



Measure #: 2024-050

TOWN COUNCIL MEASURE SUBMITTAL

Date: 01/02/2024 Submitted By: Human Resources Telephone #: 508-643-2175

MEASURE DESCRIPTION:

Authorization for payment of a FY23 Invoice in the amount of \$8.86 for adjustment of the June Blue 20/20 Vision Insurance.

Signed: 

PURPOSE AND JUSTIFICATION:

Authorization for payment of a FY23 Invoice in the amount of \$8.86 for adjustment of the June Blue 20/20 Vision Insurance. Please see the attached documentation for backup. This amount represents a charge for 2 employees with individual coverage in June that was not previously charged.

I respectfully request the Town Council approval for the payment of \$8.86.

SPECIAL REQUIREMENTS:

ATTACHMENTS: Blue2020 Billing Backup; December Invoice

REFER TO SUB-COMMITTEE:

Jocelyn Pfefferle

From: Blue2020 Billing <Blue2020Billing@ebpabenefits.com>
Sent: Wednesday, November 29, 2023 9:19 AM
To: Melissa Morse; Jocelyn Pfefferle; DaCruz, Nacelyn
Cc: Blue2020 EnrollmentServices; Blue2020 Billing
Subject: RE: Invoice # 2173711152023 (Town of Noth Attleboro)
Attachments: group#21737 Account Statement as of 11.28.23.xlsx

Good morning,

The \$8.86 is a charge adjustment was for two members who should have been charged for one month EE Only coverage (\$4.43) each for the month of June in group #21063 before the group transitioned to new group#21737. This charge was a onetime miscellaneous charge that was included in the amount listed as "other".

Martin Furtado-6/1/2023 \$4.43
Zachary Viau-6/1/2023 \$4.43.

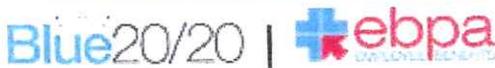
I have attached an account statement for review.

Thank you.

Best,
Chelsea Bushey
Staff Accountant

PTO: December 5-11th

EBPA LLC
37 Industrial Drive, Suite E
Exeter, NH 03833-4585
T: 603.773.4598 Option 2
E: Blue2020billing@ebpabenefits.com



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From: Morse, Melissa <Melissa.Morse@bcbsma.com>
Sent: Tuesday, November 28, 2023 3:39 PM
To: 'Jocelyn Pfefferle' <jppfefferle@nattleboro.com>; DaCruz, Nacelyn <Nacelyn.Medrano@bcbsma.com>; Chelsea Bushey <cbushey@ebpabenefits.com>
Cc: Blue2020 EnrollmentServices <Blue2020EnrollmentServices@ebpabenefits.com>; Blue2020 Billing <Blue2020Billing@ebpabenefits.com>
Subject: RE: Invoice # 2173711152023 (Town of Noth Attleboro)
Importance: High

*****THIS EMAIL ORIGINATED OUTSIDE OF THE ORGANIZATION. DO NOT CLICK LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE CONTENT IS SAFE.*****

Thank you,

Melissa Morse
Manager, Account Service
Indigo Insurance
T 617-246-3033
F 617-246-3007
Melissa.Morse@Indigo-insurance.com

From: Jocelyn Pfefferle <jpfefferle@nattleboro.com>
Sent: Monday, November 27, 2023 10:40 AM
To: Morse, Melissa <Melissa.Morse@bcbsma.com>; DaCruz, Nacelyn <Nacelyn.Medrano@bcbsma.com>
Subject: Invoice # 2173711152023

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning Nacelyn and Melissa,

I hope you both had a wonderful thanksgiving. I just received the Blue 20/20 Invoice # 2173711152023. And there is a charge of \$8.86 that is not listed/detailed out. Our November Bill totaled to \$1596.14, but on the December Bill the Previous charges are listed as \$1605. Can you please tell me what this difference is?

Thank You,

Jocelyn Pfefferle
Human Resources Generalist
Town of North Attleborough/North Attleborough Public Schools
P: 508-643-2175 Fax: 508-643-2144

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Group	Name	Trans Date	Cov Period	Invoice Amount	Pay Method	Check #	
21737	Town of North Attleboro	7/5/2023	7/1/2023	\$1,485.28	C	270621	
							(\$851.78) 7/24/2023
						270623	(\$9.72) 7/24/2023
						270620	(\$503.44) 7/24/2023
						270625	(\$26.26) 7/24/2023
						270624	(\$14.58) 7/24/2023
						270622	(\$79.50) 7/24/2023
							(\$1485.28) \$0.00
21737	Town of North Attleboro	7/15/2023	8/1/2023	\$1,530.01	C	271233	
						271235	(\$124.23) 8/17/2023
						271236	(\$9.72) 8/17/2023
						271237	(\$14.58) 8/17/2023
						271234	(\$851.78) 8/17/2023
						271238	(\$26.26) 8/17/2023
							(\$1530.01) \$0.00
21737	Town of North Attleboro	8/15/2023	9/1/2023	\$1,457.46	C	272673	
						272670	(\$14.58) 9/18/2023
						272674	(\$780.58) 9/18/2023
						272671	(\$28.19) 9/18/2023
						272669	(\$106.00) 9/18/2023
						272672	(\$509.53) 9/18/2023
							(\$9.72) 9/18/2023
							(\$1448.60) \$8.86
21737	Town of North Attleboro	9/15/2023	10/1/2023	\$1,634.56	C	274338	
						274334	(\$14.58) 11/1/2023
						274339	(\$516.81) 11/1/2023
						274337	(\$31.36) 11/1/2023
						274335	(\$9.72) 11/1/2023
						274336	(\$956.09) 11/1/2023
							(\$106.00) 11/1/2023
							(\$1634.56) \$0.00
21737	Town of North Attleboro	10/26/2023	11/1/2023	\$1,596.14	C	275145	
						275148	(\$106.00) 11/22/2023
						275144	(\$31.36) 11/22/2023
						275143	(\$831.04) 11/22/2023
						275146	(\$503.44) 11/22/2023
							(\$9.72) 11/22/2023
							(\$14.58) 11/22/2023
							(\$1596.14) \$0.00
21737	Town of North Attleboro	11/17/2023	12/1/2023	\$1,625.08	C	275147	
							(\$1596.14) \$0.00
							(\$7694.59) \$1,633.94 Total Due

