



Benefits Enrollment Guide

July 1, 2025 – June 30, 2026



TOWN of
FRANKLIN
MASSACHUSETTS

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Eligibility:

Generally, you are eligible for benefits if you are hired to work at least 20 hours per week. If you are eligible for health coverage, you may also cover your eligible dependents.

- Your legal spouse or former spouse
**Unless either party has remarried or the divorce decree does not require continued coverage*
- Children up to age 26 (including step children, legally adopted children, foster children, and children whom you have legal guardianship of)
 - You may also cover an unmarried child over the age of 26 if they are physically or mentally handicapped and claimed as a dependent on your federal tax return**

***An application and documentation is required to continue coverage past the age of 26*

Required Documents for Dependents:

To enroll an eligible family member, you must submit a completed Enrollment Form and documentation verifying your dependent's eligibility.

You must provide each dependent's Social Security Number.

To add your dependents to the medical and dental insurance, the following documentation is required:

- Spouse: Marriage Certificate
- Ex-Spouse: Divorce decree showing you are required to continue coverage
- Child(ren): Birth Certificate
- Step Child(ren): Birth certificate with your spouse listed as a parent

How to Enroll or Change Your Benefits:

During the annual Open Enrollment period (typically held in the Spring), you can review and modify your benefits for the upcoming fiscal year, effective July 1. This is the only time to make changes unless you experience a Qualified Life Event.

If you experience a qualifying event, you have **30 days** from the event date to update your benefit elections. Human Resources will require supporting documentation of your live event.

- Marriage
- Divorce
- Birth
- Death
- Loss of Previous Coverage
- Gained New Coverage

INFORMATION FOR NEW HIRES

Before Enrollment

- New hires are eligible on the first day of employment and will have 30 days from their date of hire to enroll in benefits offered through the Town of Franklin. If elections are not received by Human Resources during this period, you will not be enrolled and will have to wait until the next Open Enrollment to make elections.

During Enrollment

- While electing your benefits, you are able to utilize HYKE. This online tool offers a personalized survey to assist with selecting the best medical plan for you and your family based on past and expected health needs.
 - Visit www.myhyke.com/franklin to begin. Utilizing HYKE *does not* replace completing an Enrollment Form. A form must be submitted to Human Resources during your enrollment window to enroll in medical insurance.

After Enrollment

- **Medical Insurance:** If you elect coverage, you will receive an ID card in the mail that should be used for all medical and prescription services.
 - Your ID card contains important information about you, your employer group, and the benefits you are entitled to.
 - Always remember to carry your ID card with you, present it when receiving health care services or supplies, and ensure your provider has an updated copy of your ID card.
- **Dental Insurance:** You will not receive a physical ID card for your dental insurance, but may print one out through the Guardian website. **Your ID number will be your Social Security Number.**
 - Any covered dependents will also use your Social Security Number as proof of their coverage.

General

- **The Town of Franklin's fiscal year is July 1st through June 30th**
 - The Medical insurance claim year aligns with the fiscal year, July 1st through June 30th
 - The Dental insurance claim year follows a calendar year from January 1st to December 31st
- All benefits are paid for a month in advance (October payroll deductions pay for November's benefits coverage). Aflac is the only benefit that is paid current.
 - You will receive double deductions for any owed time if you are a new hire or experience a Qualifying Life Event
- Our plans are pre-tax and regulated by the IRS. Because of this, you can only make changes to your elections during Open Enrollment or if you experience a Qualifying Life Event.
- Coverage ends on the last day of employment. You will receive a refund if you have overpaid for benefits.

FY26 PAYROLL INFORMATION

Pay Date	Notes
July 3, 2025	Part of the Lump Sum Check for Teachers
July 17, 2025	Part of the Lump Sum Check for Teachers
July 31, 2025	No Health & Welfare Benefit Deductions!
August 14, 2025	Part of the Lump Sum Check for Teachers
August 28, 2025	First FY26 Paycheck for 12 Month Teachers
September 11, 2025	First FY26 Paycheck for 10 Month Employees
September 25, 2025	
October 9, 2025	
October 23, 2025	
November 6, 2025	
November 20, 2025	
December 4, 2025	
December 18, 2025	
December 31, 2025	No Health & Welfare Benefit Deductions!
January 15, 2026	
January 29, 2025	
February 12, 2026	
February 26, 2026	
March 12, 2026	
March 26, 2026	
April 9, 2026	
April 23, 2026	
May 7, 2026	
May 21, 2026	
June 4, 2026	First FY27 Deduction
June 18, 2026	FY27 Lump Sum Deduction for 12 Month Teachers

All elected benefits are deducted a month in advance.
 FY26 premiums will be deducted beginning on June 5, 2025.

Excluding Aflac benefits which are deducted based off the current month.

