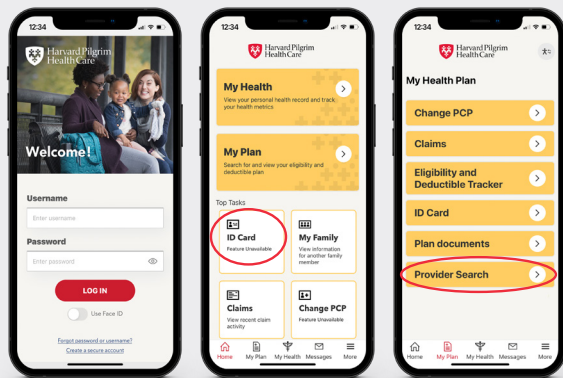
Watch our member secure account video:



English



Spanish



1. Log in to your account at harvardpilgrim.org/login
2. Click "ID card" to view your card. If you are using the app, you can add the ID card to your Apple Wallet or Google Pay by clicking on the "add" button
3. Looking for a new provider? Click "Provider Search"



- › Remember to present your member ID card when receiving health care services, such as office visits, prescription refills or lab tests. This allows your providers to quickly access your health plan benefits and help you get the most out of your plan.

Get started by logging in to your member secure account at harvardpilgrim.org/login

¹ Some features are website features integrated into the mobile app: change PCP, ID Card, Other Documents, Plan Documents. Other features while offered on the website, function differently on the mobile app: claims, eligibility and deductible tracker, and provider search.

² Estimating costs feature is not available on the mobile app



Harvard Pilgrim
Health Care

Wellness Discounts and Perks

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)





Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.¹

NEW in 2024! Wellness Reimbursement²

Harvard Pilgrim is excited to offer our new wellness reimbursement program. Now, you and dependents on your health plan can be reimbursed for a range of qualifying programs, which include:

- Membership fees to gyms or fitness facilities
- Virtual fitness class subscriptions
- Studios or facilities that offer membership or tuition
- Select nutrition and mindfulness meditation programs
- Cardiovascular and strength training equipment
- Seasonal town, club or school athletic fees

The wellness reimbursement is available to members of fully-insured Large Group plans and eligible ASO plans. Check with your employer to confirm program eligibility.



Fitness reimbursement²

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward qualifying gym memberships and virtual fitness class subscriptions. Available to fully-insured Small Group plans and eligible ASO plans.



Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, you also have access to behavioral health care through Doctor On Demand.



Dedicated nurse care managers to guide you

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services — at no cost.





Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,³ followed by 25% off your monthly membership
- Save up to 40% off Ompractice virtual yoga
- Save 20% on your entire order of fitness products at ProSourceFit



Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating
- Save 25% on InsideTracker's science-based, personalized nutrition plan based on your blood test results



Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- Enroll in our Living Well program, and start earning rewards for participating in a variety of informative, fun and interactive activities
- Access free monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,⁴ massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide
- Get 50% off digital subscriptions and courses at [Mindful.org](https://www.Mindful.org)



Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up! Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
- Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes



Vision

Need a new pair of eyeglasses?

- Get discounts on frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers⁵
- Have your routine eye exam at participating Visionworks locations and get a free pair of prescription eyeglasses from a select store collection.⁶ You must choose and order your free eyewear on the day of your exam

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight



Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Get 30%-60% off state-of-the-art technology from top hearing aid manufacturers and hearing solutions for every type of hearing loss from TruHearing
- Get significant savings on hearing aids, a 60-day trial period with money-back guarantee, follow-up care, and a three-year warranty from Amplifon Hearing Health Care



Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Help your family assess needs and find care through Home Instead[®]
- Be Safer At Home (BSAH) offers our members substantially discounted rates on the installation and monthly fees of a Personal Emergency Response System (PERS). PERS provide 24/7 emergency assistance and care, increasing safety and independence
- Save on a variety of services provided by LifeCycle Transitions that help members with chronic health problems stay well at home or transition to a new location
- Save 10% on Vigorous Minds science-based, personalized program for maintaining brain health and quality of life after 50

Additional Benefit Details

- ¹ This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- ² Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply. Reimbursement amounts may vary by employer group.
- ³ At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- ⁴ This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- ⁵ Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- ⁶ Free eyewear program is available only at select participating locations in Massachusetts, Rhode Island, New Hampshire and New York. Offer subject to restrictions; limited to one free pair of eyeglasses per member per year.

Contact us

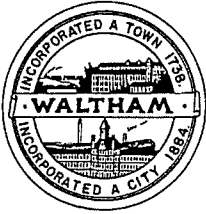
Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon, Tue & Thu: 8am - 6pm

Wed: 10am - 6pm

Fri: 8am - 5:30pm



**CITY OF WALTHAM
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL - KMURPHY@CITY.WALTHAM.MA.US

KRISTIN MURPHY
HUMAN RESOURCES DIRECTOR
WORKERS' COMPENSATION AGENT

RECEIPT OF EMPLOYER INFORMATION

I _____ employed by the _____ department
(First & Last Name) (Department)

Hereby acknowledge and confirm receipt of the following policies:

- Network Use Policy
- Employee Orientation Booklet
- Sexual Harassment Policy
- Drug & Alcohol Policy
- COBRA notice
- Pregnant Workers Fairness Act, FMLA & Parental Leave Notices
- Equal Employment Opportunities (EEO) Notice

Employee Signature:

Date:

All city employees are provided with this Summary of the Conflict of Interest Law for Municipal Employees within 30 days of hire or election, and then annually. All city employees are then required to acknowledge in writing that they received the summary.

All employees must log in and complete the on-line Conflict of Interest/Ethics exam at the following website:

<https://massethicstraining.skillburst.com/User/index.php>

You will receive a certificate once you have completed the training that must be printed or scanned and returned to Human Resources.

