

2026
MEDICAL &
PRESCRIPTION



**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.

HCGIT oversees all aspects of your health insurance plan, including employee eligibility, covered benefits, exclusions, and policy limits. To enhance your experience, we have partnered with Blue Cross Blue Shield for medical coverage and CVS Caremark for prescription services.

Your employer has established personnel policies regarding eligibility that must be followed. For any inquiries or changes related to health insurance eligibility, please direct your questions to your municipality or district. They will either contact the Trust on your behalf or guide you on the necessary steps. For issues related to claims or other insurance-specific inquiries, please reach out to BCBS or CVS Caremark directly.

HCGIT plans satisfy Minimum Creditable Coverage (MCC) standards through the combined structure of our medical and pharmacy benefits.



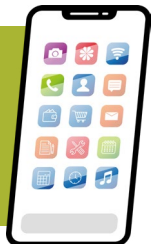
<https://www.hcgit.org/>

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
Medical Blue Cross Blue Shield of Massachusetts	1-800-486-1136 www.bluecrossma.org
Prescriptions CVS Caremark	1-844-201-2183 www.caremark.org
CANARX International brand-name maintenance medication savings program for chronic conditions	1-866-893-6337 www.canarx.com
ElectRx Customer Service International specialty and high-cost brand drug savings program	1-855-353-2879 www.electrx.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 BCBS MA.
 - 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.

Benefits Summary of Changes: July 1, 2026 - June 30, 2027

Introducing an Annual Deductible

Medical Plan Deductible	Prescription Deductible	Out-of-Pocket Maximum
\$250: Individual \$500: Family	\$100: Individual \$200: Family	\$5,000: Individual \$10,000: Family

- Members will now be responsible for an annual deductible, which is the amount required to be paid out of pocket for certain services before insurance coverage begins.
- The deductible is satisfied once per plan year. After meeting the amount, you won't have to pay it again until the next plan year.
- HMO Plan:** The deductible applies to all services except office visits and emergency room visits
- PPO Plan:** The deductible applies to all services

Note: The deductible for prescription medications has not changed and does not combine with the medical deductible.

- Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his/her deductible before the family deductible is reached, his/her services will be paid by the carrier.



Scan/Click the QR code for [Deductible Overview](#)

Changes to Copayments

Certain copayments are increasing in the new plan year related to specialist care, urgent care, inpatient, and outpatient visits as follows:

- Office Specialist: \$60
- Urgent Care: \$60
- Inpatient Care: \$500
- Outpatient Surgical: \$250

Expanded Coverage for Dependents

Effective July 1, 2026, coverage will be available for dependents living outside of the New England service area under the Network Blue New England Deductible Plan. This includes:

- In-network coverage for non-emergency medical and mental health care for registered dependents.
- Access to out-of-area emergency and urgent care, which remains available to all members.





Blue Cross Blue Shield of Massachusetts

Plan Features	BCBS Network Blue HMO \$250	BCBS Blue Care Elect PPO \$250
	eKit Deductible Overview	
	In-Network Benefits YOU PAY	In-Network Benefits YOU PAY
Annual Deductible (Individual/Family)	\$250 / \$500 <i>The deductible applies to all services except office visits and emergency room visits</i>	\$250 / \$500 <i>The deductible applies to all services</i>
Annual Out-of-Pocket Maximum (Individual/Family)	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive Services	No charge - Deductible waived	No charge - Deductible waived
PCP / Specialist Referrals Required?	Yes	No
OFFICE VISITS, LABS, AND TESTING		
PCP / Specialist Office Visits	\$20/\$60 per visit - Deductible waived	\$20/\$60 per visit - after Deductible
Chiropractor/Acupuncture Visit Copay	\$60 per visit - Deductible waived	\$60 per visit - after Deductible
Rehabilitation Visit Copay	\$60 per visit - Deductible waived	\$60 per visit - after Deductible
Mental Health/Substance Use Visit Copay	\$20 per visit - Deductible waived	\$20 per visit - after Deductible
Diagnostic Test (x-ray, blood work)	No charge - after Deductible	No charge - after Deductible
Hi-Tech Imaging (CT/PET scans, MRIs)	\$100 - after Deductible	\$100 - after Deductible
COMMONLY USED SERVICES		
Telehealth Services	\$20 per visit - Deductible waived	\$20 per visit - after Deductible
Hospital - Inpatient Facility fee (includes childbirth & mental health care)	\$500 per admission - after Deductible	\$500 per admission - after Deductible
Hospital - Outpatient Facility fee	\$250 per admission - after Deductible	\$250 per admission - after Deductible
Urgent Care Facility	\$60 per visit - Deductible waived	\$60 per visit - after Deductible
Hospital Emergency Room (Waived if admitted)	\$150 - after Deductible	\$150 - after Deductible
OUT-OF-NETWORK BENEFITS*		
Annual Deductible (Individual/Family)	Not covered	Combined with In-Network
Annual Out-of-Pocket Maximum (Individual/Family)	Not covered	Combined with In-Network
Coinsurance	Not covered	20%*

*Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan. This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.

Embedded Deductible — Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his/her deductible before the family deductible is reached, his/her services will be paid by the carrier.



Free BCBS MA Member Resources

[How to Find A Doctor PCP ID Number](#)

[Find a Doctor](#)

- **[MyBlue](#)**: The portal provides you and your family with the tools and resources to help manage your health care and overall wellness.
- **[AHealthyMe](#)**: Encourages healthy habits through a wellness incentive program that engages, motivates, and rewards you for making smart, healthy choices.
- **[Blue365](#)**: Offers access to healthy deals and exclusive discounts from participating vendors.
- **[CloseKnit](#)**: Offers comprehensive 24/7 support to talk to a doctor, refill prescriptions, or message your dedicated Care Team anytime.
- **[Out of Area Dependent Coverage](#)**: Effective July 1, 2026, coverage is available for dependents living outside of New England under the BCBS Network Blue® HMO Plan. To register, call Team Blue at 1-800-782-3675.
- **[Worldwide Coverage](#)**: Ensures access to quality health care wherever you are. Whether traveling within the United States or abroad, BlueCard® and Blue Cross Blue Shield Global® Core provide access to doctors, hospitals, and concierge-level service.
- **[Fitness & Weight Loss](#)**: Includes up to \$150 in fitness and weight loss reimbursements to support your wellness goals. Sign in to MyBlue to see your eligible amount and access forms. [Fitness Reimbursement Form](#) [Weight-Loss Reimbursement Form](#)
- **[Mental Health](#)**: Supports your mental and emotional well-being, recognizing that lifestyle changes like increased exercise, improved nutrition, and better sleep can make a meaningful difference.
- **[Prenatal, Pregnancy & Postpartum](#)**: Helps ensure you receive all available benefits throughout pregnancy, your postpartum journey, and your baby's first year. Check your plan to see what's covered. [Childbirth Class Reimbursement Form](#) [Breast Pump Savings](#)

Preventive Care Covered at 100%

Prevention is the best medicine, and your BCBSMA medical plans cover a wide range of preventive services to help you and your family lead healthy, productive lives. These services include annual routine examinations, well-childcare visits, immunizations, routine OB/GYN visits, mammograms, PAP tests, prostate screenings, and other services as required by the Affordable Care Act. These preventive services are covered in full in-network.



**Access your
HCGIT Site!**



**Hampshire County
Group Insurance
Trust Files & Forms**

Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for review. SBCs for each plan option, benefit summaries and forms can be found via <https://www.hcgit.org/>.



Virtual Visits

Lowest Cost Option

Quick, convenient care without leaving home.