INSURANCE RATES

Coverage effective July 1, 2025 through June 30, 2026

MEDICAL INSURANCE					
Massachusetts Strategic Health Group (MSHG) Administered By Harvard Pilgrim Health Care (HPHC)					
	Total Monthly Premium	Town Monthly Contribution	Employee Monthly Contribution	12 Month Bi-weekly Rate (24 Deductions)	10 Month Bi-weekly Rate (20 Deductions)
EPO Plan – Access America Value <i>Town pays 70% of the plan cost, Employees pays the remaining 30%</i>					
Individual	\$1,316.80	\$921.76	\$395.04	\$197.52	\$237.02
Family	\$3,364.00	\$2,354.80	\$1,009.20	\$504.60	\$605.52
HDHP Plan with HSA – Access America Value <i>Town pays 70% of the plan cost, Employees pays the remaining 30%</i>					
Individual	\$1,028.00	\$719.60	\$308.40	\$154.20	\$185.04
Family	\$2,624.00	\$1,836.80	\$787.20	\$393.60	\$472.32
PPO Plan – Access America <i>Town pays 50% of the plan cost, Employees pays the remaining 50%</i>					
Individual	\$1,626.00	\$813.00	\$813.00	\$406.50	\$487.80
Family	\$4,530.00	\$2,265.00	\$2,265.00	\$1,132.50	\$1,359.00

DENTAL INSURANCE			
Administered by Guardian <i>Employee pays 100%</i>			
	Employee Monthly Contribution	12 Month Bi-Weekly Rate (24 Deductions)	10 Month Bi-Weekly Rate (20 Deductions)
High Plan			
Employee	\$52.88	\$26.44	\$31.73
Employee and Spouse	\$102.76	\$51.38	\$61.66
Employee and Child(ren)	\$106.20	\$53.10	\$63.72
Family	\$156.02	\$78.01	\$93.61
Low Plan			
Employee	\$35.02	\$17.51	\$21.02
Employee and Spouse	\$68.04	\$34.02	\$40.82
Employee and Child(ren)	\$70.34	\$35.17	\$42.20
Family	\$103.30	\$51.65	\$61.98

BASIC LIFE INSURANCE			
Administered by Boston Mutual <i>Employee pays 50%</i>			
Total Monthly Premium	Town Monthly Contribution	12 Month Employee Monthly Deduction	10 Month Employee Monthly Deduction
Employee Only			
\$9.80	\$4.90	\$4.90	\$5.88

Deductions will not be taken out on July 31, 2025, and December 31, 2025

MEDICAL INSURANCE

The Town of Franklin is pleased to offer Medical insurance through Harvard Pilgrim Health Care (HPHC). The table below highlights the (3) three plans offered to employees and what each plan encompasses. More detailed information can be found in the Schedule of Benefits, available upon request or in the Google Drive.

 Harvard Pilgrim Health Care <small>a Point32Health company</small>	HDHP	EPO	PPO (In-Network)	PPO (Out-of-Network)	
Plan Year Deductible	\$2,500 individual plan \$5,000 family plan* <i>*all members work towards one deductible</i>		\$1,000 individual plan \$2,000 family plan		
Plan Year Rx Deductible	N/A		\$100 individual plan \$200 family plan		
Out of Pocket Maximum (includes deductible)	\$5,000 individual \$10,000 family		\$4,000 individual plan \$8,000 family plan		
Preventative Care					
Routine Physical Exams, Colorectal Screenings, Prostate Exams & Gynecological Exams	100%		20% (after deductible)		
Other Services					
Office Visit - Primary Care	100% (after deductible)		\$30	20% (after deductible)	
Office Visit - Specialist Care			\$45		
Chiropractic Visit (20 per plan year)			\$30		
Diagnostic Lab & X-ray					
CT, MRI, & PET Scan					
Outpatient Surgery			100% (after deductible)		
Inpatient Hospital					
Behavioral Health Hospital Service					
Behavioral Health Office Visit			\$30		
Occupational & Physical Therapy (60 visits per plan year)			\$45		
Speech Therapy			\$45		
Ambulance			100% (after deductible)		
Emergency Room (copay waived if admitted)			\$150		
Urgent Care			\$30		20% (after deductible)
Prescription Benefits through Express Scripts					
Retail Pharmacy (up to 30 day supply)	Deductible then \$10 (generic), \$30 (preferred brand), \$65 (non-preferred brand)				
Mail Order (up to 90 day supply)	Deductible then \$25 (generic), \$75 (preferred brand), \$165 (non-preferred brand)				

What is the Difference Between a HDHP and an EPO?

Both plans belong to the Harvard Pilgrim Health Care network, but have unique differences between them.

The High Deductible Health Plan (HDHP) offers lower premiums in exchange for a higher deductible. Once you reach the deductible, all your in-network procedures are covered 100%. With the HDHP, you also receive an Health Savings Account (HSA). The HSA funds can be used to pay for medical, dental and vision expenses. More information can be found on page 18.

The EPO plan has higher premiums, and a lower deductible. You will pay co-pays for each medical appointment.

Both plans pharmacy benefits are influenced by the deductible.