Summary of the Conflict of Interest Law for Municipal Employees

This summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation. Municipal employees can obtain free confidential advice about the conflict of interest law from the Commission's Legal Division at our website, phone number, and address above. Municipal counsel may also provide advice.

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what municipal employees may do on the job, after hours, and after leaving public service, as described below. The sections referenced below are sections of G.L. c. 268A.

When the Commission determines that the conflict of interest law has been violated, it can impose a civil penalty of up to \$10,000 (\$25,000 for bribery cases) for each violation. In addition, the Commission can order the violator to repay any economic advantage he gained by the violation, and to make restitution to injured third parties. Violations of the conflict of interest law can also be prosecuted criminally.

I. Are you a municipal employee for conflict of interest law purposes?

You do not have to be a full-time, paid municipal employee to be considered a municipal employee for conflict of interest purposes. Anyone performing services for a city or town or holding a municipal position, whether paid or unpaid, including full- and part-time municipal employees, elected officials, volunteers, and consultants, is a municipal employee under the conflict of interest law. An employee of a private firm can also be a municipal employee, if the private firm has a contract with the city or town and the employee is a "key employee" under the contract, meaning the town has specifically contracted for her services. The law also covers

private parties who engage in impermissible dealings with municipal employees, such as offering bribes or illegal gifts. Town meeting members and charter commission members are not municipal employees under the conflict of interest law.

II. On-the-job restrictions.

(a) Bribes. Asking for and taking bribes is prohibited. (See Section 2)

A bribe is anything of value corruptly received by a municipal employee in exchange for the employee being influenced in his official actions. Giving, offering, receiving, or asking for a bribe is illegal.

Bribes are more serious than illegal gifts because they involve corrupt intent. In other words, the municipal employee intends to sell his office by agreeing to do or not do some official act, and the giver intends to influence him to do so. Bribes of any value are illegal.

(b) Gifts and gratuities. Asking for or accepting a gift because of your official position, or because of something you can do or have done in your official position, is prohibited. (See Sections 3, 23(b)(2), and 26)

Municipal employees may not accept gifts and gratuities valued at \$50 or more given to influence their official actions or because of their official position. Accepting a gift intended to reward past official action or to bring about future official action is illegal, as is giving such gifts. Accepting a gift given to you because of the municipal position you hold is also illegal. Meals, entertainment event tickets, golf, gift baskets, and payment of travel expenses can all be illegal gifts if given in connection with official action or position, as can anything worth \$50 or more. A number of smaller gifts together worth \$50 or more may also violate these sections.

Example of violation: A town administrator accepts reduced rental payments from developers.

Example of violation: A developer offers a ski trip to a school district employee who oversees the developer's work for the school district.

Regulatory exemptions. There are situations in which a municipal employee's receipt of a gift does not present a genuine risk of a conflict of interest, and may in fact advance the public interest. The Commission has created exemptions permitting giving and receiving gifts in these situations. One commonly used exemption permits municipal employees to accept payment of travel-related expenses when doing so advances a public purpose. Another commonly used exemption permits municipal employees to accept payment of costs involved in attendance at educational and training programs. Other exemptions are listed on the Commission's website.

Example where there is no violation: A fire truck manufacturer offers to pay the travel expenses of a fire chief to a trade show where the chief can examine various kinds of fire-fighting equipment that the town may purchase. The chief fills out a disclosure form and obtains prior approval from his appointing authority.

Example where there is no violation: A town treasurer attends a two-day annual school featuring multiple substantive seminars on issues relevant to treasurers. The annual school is paid for in part by banks that do business with town treasurers. The treasurer is only required to make a disclosure if one of the sponsoring banks has official business before her in the six months before or after the annual school.

(c) Misuse of position. Using your official position to get something you are not entitled to, or to get someone else something they are not entitled to, is prohibited. Causing someone else to do these things is also prohibited. (See Sections 23(b)(2) and 26)

A municipal employee may not use her official position to get something worth \$50 or more that would not be properly available to other similarly situated individuals. Similarly, a municipal employee may not use her official position to get something worth \$50 or more for someone else that would not be properly available to other similarly situated individuals. Causing someone else to do these things is also prohibited.

Example of violation: A full-time town employee writes a novel on work time, using her office computer, and directing her secretary to proofread the draft.

Example of violation: A city councilor directs subordinates to drive the councilor's wife to and from the grocery store.

Example of violation: A mayor avoids a speeding ticket by asking the police officer who stops him, "Do you know who I am?" and showing his municipal I.D.

(d) Self-dealing and nepotism. Participating as a municipal employee in a matter in which you, your immediate family, your business organization, or your future employer has a financial interest is prohibited. (See Section 19)

A municipal employee may not participate in any particular matter in which he or a member of his immediate family (parents, children, siblings, spouse, and spouse's parents, children, and siblings) has a financial interest. He also may not participate in any particular matter in which a prospective employer, or a business organization of which he is a director, officer, trustee, or employee has a financial interest. Participation includes discussing as well as voting on a matter, and delegating a matter to someone else.

A financial interest may create a conflict of interest whether it is large or small, and positive or negative. In other words, it does not matter if a lot of money is involved or only a little. It also does not matter if you are putting money into your pocket or taking it out. If you, your immediate family, your business, or your employer have or has a financial interest in a matter, you may not participate. The financial interest must be direct and immediate or reasonably foreseeable to create a conflict. Financial interests which are remote, speculative or not sufficiently identifiable do not create conflicts.

Example of violation: A school committee member's wife is a teacher in the town's public schools. The school committee member votes on the budget line item for teachers' salaries.

Example of violation: A member of a town affordable housing committee is also the director of a non-profit housing development corporation. The non-profit makes an application to the committee, and the member/director participates in the discussion.

Example: A planning board member lives next door to property where a developer plans to construct a new building. Because the planning board member owns abutting property, he is presumed to have a financial interest in the matter. He cannot participate unless he provides the State Ethics Commission with an opinion from a qualified independent appraiser that the new construction will not affect his financial interest.

