

2023



BENEFITS OVERVIEW



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benefit services

Benefits Highlights

The employee benefits made available to you through Reiser have evolved by listening to our employees, and by making it a top priority to offer you the most comprehensive benefit package possible. The information in this brochure describes the highlights of the benefits offered to full-time employees.

Medical			
Carrier:	Blue Cross and Blue Shield of MA		
Plan Type:	Blue Care Elect PPO with Coinsurance and HCCS		
Effective Date:	30 days from date of hire		
Plan Design:	Low Cost Share	High Cost Share	Out-of-network
Office Visit:	No Charge	No Charge	20% coinsurance after deductible
Preventative:	No Charge	No Charge	20% coinsurance after deductible
Office Visits:	\$25 co-payment	\$25 co-payment	20% coinsurance after deductible
Specialist Visits:	\$25 co-payment	\$25 co-payment	20% coinsurance after deductible
Chiropractic Visits:	\$25 co-payment	\$25 co-payment	20% coinsurance after deductible
PT/ST/OT Visits:	\$25 co-payment	\$25/\$60*co-payment (*hospital)	20% coinsurance after deductible
Acupuncture Visits (12/calendar yr.)	\$25 co-payment	\$25 co-payment	20% coinsurance after deductible
Emergency Room:** (Waived if admitted)	\$250 co-payment	\$250 co-payment	\$250 co-payment
RX 30 Day Retail Supply:	\$15 Generic \$30 Preferred \$50 Non-Preferred Specialty Drugs-Rx Pillar will contact member for costs	\$15 Generic \$30 Preferred \$50 Non-Preferred Specialty Drugs-Rx Pillar will contact member for costs	Not covered
RX 90 Day Mail Order Supply:	\$30 Generic \$60 Preferred \$100 Non-Preferred Specialty Drugs-Rx Pillar will contact member for costs	\$30 Generic \$60 Preferred \$100 Non-Preferred Specialty Drugs-Rx Pillar will contact member for costs	Not covered
Inpatient Hospital Services:***	35% coinsurance after deductible	45% coinsurance after deductible	55% coinsurance after deductible
Outpatient Hospital Services:***	35% coinsurance after deductible	35% coins after deductible @ hosp. 45% coin after deductible all others	55% coinsurance after deductible
MRI, CT & PET Scans:**	35% coinsurance after deductible	45% coins after deductible @ hosp. 35% coin after deductible all others	55% coinsurance after deductible
Diagnostic X-Ray, Lab's, MRI's:***	35% coinsurance after deductible	45% coins after deductible @ hosp. 35% coin after deductible all others	55% coinsurance after deductible
Durable Medical Equipment:***	35% coinsurance after deductible	35% coinsurance after deductible	55% coinsurance after deductible
Plan Year Maximum:	\$ 7,500 Individual \$15,000 Family	\$ 7,500 Individual \$15,000 Family	\$ 7,500 Individual \$15,000 Family
Plan Year Rx Maximum:	\$1,000 Individual/\$2,000 Family	\$1,000 Individual/\$2,000 Family	\$1,000 Individual/\$2,000 Family
Contributions:	Premium cost is shared by employer and employee based on salary level		
**Reiser will reimburse the employee directly \$100 of the \$250 ER copayment. A Claim Summary from Blue Cross or detailed bill for the Hospital ER must accompany the HRA ER Copayment Claim Form. Please forward to Baystate Benefit Services for processing.			
***Reiser has established a Health Reimbursement Account (HRA) to cover 100% of the individual and family deductible and coinsurance charges when services are rendered at an in-network or out-of-network hospital. Employees and/or their dependents that receive services at a BCBS designated Massachusetts and Southwestern Vermont Medical Center High Cost Share Hospital will be responsible for 25% of the co-insurance amount.			

Dental	
Carrier:	Blue Cross Blue Shield of MA
Plan Type:	Dental Blue Program 2
Effective Date:	30 days from date of hire
Preventative Services:	100% coverage
Basic Services:	80% coverage
Major Services:	50% coverage
Calendar Year Deductible:	\$50 Individual/\$150 Family Waived for Preventative Services
Calendar Year Maximum:	\$1,000
Orthodontics:	50% coverage up to age 19 \$1,000 Lifetime Maximum
Contributions:	Premium cost is shared by employer and employee based on salary level