	Individual			Family		
	HDHP	EPO	Savings	HDHP	EPO	Savings
Annual Premium	\$3,700.30	\$4,740.30	\$(1,040.00)	\$9,446.40	\$12,110.44	\$(2,664.04)
Prescription Deductible	All prescriptions count	\$100.00		All prescriptions count	\$200.00	
Deductible	\$2,500.00	\$1,000.00		\$5,000.00	\$2,000.00	
Additional	Prescription copays	Prescription copays, copays and deductible on all services		Prescription copays	Prescription copays, copays and deductible on all services	
Total if Hit Deductible	\$6,200.30	\$5,840.30	\$360.00	\$14,446.40	\$14,310.44	\$444.96
HSA Contribution	\$(750.00)	\$0.00		\$(1,500.00)	\$0.00	
New Total	\$5,450.30	\$5,840.30	\$(390.00)	\$12,946.40	\$14,310.44	\$(1,364.04)

Save as much as \$390.00 as an individual or \$1,364.04 as a family per year by enrolling in the High Deductible Health Plan

MEDICAL INSURANCE

You are eligible to utilize the below benefits if you are enrolled in the medical insurance with the Town of Franklin.

Doctor on Demand

Receive virtual health care for you and your covered dependents offered 24/7. Cost for service are the same as in person appointments through Harvard Pilgrim Health Care.

How to Create an Account:

- Visit www.doctorondemand.com/harvardpilgrim and select 'Sign Up'
- Enter the requested information, including your medical insurance information
- You are able to request an appointment once your account setup is complete

Once your account is created, you will have access to:

- Everyday health
- Urgent care
- Therapy and psychiatry care services*

** Appointments are available in 1 to 3 days once requested*

CanaRx

CanaRx is a Canadian based company that offers brand name medications delivered at no cost!

How to Create an Account:

- Visit www.canarx.com
- Enter the WebID (MSHG) in the top right corner, select 'Login'
- Select 'Enroll' and enter the requested information, including your prescription details
- Enter your payment details (necessary even if your medication is covered at no cost)
- Once processed, your medication will be mailed to your address

[Click here](#) to view the eligible medications if enrolled in the HDHP.



[Click here](#) to view the eligible medications if enrolled in EPO or PPO.



Express Scripts Partnered with RxBenefits

Express Scripts helps employees enrolled in the medical insurance by negotiating prices with pharmacies and drug manufacturers, processing prescriptions, and ensuring that medications are delivered.

How to Create an Account:

- Visit www.express-scripts.com and select 'Register'
- Enter the requested information and create a username and password
- Select 'Register Now'

Once your account is created, you can:

- Check your order status
- View/print member ID cards
- Enroll in home delivery
- Refill prescriptions
- Find preferred pharmacies
- Set reminders to take your medication

Download the
Express Scripts
app!

Enroll in home delivery to get your 90-day prescriptions shipped right to your door at a potentially lower cost.

Requesting to get your medications delivered to your home from Express Scripts Pharmacy is simple and convenient.

If you are enrolling a new prescription:

- Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts
- OR send a request by selecting *Forms* or *Forms & Cards* from the "Benefits" menu, print a mail order form and follow the mailing instructions.
- OR call Express Scripts at the Member Services number on your card and they will contact your doctor for you.

If you are enrolling a current prescription:

- Transfer retail prescriptions to home delivery by clicking *Add to Cart* for eligible prescriptions and check out
- You can also refill and renew prescriptions. They will contact your doctor and take care of the rest
- Check Order Status to track the shipping of your prescriptions. After they receive your prescription from your doctor, you will receive your medication within 7 days



FITNESS REIMBURSEMENT

Each plan year, Harvard Pilgrim Health Care offers a fitness reimbursement for all employees enrolled in the medical insurance through the Town. You and your covered dependents can be reimbursed up to \$150 each annually.

- Maximum reimbursement of \$150 on an individual plan or \$300 on a family plan

How to Apply for Reimbursement:

- Visit www.harvardpilgrim.org/reimbursement
- Select the 'Wellness Reimbursement Form'
- You can either complete the request online and submit or complete the form and mail to the address listed on the form – both ways of submitting will require receipts
- If approved, you will receive your reimbursement in about 8 weeks

You must be enrolled in the insurance for 4 months before you are eligible to apply for reimbursement

What Qualifies for Reimbursement?

- Membership fees to gyms or fitness facilities
- Virtual fitness class subscriptions
- Studios or facilities that offer membership or tuition
- Select nutrition programs
- Select mindfulness meditation programs
- Cardiovascular and strength training equipment
- Seasonal town, club, or school athletic fees

Contact Harvard Pilgrim Health Care to see if a specific program is eligible



ABACUS – DIABETES REWARD PROGRAM

The Good Health Gateway Diabetes Care Rewards Program is offered to MSHG active health plan members living with diabetes including type 1, type 2, juvenile, pre-diabetes, or gestational diabetes. As an active health plan participant, you can enroll at any time.

When you join the program, you receive confidential, expert support and guidance to help you manage your diabetes while earning \$0 copays on covered diabetes medications and supplies for meeting the program requirements.