In many cases, where not otherwise required to participate, a municipal employee may comply with the law by simply not participating in the particular matter in which she has a financial interest. She need not give a reason for not participating.

There are several exemptions to this section of the law. An appointed municipal employee may file a written disclosure about the financial interest with his appointing authority, and seek permission to participate notwithstanding the conflict. The appointing authority may grant written permission if she determines that the financial interest in question is not so substantial that it is likely to affect the integrity of his services to the municipality. Participating without disclosing the financial interest is a violation. Elected employees cannot use the disclosure procedure because they have no appointing authority.

Example where there is no violation: An appointed member of the town zoning advisory committee, which will review and recommend changes to the town's by-laws with regard to a commercial district, is a partner at a company that owns commercial property in the district. Prior to participating in any committee discussions, the member files a disclosure with the zoning board of appeals that appointed him to his position, and that board gives him a written determination authorizing his participation, despite his company's financial interest. There is no violation.

There is also an exemption for both appointed and elected employees where the employee's task is to address a matter of general policy and the employee's financial interest is shared with a substantial portion (generally 10% or more) of the town's population, such as, for instance, a financial interest in real estate tax rates or municipal utility rates.

Regulatory exemptions. In addition to the statutory exemptions just mentioned, the Commission has created several regulatory exemptions permitting municipal employees to participate in particular matters notwithstanding the presence of a financial interest in certain very specific situations when permitting them to do so advances a public purpose. There is an exemption permitting school committee members to participate in setting school fees that will affect their own children if they make a prior written disclosure. There is an exemption permitting town clerks to perform election-related functions even when they, or their immediate family members, are on the ballot, because clerks' election-related functions are extensively regulated by other laws. There is also an exemption permitting a person serving as a member of a municipal board pursuant to a legal requirement that the board have members with a specified affiliation to participate fully in determinations of general policy by the board, even if the entity

with which he is affiliated has a financial interest in the matter. Other exemptions are listed in the Commission's regulations, available on the Commission's website.

Example where there is no violation: A municipal Shellfish Advisory Board has been created to provide advice to the Board of Selectmen on policy issues related to shellfishing. The Advisory Board is required to have members who are currently commercial fishermen. A board member who is a commercial fisherman may participate in determinations of general policy in which he has a financial interest common to all commercial fishermen, but may not participate in determinations in which he alone has a financial interest, such as the extension of his own individual permits or leases.

(e) False claims. Presenting a false claim to your employer for a payment or benefit is prohibited, and causing someone else to do so is also prohibited. (See Sections 23(b)(4) and 26)

A municipal employee may not present a false or fraudulent claim to his employer for any payment or benefit worth \$50 or more, or cause another person to do so.

Example of violation: A public works director directs his secretary to fill out time sheets to show him as present at work on days when he was skiing.

(f) Appearance of conflict. Acting in a manner that would make a reasonable person think you can be improperly influenced is prohibited. (See Section 23(b)(3))

A municipal employee may not act in a manner that would cause a reasonable person to think that she would show favor toward someone or that she can be improperly influenced. Section 23(b)(3) requires a municipal employee to consider whether her relationships and affiliations could prevent her from acting fairly and objectively when she performs her duties for a city or town. If she cannot be fair and objective because of a relationship or affiliation, she should not perform her duties. However, a municipal employee, whether elected or appointed, can avoid violating this provision by making a public disclosure of the facts. An appointed employee must make the disclosure in writing to his appointing official.

Example where there is no violation: A developer who is the cousin of the chair of the conservation commission has filed an application with the commission. A reasonable person could conclude that the chair might favor her cousin. The chair files a written disclosure with her appointing authority explaining her relationship with her cousin prior to the meeting at which the application will be considered. There is no violation of Sec. 23(b)(3).

(g) Confidential information. Improperly disclosing or personally using confidential information obtained through your job is prohibited. (See Section 23(c))

Municipal employees may not improperly disclose confidential information, or make personal use of non-public information they acquired in the course of their official duties to further their personal interests.

III. After-hours restrictions.

(a) Taking a second paid job that conflicts with the duties of your municipal job is prohibited. (See Section 23(b)(1))

A municipal employee may not accept other paid employment if the responsibilities of the second job are incompatible with his or her municipal job.

Example: A police officer may not work as a paid private security guard in the town where he serves because the demands of his private employment would conflict with his duties as a police officer.

(b) Divided loyalties. Receiving pay from anyone other than the city or town to work on a matter involving the city or town is prohibited. Acting as agent or attorney for anyone other than the city or town in a matter involving the city or town is also prohibited whether or not you are paid. (See Sec. 17)

Because cities and towns are entitled to the undivided loyalty of their employees, a municipal employee may not be paid by other people and organizations in relation to a matter if the city or town has an interest in the matter. In addition, a municipal employee may not act on behalf of other people and organizations or act as an attorney for other people and organizations in which the town has an interest. Acting as agent includes contacting the municipality in person, by phone, or in writing; acting as a liaison; providing documents to the city or town; and serving as spokesman.

A municipal employee may always represent his own personal interests, even before his own municipal agency or board, on the same terms and conditions that other similarly situated members of the public would be allowed to do so. A municipal employee may also apply for building and related permits on behalf of someone else and be paid for doing so, unless he works for the permitting agency, or an agency which regulates the permitting agency.

Example of violation: A full-time health agent submits a septic system plan that she has prepared for a private client to the town's board of health.

Example of violation: A planning board member represents a private client before the board of selectmen on a request that town meeting consider rezoning the client's property.

While many municipal employees earn their livelihood in municipal jobs, some municipal employees volunteer their time to provide services to the town or receive small stipends. Others, such as a private attorney who provides legal services to a town as needed, may serve in a position in which they may have other personal or private employment during normal working hours. In recognition of the need not to unduly restrict the ability of town volunteers and part-time employees to earn a living, the law is less restrictive for "special" municipal employees than for other municipal employees.

