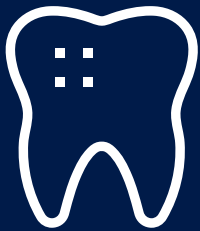


2026
DENTAL &
VISION



HAMPSHIRE COUNTY
GROUP INSURANCE TRUST



Employee Benefits Guide

July 1, 2026–June 30, 2027



HAMPSHIRE COUNTY

HCGIT takes pride in offering a comprehensive health insurance program, recognizing the vital role employee benefits play as a key component of your overall compensation. We are dedicated to ensuring our health insurance options remain competitive within the industry while delivering quality care to both members and their dependents.



Please refer to the member unit to confirm benefit offerings and premium splits.

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The Hampshire County Group Insurance Trust (HCGIT)

provides health insurance coverage to 61 municipal entities across Berkshire, Franklin, Hampshire, Hampden, and Worcester Counties. Established under Section 12 of Chapter 32B of the Massachusetts General Laws, the Trust enables the joint purchase of insurance for towns, cities, fire districts, regional school districts, water districts, and community development corporations. While these entities are members of the Trust, their employees remain part of their respective units and receive uniform rates and health insurance products as outlined in this benefits guide. HCGIT serves over 10,000 active and retired municipal employees and their eligible dependents.

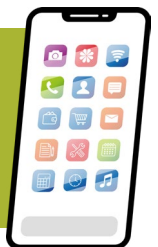


Plan	Phone Number and Website
Hampshire County Group Insurance Trust For eligibility questions, please start with your employer; the Trust is available if additional support is needed.	413-584-1300 www.hcgit.org
Dental Delta Dental	1-800-872-0500 www.deltadentalma.com
Vision Altus Vision VSP	1-877-223-0588 www.altusdental.com
For general plan questions, contact our broker John Garrish	1-860-461-0110 john.garrish@brfox.com

You can also find most carrier contact on the front of your ID card and in your Summary of Benefits.

There's an app for that!

Many of our providers have mobile apps that provide personalized access to your benefits when and where you need it! There are also a variety of FREE health and fitness related apps available. Browse and download apps to your smartphone or tablet from the App Store or Google Play.



How To Enroll

Enrollment forms are available online: HCGIT.org

All enrollment forms and dependent proof documents must be returned to your municipality or district.

Access your HCGIT Site!



Hampshire County Group Insurance Trust Files & Forms



Who Is Eligible For Benefits?

All employees who are benefit-eligible, as defined by your employer, are eligible for benefits. For new hires, coverage is effective on the date of hire or per unit policy.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married to.
 - For a Spouse, we require a completed Marital Status Affidavit and a copy of the city/town clerk's marriage certificate.
 - For an Ex-spouse, we require a completed Marital Status Affidavit and a copy of the divorce decree including the first page, the health insurance language page(s) and the court signature page.
- **Child(ren):** Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status. Dependents over age 26 with a qualifying disability may remain eligible for coverage, subject to plan criteria and required documentation through the carrier.
 - For Dependent/Adult Children, we require a copy of the city/town clerk's birth certificate for each child enrolled (hospital certificates are NOT acceptable). Adult children are eligible to remain on coverage until they reach age 26 (regardless of their schooling or marital status).

The benefits plan year runs July 1, 2026–June 30, 2027

Change-in-Status Events

Unless you have a qualifying event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. **Benefit changes must be consistent with your qualified change-in-status event.**

Changes must be submitted to Human Resources within 30 days of the event; documentation supporting the change will be required.

When can I change my benefits?



Marriage or divorce



Birth, adoption,
or death



Change in employment,
or employment status
for you, your spouse, or
your dependent child



**Scan/Click the QR code for
[Qualified Life Event Flyer](#)**



Don't understand what a qualified change-in-status event is?

Scan/Click the QR code or visit www.brainshark.com/hilbgroup/ChangeInStatusEvents to watch a short video.



Delta Dental

The features of your dental plan are highlighted in the table below. Please refer to your plan description for full details.

Plan Features	Core Plan	High Plan	PPO Plan
	Plan Summary In-Network / Out-of-Network YOU PAY	Plan Summary In-Network / Out-of-Network YOU PAY	Plan Summary In-Network / Out-of-Network YOU PAY
Network	Delta Dental PPO Plus Premier™	Delta Dental PPO Plus Premier™	Delta Dental PPO Plus Premier™
Annual Deductible Deductible does not apply for members under age 13. Deductible waived for Diagnostic and Preventive Services	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family
Annual Benefit Maximum Maximum amount the plan will pay per person per year	\$1,250	\$1,500	\$750
Preventive and Diagnostic Services Deductible waived Deductible waived	\$0	\$0	\$0
Basic Services	\$0 / 20%	\$0 / 20%	\$0 / 50%
Major Services	Not covered	50% / 50%	50% / 50%
Rollover Maximum Unused benefits can roll over to future years when you receive preventive care and keep yearly claims below the threshold.	Not available	Available	Available
Crowns, Bridges, Dentures, Implants	Not covered	Covered	Covered
Waiting Periods	None	12 months for major services	None

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Refer to plan summaries for details and exclusions






- ✓ **Receive In Network Preventive Services at no cost** with the deductible waived.
- ✓ **Member Portal & Mobile app:** 24/7 access to benefit information, locate vision providers, view ID cards and more.
- 💰 **In-Network Providers:** Members will receive the greatest benefit and lowest out-of-pocket costs. Your provider will be reimbursed directly.
- 💰💰 **Out-of-Network Services:** Provider charges in excess of the reimbursement amount are the member's responsibility.

Altus Vision / VSP

The features of your vision plan are highlighted in the table below. Please refer to your plan description for full details.

Altus Vision 150 Plus Plan Summary		
Plan Features	In-Network	Out-of-Network Reimbursement
Benefit Frequencies		
Vision exam		Once every 12 months
Eyeglass lenses		Once every 12 months
Frames		Once every 12 months
Contact Lenses (in lieu of glasses)		Once every 12 months
Vision Exam	\$10 copay	Up to \$55
Eyeglass Frames	\$25 copay \$150 plan allowance; 20% off balance	Up to \$70
Eyeglass Lenses		
Single vision	\$0 copay	Up to \$30
Lined bifocal	\$0 copay	Up to \$50
Lined trifocal	\$0 copay	Up to \$65
Lenticular	\$0 copay	Up to \$100
Contact Lenses in Lieu of Eyeglasses		
Fitting/exam	Not to exceed \$60	N/A
Contact lenses	\$0 copay \$150 allowance	Up to \$120

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

- 
Member Portal & Mobile App: 24/7 access to benefit information, locate eye doctors, view ID cards and more.
- 
In-Network Providers: Members will receive the greatest benefit and lowest out-of-pocket costs. Your provider will be reimbursed directly.
- 
Out-of-Network Reimbursement: Provider charges in excess of the reimbursement amount are the member's responsibility.



Click/Scan for more details on your vision benefits





INSURANCE | BENEFITS | HR SOLUTIONS

This guide provides a summary of the benefits available. The company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. Benefits are not a guarantee of employment.

Required Annual Notices

Click/Scan the QR code for federal health and welfare plan participant notices. The company is required to distribute this information to plan participants annually, including an important notice about your prescription drug coverage and Medicare. If you would like to receive a paper copy, or have any questions regarding the information, please do not hesitate to contact the HR Team.