How to get your Good Health Gateway RX Rewards Card for \$0 copays



How to qualify for your zero copay Good Health Gateway RX Rewards Card:

- Register at www.goodhealthgateway.com or by calling the Member Services Line at 800-643-8028
- Complete a telehealth call with our Diabetes Educator to develop your personal Diabetes Health Action Plan Care Guide
- Submit confirmation of your completion of the program requirements:
 - Annual foot exam
 - Annual eye exam
 - Annual laboratory work – up of your fasting blood lipid levels
 - Annual laboratory work – up of your urine/protein levels
 - Laboratory work – up of your Hemoglobin A1c levels every 6 months
- Receive your Good Health Gateway Rx Rewards Card for \$0 copays on covered diabetes medications and supplies at your local, in-network pharmacy or through OPTUMRx Home Delivery

ABACUS – HEALTHY WEIGHT PROGRAM

Offers participants education, support, and access to resources designed to help individuals lose weight and maintain their weight loss.

You are eligible to participate in this medication-assisted weight loss program if you are an employee, spouse, or dependent over the age of 18 who is enrolled in the medical insurance. Participants must meet medically verified eligibility requirements.

As a participant in the Program, you are eligible to receive covered anti-obesity medication at \$0 copay, if you are engaging in all program requirements described below.

- Take and share weight readings 3 – 4 times a week and a minimum of 12 days out of every 30 days on a cellular-connected weight scale provided by the Program
- Accept Program text messages
- Have completed within the past 12 months or will complete annual physical with your doctor
- Complete Program activities and view Program videos sent to you via text or in-app messaging to help support you in the Program
- Participate in Program follow-up for at least 6 months (and up to 12 months) after you are no longer taking weight loss medication
- Have brief, regular calls with a Program coach who will support you in your weight loss efforts

Please note:

- Failure to remain engaged with these Program requirements will result in the loss of \$0 copayment until the Program activity is again completed.
- Program participants who meet all the Program requirements can obtain a 30-day supply of medication at any in-network retail pharmacy.
- Enrollment in the Program can only be done electronically by downloading the Good Health Gateway Healthy Weight App and registering for the Program

**For program inquiries please contact the Good Health Gateway
Member Services at 800-643-8028.**

DENTAL INSURANCE

The Town of Franklin offers voluntary dental plans through Guardian. There are two dental options: the Low Plan and the High Plan. Your dental health involves more than just cleanings and fillings; it also requires budgeting for potentially expensive procedures. Dental insurance can help you save money on major work and encourage preventive care. We offer multi tier plans, and you have the freedom to visit any dentist*.

**Eligible for reimbursement if you visit an out-of-network dentist.*

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits, including how to find a dentist within the network.



- You are also able to download an dental ecard once logged into your online account by selecting the 'Forms and Materials' section.

The employee's Social Security number is used to verify the all dependents coverage, there is no physical ID card

	Low Plan	High Plan
Deductible <i>per member</i>	\$50	
Annual Benefit Maximum (does not include preventative services)	\$750	\$1,000
Preventative Care (cleanings, fluoride treatments, oral exams, sealants, x-rays...)	100%	
Basic Care (fillings, maintenance of bridges, dentures & crowns, root canals, extractions, anesthesia...)	80%	
Major Care (bridges, dentures, crowns, veneers...)	0%	50%
Orthodontia	Not Covered	
Maximum Rollover		
Rollover Threshold	N/A	\$500
Rollover Amount		\$250
Rollover In-network Amount		\$350
Rollover Account Limit		\$1,000

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

As part of our commitment to supporting your financial well-being, the Town of Franklin offers life insurance plans as a part of your benefits package. These benefits are designed to provide financial security for your loved ones in the event of your passing, helping to ease the burden of expenses such as funeral costs, outstanding debts, and everyday living expenses.

Employee Basic Life Insurance: You are only eligible to enroll in this benefit as a new hire. You will not have another opportunity to enroll if you do not elect this benefit within 30 days of being hired.

- If you pass away as an active employee, your beneficiary receives \$10,000
- If you pass away as a retiree, your beneficiary receives \$5,000

Employee Supplemental Life Insurance: You are only eligible to enroll in this benefit if you are enrolled in the Basic Life Insurance. Please check a recent pay stub or contact Human Resources to confirm if you are enrolled in Basic Life Insurance if you are an active employee. Maximum coverage amount is \$500,000

- Coverage amounts are based on increments of \$10,000
- Coverage election cannot exceed 5 times your annual base salary
- Your monthly cost is locked in at the rate during your initial enrollment and will not increase with age
- Coverage ends upon retirement or resignation
- An Evidence of Insurability (EOI) form will be required if you elect a coverage amount over \$100,000 or your age bracket's guaranteed issue amount. See chart below for amounts:

Age	Guaranteed Issue Amounts
18 - 54	\$100,000
55 - 69	\$80,000
70 and older	\$10,000

- Coverage amount reduces once you are 70 years old. See chart below for amounts:

Age	Coverage Amount
70 - 74	65% of the original benefit
75 - 79	50% of the original benefit
80 and older	25%

[Click here](#) or scan the QR Code to see Employee Supplemental Life Insurance Rates



Life Insurance is deducted once a month in the second paycheck!