The status of "special" municipal employee has to be assigned to a municipal position by vote of the board of selectmen, city council, or similar body. A position is eligible to be designated as "special" if it is unpaid, or if it is part-time and the employee is allowed to have another job during normal working hours, or if the employee was not paid for working more than 800 hours

during the preceding 365 days. It is the position that is designated as "special" and not the person or persons holding the position. Selectmen in towns of 10,000 or fewer are automatically "special"; selectman in larger towns cannot be "specials."

If a municipal position has been designated as "special," an employee holding that position may be paid by others, act on behalf of others, and act as attorney for others with respect to matters before municipal boards other than his own, provided that he has not officially participated in the matter, and the matter is not now, and has not within the past year been, under his official responsibility.

Example: A school committee member who has been designated as a special municipal employee appears before the board of health on behalf of a client of his private law practice, on a matter that he has not participated in or had responsibility for as a school committee member. There is no conflict. However, he may not appear before the school committee, or the school department, on behalf of a client because he has official responsibility for any matter that comes before the school committee. This is still the case even if he has recused himself from participating in the matter in his official capacity.

Example: A member who sits as an alternate on the conservation commission is a special municipal employee. Under town by-laws, he only has official responsibility for matters assigned to him. He may represent a resident who wants to file an application with the conservation commission as long as the matter is not assigned to him and he will not participate in it.

(c) Inside track. Being paid by your city or town, directly or indirectly, under some second arrangement in addition to your job is prohibited, unless an exemption applies. (See Section 20)

A municipal employee generally may not have a financial interest in a municipal contract, including a second municipal job. A municipal employee is also generally prohibited from having an indirect financial interest in a contract that the city or town has with someone else. This provision is intended to prevent municipal employees from having an "inside track" to further financial opportunities.

Example of violation: Legal counsel to the town housing authority becomes the acting executive director of the authority, and is paid in both positions.

Example of violation: A selectman buys a surplus truck from the town DPW.

Example of violation: A full-time secretary for the board of health wants to have a second paid job working part-time for the town library. She will violate Section 20 unless she can meet the requirements of an exemption.

Example of violation: A city councilor wants to work for a non-profit that receives funding under a contract with her city. Unless she can satisfy the requirements of an exemption under Section 20, she cannot take the job.

There are numerous exemptions. A municipal employee may hold multiple unpaid or elected positions. Some exemptions apply only to special municipal employees. Specific exemptions may cover serving as an unpaid volunteer in a second town position, housing-related benefits, public safety positions, certain elected positions, small towns, and other specific situations. Please call the Ethics Commission's Legal Division for advice about a specific situation.

IV. After you leave municipal employment. (See Section 18)

(a) Forever ban. After you leave your municipal job, you may never work for anyone other than the municipality on a matter that you worked on as a municipal employee.

If you participated in a matter as a municipal employee, you cannot ever be paid to work on that same matter for anyone other than the municipality, nor may you act for someone else, whether paid or not. The purpose of this restriction is to bar former employees from selling to private interests their familiarity with the facts of particular matters that are of continuing concern to their former municipal employer. The restriction does not prohibit former municipal employees from using the expertise acquired in government service in their subsequent private activities.

Example of violation: A former school department employee works for a contractor under a contract that she helped to draft and oversee for the school department.

(b) One year cooling-off period. For one year after you leave your municipal job you may not participate in any matter over which you had official responsibility during your last two years of public service.

Former municipal employees are barred for one year after they leave municipal employment from personally appearing before any agency of the municipality in connection with matters that were under their authority in their prior municipal positions during the two years before they left.

Example: An assistant town manager negotiates a three-year contract with a company. The town manager who supervised the assistant, and had official responsibility for the contract but did not participate in negotiating it, leaves her job to work for the company to which the contract was awarded. The former manager may not call or write the town in connection with the company's work on the contract for one year after leaving the town.

A former municipal employee who participated as such in general legislation on expanded gaming and related matters may not become an officer or employee of, or acquire a financial interest in, an applicant for a gaming license, or a gaming licensee, for one year after his public employment ceases.

(c) Partners. Your partners will be subject to restrictions while you serve as a municipal employee and after your municipal service ends.

Partners of municipal employees and former municipal employees are also subject to restrictions under the conflict of interest law. If a municipal employee participated in a matter, or if he has official responsibility for a matter, then his partner may not act on behalf of anyone other than

the municipality or provide services as an attorney to anyone but the city or town in relation to the matter.

Example: While serving on a city's historic district commission, an architect reviewed an application to get landmark status for a building. His partners at his architecture firm may not prepare and sign plans for the owner of the building or otherwise act on the owner's behalf in relation to the application for landmark status. In addition, because the architect has official responsibility as a commissioner for every matter that comes before the commission, his partners may not communicate with the commission or otherwise act on behalf of any client on any matter that comes before the commission during the time that the architect serves on the commission.

Example: A former town counsel joins a law firm as a partner. Because she litigated a lawsuit for the town, her new partners cannot represent any private clients in the lawsuit for one year after her job with the town ended.

* * * * *

This summary is not intended to be legal advice and, because it is a summary, it does not mention every provision of the conflict law that may apply in a particular situation. Our website, www.mass.gov/state-ethics-commission, contains further information about how the law applies in many situations. You can also contact the Commission's Legal Division via our website, by telephone, or by letter. Our contact information is at the top of this document.

Version 7: Revised November 14, 2016

Acknowledgement of Receipt of Summary of the Conflict of Interest Law for Municipal Employees

I, _____
, *(first and last name)*

an employee at City of Waltham _____ ,
(name of municipal dept.)

hereby acknowledge that I received a copy of the summary of the conflict of interest law
for municipal employees on _____ .
(date)

Municipal employees should complete the acknowledgment of receipt and return it to the individual who provided them with a copy of the summary. Alternatively, municipal employees may send an email acknowledging receipt of the summary to the individual who provided them with a copy of it.

