

2026 BENEFITS OPEN ENROLLMENT MEETING



Today's Agenda

- **Open Enrollment-2026**
- **Benefits**
 - **Medical Terminology/Preventive Services/Prescriptions**
 - **Medical Plan Highlights & Cost**
 - **Vision Care & Cost**
 - **Dental Plan Summary and Cost & Principal Life Plan Highlights**
 - **EAP Services**
- **Next Steps**
 - **Resources**
 - **Open Enrollment**
 - ❖ **Remain with Current Carriers-**
MVP/Guardian/Principal/EyeMed
 - ❖ **Excellent provider network access**
 - ❖ **Comprehensive Website**
 - ❖ **Town Goals-Highest Quality in Benefits**

Medical Terminology

Important terms to know:



- ▶ **Deductible** - The amount of money you have to pay before the health insurance company will make any payments towards health care services. Your deductible amount varies and is based on the type of plan you have.
- ▶ **Co-payment** - This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. For example, if your prescription drug coverage includes a \$20 copay, you pay \$20 for each prescription and your insurance pays the balance.
- ▶ **Coinsurance** - Your share of the costs of a covered health care service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if a visit to your doctor's office is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance company would pay the rest, or \$80.
- ▶ **Covered in full** - 100% of the total cost is covered by the health insurance company and you do not have to pay anything.
- ▶ **Out-of-pocket maximum** - An annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums.

Preventive Services

Zero Costs:

- Well Child Visits
- Adult Routine Exams
- Adult Immunizations
- Mammography
- PAP Smear
- Routine GYN
- Prostate Screenings
- Colonoscopy
- Family Planning Services



Prescriptions Advice:

- 3 Tier Rx Drug Benefit-Generic/Brand/Specialty-\$10/40/60
- Ask For Generic, When It Applies
- For Maintenance Drugs- Use Mail Delivery-Up to 33% Savings
- When Starting A New Drug--Ask For Samples To Start
- [Good Rx](#) –Discount or Coupon Pricing





Cost-Sharing Health Highlights

In Network Only-Platinum 5

Deductible: \$0 Out of Pocket Max: \$3,550/ \$7,100 Lifetime Max: None
 \$15 PCP; Copay- 3 PCP-\$0 / \$25 Specialist Copay
 Adult Preventive Care-Covered in full
 Well Child Care-Covered in full
 Routine Cervical Cancer Screening-Covered in full
 Routine Mammography-Covered in full
 Rx-\$10/\$40/\$60
 Diagnostic Office Visit- \$15/\$25
 Emergency Room-\$200 Free Standing Urgent Care \$25
 X-Rays-/Advanced Imaging- \$15/\$25
 Hospital Benefits-\$550. Surgery-Covered in Full Surgical care Facility
 Fee-\$300 Copay

*****24/7 Virtual Care-\$0 through Text or Video Chat (Galileo)

Tier	Mo. Rate	Est. 13.6% Employee Mo. Cost
Employee	\$1,395.79	\$189.82
EE+ Spouse	\$2,791.58	\$379.65
EE + Children	\$2,372.84	\$322.71
Family	\$3,978.00	\$541.00

EyeMed Vision Plan Highlights



Tier	Mo. Rate	13.6% EE Mo. Cost
Employee	\$6.38	\$.87
EE+ Spouse	\$12.11	\$1.65
EE + Children	\$12.74	\$1.73
Family	\$18.73	\$2.55

SUMMARY OF BENEFITS		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit & Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit & Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium Tier 1 - 3	\$95 - 110 copay	Up to \$50
Progressive - Premium Tier 4	\$75 copay, 80% off retail price less \$120 allowance	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68 copay	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$130
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$130
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300

EAP Program-ComPsych through Guardian

The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to you and your household family members.

Why is your employer providing access to an EAP?

Because your employer cares about you and your dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultantSM will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide? 3 face-to-face or virtual sessions per person, per issue, per year

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.



24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: Guardian

Resources

www.MVP.com

www.GoodRx.com

www.Guardiananytime.com

www.Eyemed.com

www.guidanceresources.com

Benefit Detail Portal:

<https://www.convergenceins.com/clay>

- MVP has a comprehensive website with a variety of health and wellness resources
- You can also access your plan's provider directory and view eligibility and claims information online

Next Steps

New Enrollees and Changes by
December 2, 2025

Thank you



www.convergenceins.com/clay