Dependent Life Insurance

Spouse Supplemental Life Insurance: Coverage is only available if you are enrolled in Employee Supplemental Life Insurance.

- Maximum coverage amount is \$100,000
- Coverage amounts are based on increments of \$5,000
- Coverage election cannot exceed 50% of employee's coverage amount
- The monthly amount is locked in at the rate during the initial enrollment, it will not increase with age
- Coverage ends upon your retirement, resignation or when your spouse turns 60 years old
- An Evidence of Insurability (EOI) form will be required if you elect a coverage amount over your age bracket's guaranteed issue amount. See chart below for amounts:

Age	Guaranteed Issue Amounts
18 - 54	\$30,000
55 - 59	\$10,000

Child Supplemental Life Insurance: Coverage is only available if you are enrolled in Employee Supplemental Life Insurance.

- Children who are 14 days to 1 year old will be covered for \$1,000
- Children who are 1 to 19 years old will be covered for \$10,000

Monthly Deduction	
10 Month Employee	12 Month Employee
\$5.20	\$4.33

If you and your spouse are both employees of the Town of Franklin, you are not allowed to enroll in Employee Supplemental Life Insurance and elect Spouse Supplemental Life Insurance for each other.

If you and your parent both work for the Town of Franklin, you are not allowed to enroll in Employee Supplemental Life Insurance and also be covered under your parent's Child Supplemental Life Insurance.

[Click here](#) or scan the QR Code to see Spouse Supplemental Life Insurance Rates



LONG TERM DISABILITY

Long Term Disability (LTD) provides income if you're unable to work for an extended period due to illness or injury.

- You must be out of work and unable to work for 90 days before the financial benefits begin
- Payroll deductions are updated each February, Human Resources will inform you of your new rate at that time
- The maximum monthly benefit is 50% of your basic monthly earnings up to \$6,000
- This benefit is not portable if you leave the Town of Franklin
- Payroll deduction is based on your age, annual salary, and whether you are a 12 or 10-month employee
 - Contact Human Resources to learn what your payroll deduction would be



Group Short-Term Disability (STD)

Group Short-Term Disability Insurance is designed to offer monthly benefits if you are unable to work due to an injury or illness. Once the elimination period (one week) is satisfied, benefit payments will begin and continue for the duration of the disability benefit period. Please note that STD benefits are taxable.

Group Accident Insurance

Group Accident Insurance offers valuable protection by providing a lump-sum cash payment to help cover deductibles, co-pays, or out-of-pocket expenses, such as rent and groceries.

This accident insurance can assist with a variety of incidents, including both emergencies and more common accidents, such as:

- Emergency Situations: Burns, coma, paralysis, concussions, dislocations, lacerations
- Common Injuries: Broken teeth, eye injury, pain management

Group Critical Illness Insurance

Group Critical Illness Insurance delivers financial support through cash benefits if you receive a diagnosis of a covered critical illness, such as cancer, heart attack, or stroke. These benefits are disbursed directly to you, allowing you to manage your finances as you see fit.

The plan offers a substantial lump-sum payment to help cover out-of-pocket medical expenses like deductibles and copays, as well as everyday living costs such as mortgage payments and utility bills during recovery or while unable to work.

Group Hospital Indemnity Insurance

Group Hospital Indemnity Insurance provides cash benefits directly to you to help cover some of the medical and non-medical costs associated with a covered hospital stay due to illness or accidental injury.

Hospital indemnity insurance offers an additional layer of protection to assist you in paying for deductibles, co-pays, bills, groceries, or any other expenses that can ease your burden while you are in the hospital.



[Click here](#) or scan the QR code to schedule an appointment with Aflac and enroll



HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the High Deductible Health Plan (HDHP), a [Health Savings Account](#) (HSA) will *automatically* be opened with Health Equity. You will receive contributions from the Town for enrolling. You are also eligible to fund your HSA with pre-tax dollars from your paycheck if you wish to. These funds can be used to pay for medical, dental, and vision [expenses](#) for you and your family.

2026 IRS Limits:

Individual Plan: \$4,400 max (including a \$750 contribution from the Town)

- \$4,400 - \$750 = \$3,650 through payroll deductions.

Family Plan: \$8,750 max (including a \$1,500 contribution from the Town)

- \$8,750 - \$1,500 = \$7,0 through payroll deductions.

55 or older?
Contribute
an additional
\$1,000
annually

**You are responsible for ensuring that your HSA deductions do not exceed IRS limits.
You may change your HSA payroll deduction at any time.**

Setting up your HSA:

You will receive instructions from Health Equity following enrollment on how to activate your account and create a username and password. You may invest funds once your account balance reaches a certain amount or over \$1,000.

Debit Card:

An HSA debit card will be provided to all new participants. If you already have an open HSA account with the Town of Franklin, you will not receive a new card. All HSA cards have expiration dates and you will receive a new card based on that date.

Don't forget
to assign a
beneficiary
to your
HSA!

If you enroll in the High Deductible plan (HDHP), the Town will deposit money into the your HSA account. Please review the schedule for when the HSA funds will be distributed.