Join MVCU and enjoy The Benefits of Membership



As an employee of the City of Waltham, you and your family members are eligible to join Merrimack Valley Credit Union (MVCU)!

MVCU is a full-service financial cooperative, owned by and operated for our members. With an MVCU membership, you have access to:

- **Free checking** accounts
- **High Yield savings** accounts
- **Car loans, consumer and personal loans** and **Visa® credit cards**
- **Mortgages and home equity** loans and lines of credit
- Access to **investment and retirement** planning*
- **Insurance** products*

Take Control of Your Financial Life

Our complimentary financial education seminars give you the tools you need to take charge of your financial life. All seminars are held virtually so you can join us from work or home using your desktop, laptop or mobile device. **For a list of seminars and to register, visit rtn.org/financial-education.**

Let us know how we can help you reach your financial goals! For more information, visit mvcu.com/rtn or contact our Business Development team at **781-736-9995** or BizDevelopment@rtn.org.

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NMLS #447563

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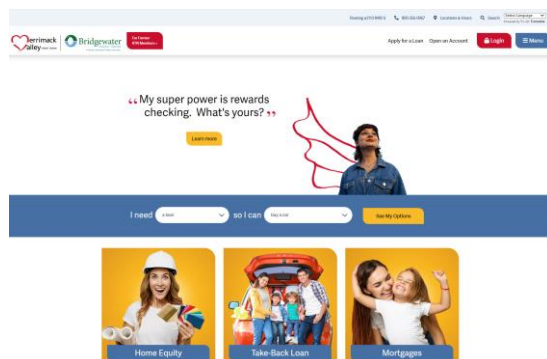
- Monday–Wednesday: 8 am to 4 pm
- Thursday: 8 am to 5 pm
- Friday: 8 am to 4 pm
- Saturday: 8:30 am to 12 pm

Branch phone number: 781-736-9965

Save time and avoid the teller line by using our **Live Video Teller** (available for members who have ATM or Debit cards issued by RTN Federal Credit Union).

A list of all MVCU branch locations and hours is available at mvcu.com.

Go to **mvcu.com** for rates, to open an account, apply for a loan or for information about the Credit Union.



Take advantage of our **high yield savings** accounts and **rewards checking** accounts.



Find out about our **home equity loans/lines of credit** and **mortgages**, including **first-time home buyer programs**.



Your account is accessible anytime through **Mobile, Online and Telephone Banking** and via **ATMs**. You also may access your account at thousands of credit unions nationwide in the **CO-OP Shared Branch** network. Details are at co-opcreditunions.org.

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NMLS #447563

MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION

MCAD Guidance
PREGNANT WORKERS FAIRNESS ACT
Issued 1/23/2018

The Pregnant Workers Fairness Act (“the Act”) amends the current statute prohibiting discrimination in employment, G.L. c. 151B, §4, enforced by the Massachusetts Commission Against Discrimination (MCAD). The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers’ obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant workers.

Under the Act:

- Upon request for an accommodation, the employer has an obligation to communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an “interactive process,” and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the employer.
- An employer must accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the employer. “Undue hardship” means that providing the accommodation would cause the employer significant difficulty or expense.
- An employer cannot require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the employer.
- An employer cannot refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation.
- An employer cannot deny an employment opportunity or take adverse action against an employee because of the employee’s request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- An employer cannot require medical documentation about the need for an accommodation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. An employer, may, however, request medical documentation for other accommodations.
- Employers must provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy, including the right to reasonable accommodations for conditions related to pregnancy, in a handbook, pamphlet, or other means of notice no later than April 1, 2018.

- Employers must also provide written notice of employees' rights under the Act: (1) to new employees at or prior to the start of employment; and (2) to an employee who notifies the employer of a pregnancy or a pregnancy-related condition, no more than 10 days after such notification.

The foregoing is a synopsis of the requirements under the Act, and both employees and employers are encouraged to read the full text of the law available on the General Court's website here:

<https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>.

If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.

PREGNANT WORKERS FAIRNESS ACT

I. PURPOSE & SCOPE

In accordance with the Pregnant Workers Fairness Act, the City of Waltham does not discriminate on the basis of pregnancy and/or pregnancy-related conditions.

II. APPLICABILITY

This policy applies to all employees and prospective employees of the City of Waltham.

III. POLICY

The City will:

1. Upon request for an accommodation, engage with the employee in a timely, good faith and interactive process to determine an effective, reasonable accommodation to enable the employee to perform the essential functions of the employee's job or position while pregnant or experiencing a pregnancy-related condition, without undue hardship to the City;
2. Accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless to do so would pose an undue hardship on the employer. "Undue hardship" means that providing the accommodation would cause the City significant difficulty or expense;
3. Not require a pregnant employee to accept a particular accommodation, or begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the City;
4. Not refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition because of said pregnancy or pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation;
5. Not deny an employment opportunity or take adverse action against an employee because of the employee's request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition;
6. Not require medical documentation regarding the need for an accommodation for: - (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. However, the City may request medical documentation for other accommodations.
7. Provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy upon hire and no more than 10 days after notification to the City of a pregnancy or a pregnancy related condition.

IV. COMPLAINTS OF DISCRIMINATION

If you believe you have been subjected to pregnancy and/or pregnancy-related discrimination, you have the right to file a complaint with the City. This may be done in writing or orally.

If you wish to file a complaint, you may do so by contacting the Human Resources Director at 781-314-3355, or visiting the office at 119 School Street, Waltham, MA 02451. The Director is also available to discuss any concerns you may have and to provide information to you about the policy and complaint process.

V. INVESTIGATION

When the City receives the complaint, it will promptly investigate the allegation in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. The investigation will include a private interview with the person filing the complaint and with witnesses. When the investigation is completed, the City, to the extent appropriate, will inform the person filing the complaint of the results of the investigation.

