



CAMBRIDGE
PUBLIC SCHOOLS

Vision Insurance



Retirement plans

Life Insurance



Employee Benefits Summary & Health Insurance Plan Comparison

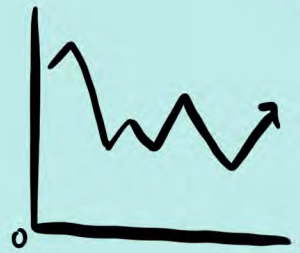
Dental
Insurance



Health
Insurance



Deferred
Compensation
Plans



Dependent Care
and Medical
Flexible
Spending
Accounts



CAMBRIDGE HEALTH INSURANCE PLAN COMPARISON

(Rates effective 4/1/2023)

EMPLOYEE MONTHLY CONTRIBUTION	BLUE CHOICE	BLUE CHOICE OUT OF NETWORK	HMO BLUE	HARVARD PILGRIM	TUFTS HEALTH PLAN
15% (Clerks hired before July 1, 2012, Family Liaisons and Paraprofessionals hired before April 1, 2013)	\$214.78 (Individual) \$547.70(Family)	\$500 per member (\$1,000 per family) calendar year deductible before benefits are paid. When deductible is met, Plan pays 100% after out-of-pocket maximum (\$1,500 individual; \$2,000 family)	\$160.19 (Individual) \$410.15 (Family)	\$143.88 (Individual) \$389.92 (Family)	\$119.52 (Individual) \$322.73 (Family)
18% (Safety Specialists and Custodians hired before July 1, 2012)	\$257.74 (Individual) \$657.24 (Family)		\$192.22 (Individual) \$492.18 (Family)	\$172.66 (Individual) \$467.90 (Family)	\$143.43 (Individual) \$387.27 (Family)
19% (Food Service Workers hired before July 1, 2012)	\$272.05 (Individual) \$693.75 (Family)		\$202.90 (Individual) \$519.52 (Family)	\$182.25 (Individual) \$493.90 (Family)	\$151.39 (Individual) \$408.79 (Family)
20% (Teachers and Unit B Administrators, Non-union employees hired before September 1, 2011)	\$286.38 (Individual) \$730.26 (Family)		\$213.38 (Individual) \$546.86 (Family)	\$191.84 (Individual) \$519.89 (Family)	\$159.36 (Individual) \$430.30 (Family)
25% (Clerks, Custodians, Food Service Workers and Safety Specialists hired on or after July 1, 2012; Paraprofessionals and Family Liaisons hired on or after April 1, 2013; Non-Union employees hired on or after September 1, 2011)Extended Term Substitutes, Building Substitutes; Teachers hired on or after September 1, 2014	\$357.97 (Individual) \$912.83 (Family)		\$266.98 (Individual) \$683.58 (Family)	\$239.81 (Individual) \$649.87 (Family)	\$199.20 (Individual) \$537.88 (Family)
COVERED SERVICES					
Inpatient Care					
In-hospital, semiprivate room and board, surgical and special services	100% coverage	80% coverage	100% coverage	100% coverage	100% coverage
Outpatient Care					
Routine wellness check-ups or physicals	No co-pay	80% coverage	No co-pay	No co-pay	No co-pay
Office visits, Specialist Consultations,	\$25 co-pay	80% coverage	\$25 co-pay	\$25 co-pay	\$25 co-pay
X-rays and laboratory tests	100% coverage	80% coverage	100% coverage	100% coverage	100% coverage
High tech Imaging Tests (CAT, PET scans, MRIs)	\$25 co-pay	80% coverage	\$25 co-pay	\$25 co-pay	\$25 co-pay
Short-term physical, speech, and occupational therapy	\$25 co-pay	80% coverage	\$25 co-pay	\$25 co-pay	\$25 co-pay
Additional Services					
Ambulance	100% coverage	80% coverage	100% coverage	100% coverage	100% coverage
Emergency Room	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
Durable Medical Equipment	80% coverage	80% coverage	80% coverage	100% coverage	70% coverage (80% w/o limit for prosthesis)
Prescription Drugs					
Direct Purchase (up to 30 day supply)	\$10 co-pay: Generic; \$30 co-pay Preferred brand;	\$10 co-pay: Generic; \$30 co-pay Preferred brand; \$50 co-	\$10 co-pay: Generic; \$30 co-	\$10 co-pay: Generic; \$30 co-pay: Brand	\$10 co-pay: Generic; \$30 co-pay Preferred

CAMBRIDGE HEALTH INSURANCE PLAN COMPARISON

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Mail Order (up to 90 day supply)	\$50 co-pay: Non-preferred brand.	pay: Non-preferred brand.	pay Preferred brand; \$50 co-pay: Non-preferred brand.	formulary; \$50 co-pay: Brand non-formulary.	brand; \$50 co-pay: Non-preferred brand.
	Same	Same	Same	\$20 co-pay: Generic; \$60 co-pay: Brand formulary; \$150 co-pay: Brand non-formulary	\$20 co-pay: Generic; \$60 co-pay: Preferred brand; \$100 co-pay: Non-preferred brand.
Plan Website & Plan Telephone Number	www.bcbsma.com 800-782-3675	www.bcbsma.com 800-782-3675	www.bcbsma.com 800-782-3675	www.harvardpilgrim.org 888-333-4742	www.tuftshealthplan.org 800-462-0224
CONTACT: CPS Benefits Office:	617-349-6440 tahmed@cpsd.us	REMINDER: Health insurance enrollment must occur within 30 days of starting employment, or you must wait until the next Open Enrollment period. <i>Don't delay!</i>			

Do You Have Health Insurance Coverage Under Your Spouse, Parent, Mass Health or Another Plan? You May Be Eligible to Receive Health Insurance Waiver Payments!

If you have health coverage in a plan other than the City of Cambridge, you may be eligible for a Health Insurance Waiver payment by signing up for the waiver payment within the first thirty (30) days of your employment, or subsequently during an Open Enrollment period.

Annual health insurance waiver payments range from \$1000 to \$1800 depending upon your employee classification and/or union category, with pro-rated amounts paid monthly to you in your paycheck. To enroll in the Health Insurance waiver option, contact the CPS Employee Benefits Office in HR (617-349-6440; tahmed@cpsd.us). Proof of alternative coverage must be provided to the CPS Benefits Office at the time of enrollment.

RETIREMENT PLAN AND MANDATORY DEFERRED COMPENSATION PLAN
Enrollment is Required for Eligible Employees

Massachusetts Teachers Retirement System (MTRS): Teachers and administrators who are licensed through the state Department of Elementary and Secondary Education (DESE) are required to enroll in the Massachusetts Teachers Retirement Plan at the time of hire or appointment to a qualified position. The required form and instructions for enrolling online are available from the CPS Office of Human Resources. Information on the provisions of this Plan may be obtained by contacting the MTRS at 617-679-6877. Contributions are made through payroll deduction. (www.mass.gov/mtrs/)

City of Cambridge Retirement System: Other regularly appointed employees who work a minimum of 20 hours per week (1000 hours per year) are required to enroll in the Cambridge Contributory Retirement System at the time of hire or upon regular appointment to a position of 20 hours+/week. This Plan provides for vested minimum retirement as early as age 55 with ten (10) years of creditable service. Contributions are made through payroll deduction. Detailed information regarding employee contributions, vesting, plan administration, etc. is available through the Cambridge Retirement Board. (617-868-3401; www.cambridgeretirementma.gov)

Mandatory Deferred Compensation Plan (DCP): Federal law requires that staff members who are not eligible for participation in the MTRS or City of Cambridge Retirement plans (e.g. Substitute Teachers, temporary employees, etc.) must participate in a mandatory Deferred Compensation Plan (DCP) in lieu of Social Security. Under DCP, 7.5% of wages are invested on a tax-deferred basis in one of two investment options selected by the City of Cambridge. These mandatory contributions continue as long as the employee is employed by the School Department and is not a member of the retirement system. If employment by the School Department terminates, the participant may elect to leave the funds in the plan and earn tax-deferred interest or withdraw the funds and pay taxes on the income.

Voluntary Deferred Compensation 403 (B) Plan Enrollment in this plan is voluntary. The City's 403(B) Plan allows employees to invest a portion of their wages on a tax-deferred basis to a supplemental retirement savings account through payroll deduction. Contributions to the plan are invested in a variety of investment instruments such as stock and bond funds, guaranteed accumulation accounts, and money market funds. All CPS employees may generally enroll or change their level of contribution at anytime online, through PenServ, the third party administrator. Additional information on how to enroll is available from the Office of Human Resources (617-349-6435).

CAMBRIDGE HEALTH INSURANCE PLAN COMPARISON

(Rates effective 4/1/2023)

Dental Insurance DELTA DENTAL

\$34.67/month Ind. & Fam.

Type I Preventive Care and Type II Basic Restorative Care

- Cleanings
- X-rays
- Fillings
- 100% coverage
- Deductible: \$50 individual; \$150 family

Type III Major Restorative Care

- Prosthodontics
 - Dentures
 - Fixed bridges
 - Crowns
- 50% coverage
- Deductible: \$50 individual; \$150 family

\$2,250 per person calendar year maximum for all services.

Orthodontics

\$3,000 per person lifetime maximum for orthodontics

Optional Life Insurance

Group Life Insurance Benefits

The City of Cambridge group life insurance is provided under a policy with the Boston Mutual Life Insurance Company. Available benefits are:

Basic Life Insurance in the amount of \$5,000 with an employee contribution of 25% (\$2.00/month).

Voluntary Group Life Insurance in increments of \$10,000 up to a maximum of \$100,000. Monthly rates are based on age.

Eligibility:

You are eligible for life insurance if you are a regularly appointed employee in a permanent position budgeted for 20 hours or more per week. These plans are term insurance, paying benefits only in case of death, and accumulating no cash value.

Enrollment:

Eligible employees must apply to enroll in life insurance plans, if interested, within thirty (30) days of your date of hire. Enrollment forms are available in the Benefits Office, HR, at 135 Berkshire Street.

Coverage Begins:

Upon enrollment, your life insurance benefits begin the first of the month after the month in which you are hired.

NOTE: Eligible employees must be enrolled in Basic Life Insurance in order to be eligible to enroll in the Voluntary Group Life Insurance Plan.

Vision Benefits

Certain support staff are eligible for vision coverage under the Cambridge Public Employees Dental & Vision Fund, which reimburses for vision services as follows:

Up to \$450 in a 24-month period towards lenses, frames, and/or contact lenses for you and covered dependents age fourteen (14) and over.

Up to \$450 in a 12-month period towards lenses, frames, and/or contact lenses for covered dependents under age fourteen (14).

Dependent Care and Medical Flexible Spending Accounts (FSA)

All non-union employees; members of CEA Units A, B, C, E (teachers, administrators, clerks, and paraprofessionals); custodians; and family liaisons are eligible to participate in a Flexible Spending Account (FSA) program that allows an employee to voluntarily set aside up to \$3,050 in pre-tax dollars to pay for unreimbursed out-of-pocket medical or dental expenses (including co-payments, vision care, dental care such as orthodontia; and certain over the counter medications). Additionally up to \$5,000 pre-tax may be set for dependent care expenses (e.g. expenses incurred in providing day care for your child(ren) and/or adoption fees. Contact the Benefits Office, HR (617-349-6440) for additional information.