- Those enrolled in the Individual plan for the full fiscal year will receive a total of \$750.00
- Those enrolled in the Family plan for the full fiscal year will receive a total of \$1,500.00
- You must remain an active employee for the entire fiscal year to receive the Town's full contribution
- If you enroll or are hired mid-year, you will receive the Town contribution prorated

Month	Individual Plan	Family Plan
January 8th	\$187.50	\$375.00
February 5th	\$ 46.88	\$93.75
March 5th	\$46.88	\$93.75
April 2nd	\$46.88	\$93.75
May 7th	\$46.88	\$93.75
June 4th	\$46.87	\$93.75

Please be aware that you may not contribute to an HSA if you are on Medicare (including Part A). Additionally, there is a 6 month 'look back period' once you join Medicare. [Click here](#) to learn more.

FLEXIBLE SPENDING ACCOUNTS (FSA)

The Town of Franklin offers Flexible Spending Accounts (FSA's) for health care and dependent care, which are administered by Health Equity.

Employees enrolled in an FSA will incur a monthly account fee of \$3.95. You will only pay one fee even if you are enrolled in multiple FSA's.

An FSA card will be provided to all new participants. If you already have an open FSA account with the Town of Franklin, you will not receive a new card. All FSA cards have expiration dates and you will receive a new card when your current card expires.

Health Care Flexible Spending Account (FSA)

These accounts allow you to use pre-tax dollars for eligible health care expenses.

- You can elect without being enrolled in medical or only if enrolled in the EPO Plan or the PPO Plan. **You cannot elect if enrolled in the HDHP.**
- Access to the full annual election amount on day one, your annual pre-tax contribution is deducted evenly from your paychecks throughout the plan year
- The 2026 max election is \$3,400
- You can rollover \$680, any remaining funds will be forfeited August 31, 2026
- Funds can be used for [eligible](#) medical, dental, and vision expenses

Limited Purpose Flexible Spending Account (LPFSA)

A Limited Purpose Flexible Spending Account (LPFSA) shares the same contribution limits as a traditional FSA. Contributions are deducted from your paycheck pre-tax.

- **You can only elect if enrolled in the HDHP medical plan**
- Access to the full annual election amount on day one, your annual pre-tax contribution is deducted evenly from your paychecks throughout the plan year
- The 2026 max election is \$3,400
- You can rollover \$680, any remaining funds will be forfeited August 31, 2026
- Can be used to pay qualified [eligible](#) dental and vision care expenses

Dependent Care Flexible Spending Account (DCFSA)

You can defer a portion of your salary up to \$7,500 into a Dependent Care Flexible Spending Account (DCFSA) per household. However, if you are classified as a highly compensated employee earning over \$130,000 annually, your contribution is limited to \$2,500.

- You not have to be enrolled in any medical plan to participate
- Will be able to access funds as you make payroll contributions
- The 2026 max election is \$7,500
- Any unused funds will be forfeited at the end of the plan year
- Can be used for childcare [expenses](#) (children 13 and under), care expenses for a disabled dependents, or elder care for a parent during working hours

RETIREMENT PLANS – 457(b) PLAN

The 457(b) plan is a deferred compensation program that allows eligible employees to save and invest pre-tax and post-tax (Roth) dollars through payroll deductions.

The Town of Franklin partners with 2 vendors that administer the 457(b) plan, [Nationwide](#) and [Empower](#). Each vendor provides the same benefit, it is just personal preference.

To Enroll: You can contact the vendor directly by phone or by setting up an online account through their websites.

The 457(b) plan allows for contributions up to \$24,500 in 2026.

- You are eligible to contribute an additional \$7,500 if you are 50 years or older (\$31,000)
- If you are between the ages of 60 and 63, you are eligible to contribute an additional \$11,250 (\$34,750)

Once enrolled, you can change your 457(b) contribution with the vendor any time throughout the year.

- Nationwide sends Human Resources changes immediately. Human Resources will process the request for the following payroll.
- Empower sends Human Resources changes on the first of each month. Human Resources will process the request for the following payroll after the first.

If you enroll with Empower, a Retirement Plan Advisor, Aiman Janineh, will be available to provide one-on-one counseling, answer general questions, review your retirement strategy and explain the benefits.

- aiman.janineh@empower.com



Available for School Employees Only

Enrollment in 403(b) plan is a voluntary, salary deferral or reduction plan in which eligible employees can choose to allocate a portion of your compensation pre-tax to a tax-sheltered annuity plan, providing additional savings towards retirement. A 403(b) plan can be invested in annuities, mutual funds, or a combination of insurance and annuities.

You can visit our Third Party Administrator, [TSA Consulting Group](#) to view the current approved vendors available to Franklin Public Schools.

After selecting a vendors you will set up an account with them directly. You must complete a Salary Reduction Agreement with TSA Consulting Group through their website.

The 403(b) plan allows for contributions up to \$24,500 in 2026.

- You are eligible to contribute an additional \$7,500 if you are 50 years or older
- If you are between the ages of 60 and 63, you are eligible to contribute an additional \$11,250 (\$34,750)

Once enrolled, you can change your 403(b) contribution with the vendor any time throughout the year.

School employees are eligible to enroll in both the 403(b) and 457(b) plans!



CONTACTS

Benefit	Carrier	Contact Information	Website
Town of Franklin Human Resources	Emma Collins Benefits Coordinator	508-553-4869 ecollins@franklinma.gov	www.franklinma.gov
Medical Insurance	Harvard Pilgrim Health Care	888-333-4742	www.harvardpilgrim.org
Fitness Reimbursement			N/A
Doctors on Demand (Telehealth)		www.myhyke.com/franklin	
Benefit Election Assistance (HYKE)			
Pharmacy	Express Scripts	800-282-2881	www.express-scripts.com
	CanaRx	866-893-6337	www.canarx.com
Diabetes Care Program	Abacus (Good Health Gateway)	800-643-8028	www.goodhealthgateway.com
Healthy Weight Program			
Dental Insurance	Guardian	888-600-1600	www.guardianlife.com
Life Insurance and LTD	Boston Mutual	877-624-2249	www.bostonmutual.com
HSA and FSA's	Health Equity	866-382-3510	www.healthequity.com
457(b)	Empower	877-457-1900	www.mass-smart.com
		Aiman Janineh Plan Advisor	aiman.janineh@empower.com
	Nationwide	888-401-5272	www.nrsforu.com
403(b)	TSA Consulting Group	888-796-3786	www.tsacg.com
Claims Advocacy	NFP	877-835-1361 (option 1)	N/A
Benefit Concierge		csclaims@nfp.com (claims advocacy)	
		dbbenadmin@nfp.com (benefit concierge)	

Benefits Specialist

If you need assistance understanding your available plan options, completing the enrollment process, or finding specialized healthcare providers, we are here to help. We can guide you through medical and dental plan issues. Additionally, we provide support during injuries, illnesses and mental health care, or any challenges you may encounter with customer care and support.

- dbbendadmin@nfp.com
-

Claims Advocacy

If you need assistance with submitting a medical & dental claims or if you have questions about your medical and dental plans, our team is here to help. We can guide you through the claim process, assist in completing the required forms, and help you gather the necessary documentation. We are committed to ensuring that you navigate the process smoothly and effectively.

- esclaims@nfp.com

Available by phone
Monday through Friday
9am-6pm
877-835-1361 (option 1)

MASSACHUSETTS STRATEGIC HEALTH GROUP

The Town of Franklin is a member of the Massachusetts Strategic Health Group (MSHG). The MSHG is a health insurance joint purchasing group established under Massachusetts General Laws, Chapter 32B, Section 12. The MSHG consists of 15 different municipalities and school districts which come together to purchase health insurance under a Joint Purchasing Agreement (JPA).

A Joint Purchasing Agreement allows the members of the MSHG to leverage their combined buying power to negotiate better prices, terms and benefits from vendors than they would achieve individually. The MSHG offers additional benefits beyond health insurance, including access to CanaRX, the Diabetes Reward Program and Health Weight Program through Abacus, and lower prescription coverage through Express Scripts and Rx Benefits.

You will notice that your health insurance card includes the MSHG logo. When taking advantage of ancillary benefits, you will need to specify that you are a member of the MSHG.



DEFINITIONS

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum: Total dollar amount a plan pays during a plan year toward the covered expenses of each person enrolled.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance: A percentage of the medical costs based on the allowed amount; you must pay for certain services after you meet your annual deductible.

Conversion: An Associate changes or “converts” their Group Life coverage to an Individual Life Insurance policy without having to answer any medical questions. Conversion is for an Associate who is leaving their job, reducing hours, or has reached the age when coverage may be reduced or eliminated, and still wants to maintain the protection that life insurance provides.

Copayment: A set dollar amount you pay for in-network doctor’s office visits, emergency room services, and prescription drugs.

Deductible: The total dollar amount you must pay out-of-pocket for covered medical expenses each plan year before the plan pays for services applicable to the deductible. The deductible does not apply to network preventive care and any services where you pay a copayment. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Generic Drugs: These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than purchasing formulary or non-formulary brand-name drugs.

In-Network: A group of health care providers, including dentists, physicians, hospitals, and other health care providers, that agrees to accept predetermined rates when serving members.

Out-of-Network: A group of health care providers, including dentists, physicians, hospitals, and other health care providers, who do not participate in a health plan’s provider network.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found in the formulary. You may purchase brand-name medications that are not on the recommended list but cost significantly more out-of-pocket.

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Out-of-Pocket Maximum: The maximum amount a Plan member must pay towards covered medical expenses in a plan year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire amount for covered services for the remainder of the plan year. Deductibles and copays apply to the annual out-of-pocket maximum. You may be balance billed for services rendered out-of-network.

PDP Fee: PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing, and benefits maximums.

Pre-tax Plan: A plan for active employees that is paid for with pre-tax money. The IRS allows for certain expenses to be paid for with tax-free dollars. Because of this, you can only make changes during Open Enrollment or if you have a qualifying event.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Provider: Any type of health care professional or facility that provides services under your plan.