If it is determined that inappropriate conduct has occurred, the City will act promptly to correct the condition.

VI. RETALIATION

No retaliatory action will be taken against those persons who file complaints of discrimination or against individuals who cooperate in such investigations.

VII. DISCIPLINARY ACTION

If it is determined that inappropriate conduct has been committed by an employee, the City will take such action as is appropriate under the circumstances. Such action may range from counseling to termination from employment and may include such other forms of disciplinary action as it deems appropriate under the circumstances.

VIII. STATE AND FEDERAL REMEDIES

In addition to the above, if you believe you have been subjected to discrimination, you may file a formal complaint with either or both government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (EEOC - 300 days; MCAD - 300 days).

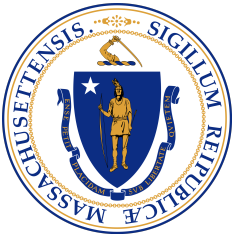
[The United States Equal Employment Opportunity Commission](#) ("EEOC")

(800) 669-4000

[The Massachusetts Commission Against Discrimination](#) ("MCAD")

(617) 994-6000

March 30, 2018



Massachusetts Commission Against Discrimination



PARENTAL LEAVE

An Act Relative to Parental Leave expands the current maternity leave law, G.L. c. 149, § 105D, which is enforced by the Massachusetts Commission Against Discrimination (MCAD). Currently, Massachusetts law requires employers with six or more employees to provide eight weeks of unpaid maternity leave for the purpose of giving birth or for the placement of a child under the age of 18, or under the age of 23 if the child is mentally or physically disabled, for adoption. The new law goes into effect on April 7, 2015 and expands the current leave law in the following ways:

The parental leave law is now gender neutral. Both men and women are entitled to parental leave.

If the employer agrees to provide parental leave for longer than 8 weeks, the employer must reinstate the employee at the end of the extended leave unless it clearly informs the employee in writing before the leave and before any extension of that leave, that taking longer than 8 weeks of leave shall result in the denial of reinstatement or the loss of other rights and benefits.

The law clarifies that the right to leave applies to employees who have completed an initial probationary period set by the terms of employment, but which is not greater than 3 months.

The law provides that if two employees of the same employer give birth to or adopt the same child, the two employees are entitled to an aggregate of 8 weeks of leave.

The law clarifies that an employee seeking leave must provide at least 2 weeks' notice of the anticipated date of departure and the employee's intention to return, but also permits the employee to provide notice as soon as practicable if the delay is for reasons beyond the employee's control.

The law clarifies that an employee on parental leave for the adoption of a child shall be entitled to the same benefits offered to an employee on leave for the birth of a child.

The law expands the notice requirements, mandating that employers keep a posting in a conspicuous place describing the law's requirements and the employer's policies as to parental leave.

Boston: One Ashburton Place, Room 601, Boston, MA 02108; 617-994-6000

Springfield: 436 Dwight Street, Room 220, Springfield, MA 01103; 413-739-2145

Worcester: 484 Main Street, Room 320, Worcester, MA 01608; 508-453-9630

New Bedford: 800 Purchase, Room 501, New Bedford, MA 02740; 508-990-2390

Visit our website for more resources and instructions on filing a complaint: www.mass.gov/mcad

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra>
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/userra/poster> Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date – May 2022

Equal Employment Opportunity is **THE LAW**

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

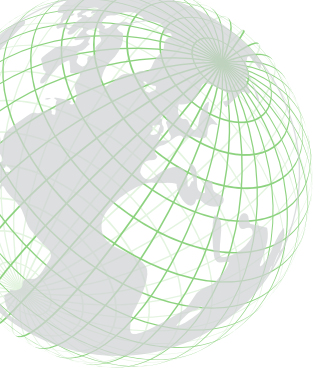
RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



MIIA Employee Assistance Program

EAP 800-451-1834

Financial worries, aging parents, job stress, health issues - Everyone faces challenges from time to time, with your EAP you don't have to face these things alone.

This includes solutions such as:

ANYTIME, ANYWHERE

24/7/365 Telephone Support

PERSONAL ASSISTANT

Our Personal Assistant helps individuals with their "to do" list. It can be difficult to find extra time in the day to manage everyday tasks. We help lighten the load through researching the best options to benefit you and your loved ones.

SERVICES INCLUDE: Entertainment & Dining, Travel & Tourism, Household Errands, Service Professionals

MENTAL HEALTH COUNSELING

When overwhelmed with personal, work or life stressors, mental health counseling can be a lifesaver. Our licensed master's level counselors support you and your household members through difficult times providing confidential assistance 24/7.

WE HELP WITH: Family Conflict, Couples/Relationships, Substance Abuse, Anxiety, Depression

COACHING

We help employees and their household members meet their personal and professional goals by offering Life Coaching as Well as Wellness Coaching. A coach works actively to help individuals assess their current situation then develop goals to meet their stated expectations. A coach is an accountability partner and helps individuals overcome obstacles to achieve goals. **LIFE COACHES HELP**

WITH: Life Transitions, Work/Life Balance, Goal Setting, Improving Relationships

WELLNESS COACHES

HELP WITH: Nutrition, Fitness, Stress Reduction & Tobacco Cessation



WORK/LIFE RESOURCES

Navigating the practical challenges of life, while handling the demands of your job can be stressful. Work/Life resources and referral services are designed to provide knowledgeable consultation and customized guidance to assist with gaining resolution to everyday hurdles.

RESOURCES INCLUDE: Adoption, Elder/Adult Care, Parenting, Child Care, Special Needs Support, Wellness

MEDICAL ADVOCACY

Medical Advocacy is a new approach to maneuvering through the healthcare system. It offers strategies to promote employee health, productivity, and well-being by serving patient populations throughout the entire lifespan and by addressing health problems in every category of disease classification and in all disease stages.