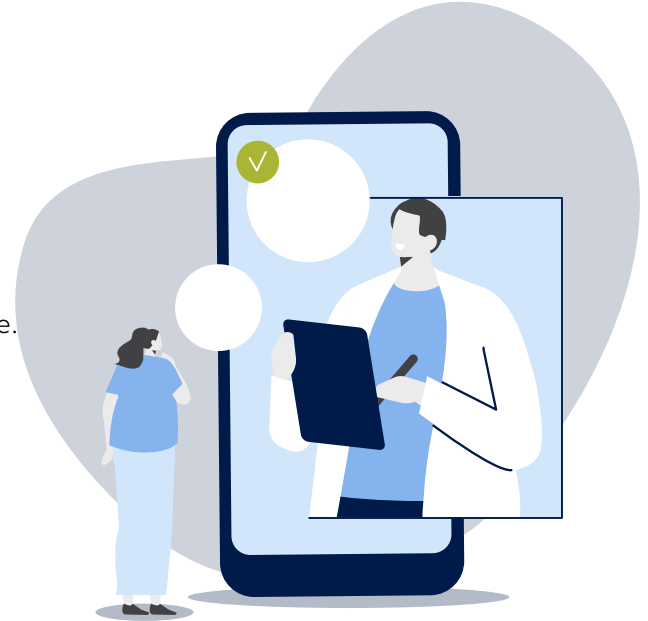
- Fever
- Sore throat
- Pink eye
- Coughs/congestion
- Allergy season
- Bronchitis
- Rashes (poison ivy, etc.)
- Mental health visits

Doctors can even write prescriptions online!

Visit member.bluecrossma.com to access Virtual Visits online.



Scan/Click the QR code to view a short video on Virtual Visits



Primary Care Provider (PCP)

Your go-to health partner helping you get healthy and stay healthy.

- Preventive care and screenings
- Acute care diagnosis and treatment
- Chronic condition care
- Referrals to specialists
- Health condition management
- Early detection
- Safe and confidential health conversations
- Lowers your health care costs



Urgent Care

Timely treatment when you need it most.

- Sprains
- Strains
- Minor broken bones (e.g., fingers)
- Minor infections
- Small cuts that may need a few stitches
- Minor burns
- X-rays



Emergency Room

Expert care for the most serious situations.

- Heavy bleeding and large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness or trouble talking
- Major burns
- Severe head or spinal injuries
- Difficulty breathing
- Major broken bones



Emergency Room Alternatives

Make sure you use your Virtual Visits or PCP before spending more out-of-pocket costs on ER and Urgent Care Visits.



CVS Caremark

Plan Features	BCBS Network Blue® HMO \$250	BCBS Blue Care Elect PPO \$250
	In-Network Benefits YOU PAY	
Rx Deductible (Individual/Family)	\$100 per individual / \$200 per family	
Annual Out-of-Pocket Maximum (Individual/Family)	Combined with medical (\$5,000/\$10,000)	
RETAIL PHARMACY - 30 DAY SUPPLY		
	Deductible applies	
Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	
MAIL ORDER - 90 DAY SUPPLY		
	Deductible applies	
All Tiers	2.5x retail copay	

This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.

Generic and brand-name medicines have the same:

- ✓ Active Ingredients
- ✓ Strength
- ✗ Shape
- ✓ Safety
- ✓ Quality
- ✗ Color
- ✓ Effectiveness
- ✓ Benefits
- ✗ Size



Scan/Click the QR code for CVS Caremark details

Although Generic medications may look different than the brand-name medication, they are still safe and effective.





CanaRx

CanaRx offers a convenient way to save on your everyday medications by providing a 90-day supply of select BRAND-NAME maintenance drugs for chronic conditions at ZERO COPAY. This program is designed to make long-term medications more affordable and easy to access for eligible members and their dependents.

To get started, call **1-866-893-6337** or visit www.canarx.com and use **WebID: HCGIT** to enroll.



Scan/Click the QR code for CANARX details

ElectRx

ElectRx helps manage the cost of more complex medications by providing access to specialty, biologic, and other high-cost prescriptions at reduced or no cost for eligible members. The program includes personalized support to help guide you through enrollment and medication fulfillment.

To enroll, call **1-855-353-2879**. Please have your current medication list and any medical or allergy information available.



Scan/Click the QR code for ElectRx details







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.