September Invoice breakout
1513.98 Prem
-65.38 Adjustment
1538.87 carryover balance
2987.47 September Amount due

	FROM <u>12-01-2023</u>	TO <u>12-31-2023</u>
	Blue 20/20 PO BOX 2365 S BURLINGTON, VT 05407-2365 ACCOUNTING DEPARTMENT	Town of North Attleboro 6 Morse Street Attn: Accounts Payable North Attleboro, MA 02760

INVOICE #	INVOICE DATE	GROUP NUMBER	DUE	FOR BILLING QUESTIONS CALL
2173711152023	11/15/2023	21737	12/01/2023	603-773-4598

Adjustments :	Dept # <u>914</u> P.O. # _____	\$ <u>1625.08</u> < 40.11
New Charges :	Vendor# <u>8099-6</u> Final <input checked="" type="radio"/> Y <input type="radio"/> N	\$ 1,584.97
Other :	Org _____ Obj _____ Proj _____	\$ <u>8.86</u> - 1,605.00
Amount Due :	Approved 	\$ <u>1633.94</u> 3,230.08

For inquiries, please call (603) 773-4598 :

- Option 1 : Enrollment questions, eligibility updates
- Option 2 : Payment remittance questions or updating banking information
- Option 3 : Technical support, web portal set up, login resets, etc.

Please remit payments to : Blue 20/20 PO BOX 2365 S BURLINGTON, VT 05407-2365 Please include a copy of this invoice with payment	Please direct electronic funds transfers to : Blue 20/20 C/O TD Bank NA Bank Account # 5242640979 Bank Transit # 011600033
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INVOICE SUMMARY

Division: 0001 - Town

Product Name		Premium
Vision	\$	503.44
Subtotal	\$	503.44

Division: 0002 - School

Product Name		Premium
Vision	\$	959.98
Subtotal	\$	959.98

+ 8.86
512.30

Division: 0003 - NAED

Product Name		Premium
Vision	\$	106.00
Subtotal	\$	106.00

Division: 0004 - Sewer

Product Name		Premium
Vision	\$	9.72
Subtotal	\$	9.72

Division: 0005 - Solid Waste

Product Name		Premium
Vision	\$	14.58
Subtotal	\$	14.58

Division: 0006 - Water

Product Name		Premium
Vision	\$	31.36
Subtotal	\$	31.36

Total	\$	1,625.08
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CURRENT MONTH COVERAGE SUMMARY**Division: 0001 - Town**

Prod / Plan / Coverage	Enrollees		Premium
Vision / 21063VIS / Employee Only	27	\$	131.22
Vision / 21063VIS / Employee and Children	2	\$	17.02
Vision / 21063VIS / Employee and Spouse	9	\$	74.43
Vision / 21063VIS / Family	21	\$	280.77
Subtotal		\$	503.44

Division: 0002 - School

Prod / Plan / Coverage	Enrollees		Premium
Vision / 21063VIS / Employee Only	52	\$	252.72
Vision / 21063VIS / Employee and Children	3	\$	25.53
Vision / 21063VIS / Employee and Spouse	21	\$	173.67
Vision / 21063VIS / Family	35	\$	467.95

Division: 0002 - School

Prod / Plan / Coverage	Enrollees		Premium
Subtotal		\$	919.87

Division: 0003 - NAED

Prod / Plan / Coverage	Enrollees		Premium
Vision / 21063VIS / Employee Only	4	\$	19.44
Vision / 21063VIS / Employee and Spouse	4	\$	33.08
Vision / 21063VIS / Family	4	\$	53.48
Subtotal		\$	106.00

Division: 0004 - Sewer

Prod / Plan / Coverage	Enrollees		Premium
Vision / 21063VIS / Employee Only	2	\$	9.72
Subtotal		\$	9.72

Division: 0005 - Solid Waste

Prod / Plan / Coverage	Enrollees		Premium
Vision / 21063VIS / Employee Only	3	\$	14.58
Subtotal		\$	14.58

Division: 0006 - Water

Prod / Plan / Coverage	Enrollees		Premium
Vision / 21063VIS / Employee Only	2	\$	9.72
Vision / 21063VIS / Employee and Spouse	1	\$	8.27
Vision / 21063VIS / Family	1	\$	13.37
Subtotal		\$	31.36

Total		\$	1,584.97
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