WE HELP WITH: Insurance Navigation, Doctor Referrals, Specialist Referrals, Care Transition, Discharge Planning, Adult Care Coach

LEGAL/FINANCIAL RESOURCES

Legal and Financial resources and referrals are available to connect employees with experienced, vetted professionals in their topical area of legal and financial needs. Benefit includes:

Up to three 30 minute telephone consultations.

RESOURCES INCLUDE: Divorce/Custody, Bankruptcy, Budgeting, Estate Planning/Wills, Personal Injury/Malpractice, Major Life Event Planning

PRIVATE, CONFIDENTIAL, & FREE
FOR YOU AND YOUR HOUSEHOLD MEMBERS

Your participation with your EAP is voluntary and strictly confidential. We do not report back to your employer about the things you discuss in private counseling conversations.

An Advisory from the Attorney General's Fair Labor Division
Concerning M.G.L. c. 149, s. 52E
Employment Leave for Victims and Family Members of Abuse

The Office of the Attorney General (AGO) issues the following Advisory regarding M.G.L. c. 149, section 52E, relative to *Employment Leave for Victims and Family Members of Abusive Behavior* (the "Law"), which was enacted as Section 10 of Chapter 260 of the Acts of 2014, entitled "An Act Relative to Domestic Violence" (the "Act"). This Advisory provides guidance with respect to the Attorney General Office's understanding of and enforcement of the Law. This Advisory is not a formal opinion. Opinions of the Attorney General are formal determinations rendered in specific circumstances not present here. See M.G.L. c. 12, §§ 3, 6, and 9. The Advisory is intended to provide guidance only and does not create any rights or remedies. See M.G.L. c. 12, §§ 3, 6, and 9.

I. Introduction

The Act was signed into law on August 8, 2014, and became effective immediately. It provides several criminal justice and service reforms in the area of domestic violence and creates new employment protections for an employee who is, or whose family member is, a victim of abusive behavior, including domestic violence, or have family members that are victims. The Law requires an employer to provide up to 15 days of paid or unpaid leave for a qualifying employee to seek or obtain medical attention, counseling, victim services or legal assistance; secure housing; obtain a protective order from a court; appear in court or before a grand jury; meet with a district attorney or other law enforcement official; or attend child custody proceedings or address other issues directly related to the abusive behavior against the employee or family member of the employee.

The AGO is responsible for enforcement and is authorized to seek injunctive relief or other equitable relief to enforce the Law.

II. Covered Individuals

This Law applies to public and private employers who employ 50 or more employees in Massachusetts. An employee is defined as an individual "who performs services for and under the control and direction of an employer for wages or other remuneration." A "family member" is defined in the statute as: (i) a parent, step-parent, child, step-child, sibling, grandparent or grandchild; (ii) a married spouse; (iii) persons in a substantive dating or engagement relationship and who reside together; (iv) persons having a child in common regardless of whether they have ever married or resided together; or (v) persons in a guardianship relationship.

III. Responsibility of Employers

A. Notification

Employers must notify each employee of his or her rights and responsibilities under the Law. There is no specified manner by which notification must take place, but examples may include: inclusion in a New Employee manual, an addendum to existing employee manuals, memos to employees, or letters or e-mails to employees. Posting notice may also be in a manner consistent with the requirements of G.L. c.151, §16 and in a conspicuous place.

B. Leave

An employer must permit an employee to take up to 15 days of paid or unpaid leave from work in any 12 month period if all the following criteria are met:

- (i) the employee, or a family member of the employee, is a victim of abusive behavior as defined in the Law;
- (ii) the employee is using the leave from work to: seek or obtain medical attention, counseling, victim services or legal assistance; secure housing; obtain a protective order from a court; appear in court or before a grand jury; meet with a district attorney or other law enforcement official; or attend child custody proceedings or address other issues directly related to the abusive behavior against the employee or family member of the employee; and
- (iii) the employee is not the perpetrator of the abusive behavior.

The employer has sole discretion to determine whether any leave taken under the Law is paid or unpaid.

C. Confidentiality of Documents

An employer can request that an employee provide documentation evidencing that the employee or employee's family member has been a victim of abusive behavior, and that the leave is or has been taken consistent with the Law. The types of documents an employee can provide are described in Section IV of this Advisory, below.

An employer is required to keep confidential all information related to the employee's leave under the Law. This information shall not be disclosed by the employer, except to the extent that disclosure is:

- (i) requested or consented to, in writing, by the employee;
- (ii) ordered to be released by a court;
- (iii) otherwise required by applicable federal or state law;
- (iv) required in the course of an investigation authorized by law enforcement; or
- (v) necessary to protect the safety of anyone employed at the workplace.

Any documentation provided to an employer under the Law may be maintained by the employer in the employee's employment record but only for as long as required for the employer to make a determination as to whether the employee is eligible for leave.

Massachusetts Smoke-Free Workplace Law and Municipal Buildings and Municipal Vehicles

(M.G.L. Chapter 270, section 22)

The Smoke-Free Workplace Law, M.G.L. Ch. 270, §22, mandates that enclosed workplaces with one or more employees must be smoke-free. The state law's intent is to protect workers in enclosed workplaces from secondhand smoke exposure. The full text of the law and additional information is available at www.mass.gov/dph/mtcp.

Are municipal buildings required to be smoke-free?

All city and town buildings and vehicles (such as police department, fire department, and public works) owned, leased, or operated by the Commonwealth, or any political subdivision thereof, must be smoke-free. A *Political Subdivision* in Massachusetts includes counties, cities and towns.

Does the law require a smoker to stand a specific distance away from municipal building entrances?

No, the state law does not require smokers to stand a specific distance away from a public building. However, smoke cannot migrate back into the workplace. Any smoke that migrates back into the building is considered a violation of the law. Contact your local board of health because some municipalities have local regulations, ordinances, or bylaws that require smokers to stand a minimum specific distance from public buildings.

Can someone smoke in his/her private office in a state or municipal workplace?