Life Coverage	
Carrier:	Symetra Life Insurance Company
Effective Date:	30 days from date of hire
Life Coverage:	1 x salary, \$50,000 maximum
AD&D Coverage:	Provides an additional benefit equal to \$100,000
Age Reduction Schedule:	50% @ age 70
Contributions:	Employer paid
Optional Life:	Additional Life benefit may be purchased at an additional cost for the employee, his/her spouse, and/or dependents
Employee:	\$5,000 increments up to 5 x salary or \$500,000; \$150,000 Guaranteed Issue
Spouse:	\$5,000 increments up to \$150,000 maximum not to exceed 50% of EE's election; \$25,000 Guaranteed Issue
Child(ren):	\$5,000 increments up to \$10,000 maximum. \$10,000 Guaranteed Issue
Contributions:	Employee Paid

Vision

Carrier:	EyeMed Vision Care
Plan Type:	Vision
Effective Date:	30 days from date of hire
Exam: (once every 12 months)	\$10 co-pay
Frames: (once every 24 months)	\$0 co-pay, \$130 allowance, 20% discount over \$130
Standard Plastic Lenses (every 12 months)	Starting at \$25 co-pay
Lens Options:	Starting at \$15
Contact Lenses: (once every 12 months)	Conventional: \$0 co-pay, \$130 allowance, 15% off balance over \$130 Disposable: \$0 co-pay, \$130 allowance, plus balance over \$130 Medically Necessary: Paid in full
Laser Vision Correction:	Lasik or PRK from US Laser Network: 15% off retail price or 5% off promotional price
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyewear purchases, 20% off non-prescription sunglasses and 20% off remaining balance beyond plan coverage
Contributions:	Employee Paid



401K

Carrier:	Fidelity Investments Plan guidance with IBG Financial Partners
Eligibility Waiting Period:	1 month of service
Employee Contribution:	Maximum 60% of salary up to annual IRS limits
Employer Contribution:	Match of 50% on the first 4% of the employee contribution Annual discretionary contribution
Vesting:	6 year graduated vesting schedule

Short Term Disability

Carrier:	Symetra Life Insurance Co.
Effective Date:	6 months from date of hire
Benefit Begins:	8th day accident 8th day illness
Weekly Benefit:	60% of salary
Maximum Weekly Benefit:	\$1,500
Duration:	13 weeks
Pre-existing Clauses:	None
Contributions:	Provided at no cost by the company

Long Term Disability

Carrier:	Symetra Life Insurance Co.
Effective Date:	30 days from date of hire
Elimination Period:	90 Days
Monthly Benefit:	60% of salary
Maximum Monthly Benefit:	\$12,200
Survivor Benefit:	3 times last monthly payment
Duration:	To age 65 or SSNRA**
Pre-Existing Clauses:	3/12 Months*
Contributions:	Employee Paid
*Any condition treated up to 3 months prior to effective date of coverage will not be a covered benefit until coverage has been in force 12 months.	
**Social Security Normal Retirement Age	

Flexible Spending Accounts/QTE

Pay for the following items with TAX-FREE Dollars:

Dependent Care Expenses: Up to \$5,000 per year maximum

Out-of-pocket Health Care Expenses: Up to \$3,050 per year maximum
Includes 2.5 month Grace Period Extension

Transit Benefit: \$150 can be contributed on a monthly basis (2023 TBD)
Parking Benefit: \$300 can be contributed on a monthly basis

Sick Days

6 per Calendar Year

Paid Holidays

7 Holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day

1 Floating Holiday * Per year, beginning with first full calendar year of employment

*Available to all full-time employees who are employed as of 12/31 of the previous year.

Tuition Reimbursement

Up to 75% of approved eligible courses.

Full-time employees eligible after one year of service.

Vacation

1st year: 2 weeks (pro-rated based on start date)

2nd year—7th year: 3 weeks

+7 years: 4 weeks

Ticketsatwork

Entertainment discounts, log onto ticketsatwork.com, click on Become a Member, enter your personal information with company code of BYSTBNFT. You will be eligible to purchase discounted tickets at a variety of shows and activities.

Employee Contact Numbers

Blue Cross Blue Shield of Massachusetts (Medical & Dental)	1-800-424-0794 (Member Services)
Symetra Life Insurance Company (Life, Optional Life, STD, LTD)	1-877-377-6773
EyeMed Vision Care	1-866-800-5457
Fidelity Investments (401K)	1-800-835-5097
IBG Financial Partners	1-508-698-8315
Baystate Benefit Services (Flexible Spending & HRA Accounts)	1-800-601-3570
Ticketsatwork (discounted tickets and events)	1-866-273-5825 www.ticketsatwork.com Company Code: BYSTBNFT