Qualifying Event: An occurrence that qualifies the Subscriber to change insurance coverage outside of the Open Enrollment.

Usual and Customary Charge (U&C): U&C fee refers to the Usual and Customary (U&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services.

Specialty Drugs: Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form
Approved OMB No.
1210-0149
(expires
11-30-2023)

PARTA: General Information

When key parts of the healthcare law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover, you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about the coverage offered by your employer, please check your summary plan description or contact the Treasurer's Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MEDICAID/CHIP CONTACT INFORMATION

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance-Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

ALABAMA– Medicaid
<http://myalhipp.com> | 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program:
<http://myakhipp.com> | 1-866-251-4861

CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid
<http://myarhipp.com> | 1-855-MyARHIPP
(1-855-692-7447)

CALIFORNIA– Medicaid
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp> | 1-916-445-8322
hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
<https://www.healthfirstcolorado.com>

Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711

CHP+:
<https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHIP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-e-buy-program> HIBI Customer Service:
1-855-692-6442

FLORIDA– Medicaid
<https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>
1-877-357-3268

GEORGIA– Medicaid
HIPP: [Health Insurance Premium Payment Program \(HIPP\)](#) | [Georgia Medicaid](#)

1-678-564-1162, Press 1
GACHIPRA:<https://medicaid.georgia.gov/programs/20third-party-liability/childrens-health-insurance-program-%20reauthorization-act-2009-chipra>

1-678-564-1162, Press 2

INDIANA– Medicaid
Healthy Indiana Plan for low-income adults 19-64:
<http://www.in.gov/fssa/hip> All | 1-877-438-4479
other Medicaid: | 1-800-457-4584
<https://www.in.gov/medicaid>

IOWA– Medicaid and CHIP (Hawki) Medicaid:

<https://dhs.iowa.gov/ime/members>

Hawki: <http://dhs.iowa.gov/Hawki>

1-800-338-8366 1-800-257-8563

HIPP:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
1-888-346-9562

KANSAS – Medicaid
<https://www.kancare.ks.gov> | 1-800-792-4884

MEDICAID/CHIP CONTACT INFORMATION

KENTUCKY– Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> 1-855-459-6328

KIHIPPPROGRAM@ky.gov

KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx>
1-877-524-4718

Medicaid: <https://chfs.ky.gov>

LOUISIANA– Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp

1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

<https://www.maine.gov/dhhs/ofi/applications-forms>
1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium:

<https://www.maine.gov/dhhs/ofi/applications-forms>
1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>

1-800-862-4840 TTY: (617) 886-8102

MINNESOTA – Medicaid

[other-insurance.jsp](https://www.mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/) | 1-800-657-3739

<https://www.mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/>

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

1-573-751-2005

MONTANA– Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

1-800-694-3084 | HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>

1-855-632-7633 | Lincoln: 1-402-473-7000
| Omaha: 1-402-595-1178

NEVADA– Medicaid

<http://dhcftp.nv.gov> | 1-800-992-0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

1-603-271-5218

HIPP program toll free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>

1-609-631-2392

CHIP: <http://www.njfamilycare.org/Default.aspx>

1-800-701-0710

NEW YORK– Medicaid

https://www.health.ny.gov/health_care/medicaid

1-800-541-2831

NORTH CAROLINA– Medicaid

<https://medicaid.ncdhhs.gov> | 1-919-855-4100

NORTH DAKOTA– Medicaid

<http://www.nd.gov/dhs/services/medicalserv/medicaid>
1-844-854-4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org> | 1-888-365-3742

OREGON– Medicaid

<http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
1-800-699-9075

PENNSYLVANIA – Medicaid

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx> | 1-800-692-7462

RHODE ISLAND– Medicaid and CHIP

<http://www.eohhs.ri.gov>
1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA– Medicaid

<https://www.scdhhs.gov> | 1-888-549-0820

SOUTH DAKOTA– Medicaid

<http://dss.sd.gov> | 1-888-828-0059

TEXAS– Medicaid

<http://gethipptexas.com> | 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>

CHIP: <http://health.utah.gov/chip> | 1-877-543-7669

VERMONT – Medicaid <http://www.greenmountaincare.org>

VIRGINIA – Medicaid and CHIP

<https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>

Medicaid: 1-800-432-5924 CHIP: 1-800-432-5924

WASHINGTON– Medicaid

<https://www.hca.wa.gov> | 1-800-562-3022

WEST VIRGINIA – Medicaid

<https://dhhr.wv.gov>

s

<http://mywvhipp.com>

m

Medicaid: 1-304-558-1700

CHIP Toll-free: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
1-800-362-3002

WYOMING– Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>

1-800-251-1269



Information in this benefits guide and booklet is not guaranteed to be accurate or complete. If you have questions regarding benefits, consult with Human Resources. Further, NFP and its subsidiaries and affiliates do not provide legal or tax advice, compliance, regulatory, and related contents for general informational purposes only. You should consult an attorney or tax professional regarding the application or potential implications of laws, regulations, or policies to your specific circumstances