No, the state law specifically prohibits smoking in private offices in a building or space owned, leased, or otherwise operated by the commonwealth or by a municipal or county government.

Is smoking allowed on public school property and in school buses, even when school is not in session or students are not on the bus?

Public school buildings, facilities, grounds, and buses must be smoke-free at all times, including those times when school is not in session. For more information, a fact sheet on schools and the new smoke-free law is available at <http://www.mass.gov/dph/mtcp>.

Are municipal vehicles required to be smoke-free even if all the occupants consent to smoking?

Yes, the state law specifically prohibits smoking in all owned and leased state and municipal vehicles. However, if the municipal hires a subcontractor to perform a service using a private vehicle owned by the subcontractor, the subcontractor is allowed to smoke, except if the service is performed in municipal buildings or on municipal school property. For example, if the municipality hires a subcontractor to plow snow with his/her own equipment, the contractor cannot smoke while the service is performed on school property owned, or leased by the city or town.

Am I required to post *No Smoking* signs in areas where smoking is prohibited?

Yes, *No Smoking* signs must be posted in locations that are clearly visible to all employees and visitors while in the work place. Signage for both buildings and vehicles are available at your local board of health or at <http://www.mass.gov/dph/mtcp>.

Who enforces the Smoke-free Workplace Law?

The law requires that the owner, operator, manager or person in charge to ensure that employees and the general public comply with the law. The local health department/board of health can respond to complaints received and may conduct periodic inspections. A local health department/board of health, a local inspection department, a municipal government or its agent, the Massachusetts Department of Public Health and the Alcoholic Beverage Control Commission can enforce the law. The Massachusetts Department of Public Health has established a complaint and information line at 1-800-992-1895.

If you smoke and would like to quit, or know someone who wants to quit, call the Massachusetts Smokers Helpline for free helpful information at 1-800-QUIT-NOW (1-800-784-8669), or visit www.makesmokinghistory.org.

For additional information contact the Massachusetts Department of Public Health 1-800-992-1895
TDD/TTY 617-624-5992 | www.mass.gov/dph/mtcp



Information on Employees' Unemployment Insurance Coverage

City of Waltham

78303620

Employer name

Employer DUA ID #

119 School Street Waltham, MA 02451

Address

Employees of this business or organization are covered by Unemployment Insurance (UI), a program financed entirely by Massachusetts employers. No deductions are made from your salary to cover the cost of your Unemployment Insurance benefits.

If you lose your job, you may be entitled to collect Unemployment Insurance. Outlined below is the information you need in order to apply for Unemployment Insurance (UI) benefits. Before you file, your employer will give you a copy of the pamphlet: *How to Apply for Unemployment Insurance Benefits*, provided by the Massachusetts Department of Unemployment Assistance (DUA).

You must be in the United States, its territories, or Canada when filing a claim or certifying for weekly UI benefits.

There are two ways to apply for UI Benefits:



Apply by Using UI Online

UI Online is a secure, easy-to-use, self-service system. You can apply for benefits, reopen an existing claim, request weekly benefit payments, check your claim status, sign up for direct deposit, update your address, and even file an appeal online. To apply for benefits using UI Online, go to www.mass.gov/dua, and select *UI Online for Claimants*, and complete the required information to submit your application.



Apply by calling the TeleClaim Center

Unemployment Insurance services are available by telephone. You can apply for Unemployment Insurance benefits, reopen a current claim, obtain up-to-date information on the status of your claim and benefit payment, resolve problems, and sign up for direct deposit — all by telephone. To apply for benefits by telephone, call the TeleClaim Center at 1-877-626-6800 from area codes 351, 413, 508, 774, and 978; or 1-617-626-6800 from any other area code. You will be asked to enter your Social Security Number and the year you were born. You will then be connected to an agent who will take the information necessary to file your claim.

Note: During peak periods from Monday through Thursday, call scheduling may be implemented, providing priority for callers based on the last digit of their Social Security Number. This helps ensure that you and others can get through to the TeleClaim Center in a timely manner. Please check the schedule on the right before calling.

If the last digit of your Social Security Number is:	Assigned day to call Teleclaim is:
0, 1	Monday
2, 3	Tuesday
4, 5, 6	Wednesday
7, 8, 9	Thursday
Any last digit	Friday

This document contains important information. Please have it translated immediately.

В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.

Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.

Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.

Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.

Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.

ເອກະສານສະບັບນີ້ ບັນຈຸຂໍ້ມູນສຳຄັນ.

ກະລຸນາເອົາເອກະສານສະບັບນີ້ໄປແປອອກ ຢ່າງບໍລິຊື້.

ឯកសារនេះមានຄຳສັ່ງທີ່ສຳຄັນ ແລະ ຈຳເປັນ ຈຶ່ງຖືກສົ່ງມາໃຫ້ທ່ານ.

សូមបកប្រែវាជាបន្ទាន់ ។

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.

此文件含有重要信息。請立即找人翻譯。

تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً!

IMPORTANT: Massachusetts General Law, Chapter 151A, Section 62A requires that this notice be displayed at each site operated by an employer, in a conspicuous place, where it is accessible to all employees. It must include the name and mailing address of the employer, and the identification number assigned to the employer by the Department of Unemployment Assistance .

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For hearing-impaired relay services, call 711.

NOTICE
TO
EMPLOYEES



NOTICE
TO
EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111

(617) 727-4900 – www.mass.gov/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

City of Waltham - Self Insured

NAME OF INSURANCE COMPANY

FutureComp

ADDRESS OF INSURANCE COMPANY

N/A

10/1/2019 - present

POLICY NUMBER

EFFECTIVE DATES

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

City of Waltham

119 School Street, Waltham, MA 02451

781-314-3355

EMPLOYER

ADDRESS

Kristin Murphy

119 School Street, Waltham, MA 02451

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

AFC Ugent Care,

1030 Main Street, Waltham MA

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER

