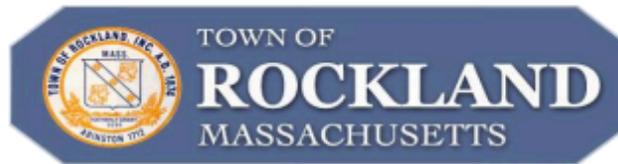


Central Office & Human Resources Contact List
Updated January 2026

Rockland Public Schools - Central Office Contact List		
Name	Point of Contact For:	Contact Information
Ira Kohler	<ul style="list-style-type: none"> ● Course Reimbursement <i>(Noelle Novio is first point of contact for Superintendent signature)</i> ● Accounts Payable 	ikohler@rocklandschools.org x4312 H110
Mary Jo Lipson	<ul style="list-style-type: none"> ● Contracts ● Lane Changes 	mlipson@rocklandschools.org x4106 H110D
Betsy Low	<ul style="list-style-type: none"> ● Payroll ● Benefits 	blow@rocklandschools.org x4110 H110A
Noelle Novio	<ul style="list-style-type: none"> ● Rentals/Room Reservations ● School Committee agenda ● Transportation ● Appt/Contact for Superintendents Office ● CORI Checks ● MEGA (workers compensation) 	nnovio@rocklandschools.org x4310 H110
Rockland Town Hall - Human Resources Contact List		
Lori Taylor	Human Resources Director	781-871-1874 x1103 ltaylor@rockland-ma.gov
Eileen Hickey	Human Resources Coordinator Benefits	781-871-1874 X1104 ehickey@rockland-ma.gov



**Employee Pricing (79/21%)
FY 26 Effective July 1, 2025**

Active	Monthly	52 Weeks	21 Weeks	FULL	*U65
BCBS NB Family	\$507.72	\$117.17	\$290.13	\$2417.71	\$604.43
BCBS NB Individual	\$193.56	\$44.67	\$110.61	\$921.73	\$230.43
BCBS PPO Family	\$633.09	\$146.10	\$361.77	\$3014.72	\$753.68
BCBS PPO Individual	\$241.36	\$55.70	\$137.92	\$1149.35	\$287.34
Altus Dental Family	\$66.10	\$15.25	\$37.77	\$132.19	\$66.10
Altus Dental Individual	\$17.57	\$4.05	\$10.04	\$35.12	\$17.57

BCBS Voluntary Vision Plan (100% paid by Employee)

Voluntary Vision Plan	Monthly/Weekly Premium	School 21 Pay
Individual	\$ 7.40/\$1.71	\$4.23
Employee plus spouse	\$ 12.58/\$2.90	\$7.19
Employee plus one or more children	\$ 12.95/\$2.99	\$7.40
Family	\$ 20.36/\$4.70	\$11.63

Symetra Group Life Insurance:

\$1.50/month \$20K coverage, retirees \$1.00/month, \$2K at retirement

Retirees Medex 2 PDP: \$114.93/month Full Premium: \$459.70/month

(Medex/PDP effective Jan 1, 2025 - December 31, 2025)

*U65 Retiree is 75/25 split

*52 Week is Town; 21 Pay is School



Benefits Summary

TOWN OF ROCKLAND

Group Number: 1543-0All

Altus Dental Plus - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays don't count against your annual maximum.

Annual Maximum
\$1,350

Elective Orthodontic Lifetime Maximum
\$1,000

Maximum Lifetime Cap
Unlimited

Deductible
Individual \$50
Family \$0

Dependent Coverage
Dependent children are covered under these benefits up until the end of the month that they turn 26.

P Pre-treatment Estimate Recommended

A Prior Authorization Required

See back page for additional information >

Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning twice per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- Bitewing x-rays two sets per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars
- Space maintainers once per lifetime for lost deciduous (baby) teeth
- Periodontal maintenance following active therapy two per year

Plan pays 80%; Member Coinsurance 20%- (Deductible Applies)

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.
- P • Root planing and scaling once per quadrant every 24 months
- P • Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- P • Gingivectomies once per site every 24 months
- P • Soft tissue grafts once per site every 60 months
- P • Crown lengthening once per site every 60 months
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasling or relining of partial or complete dentures once every 60 months

Plan pays 50%; Member Coinsurance 50%- (Deductible Applies)

- P • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months
- P • Bridges and crowns over implants replacement limited to once every 60 months
- P • Partial and complete dentures replacement limited to once every 60 months
- P • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months

Plan pays 100%; Member Coinsurance 0%

- P • Elective braces and related services for dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required.

This is a summary of benefits. The information shown here is not a guarantee of payment. Refer to the Certificate of Coverage for the full plan terms. The Certificate includes any limitations or exclusions not seen here. For a complete listing of frequencies and limitations go to www.altusdental.com/el. To be covered, services must be dentally necessary and appropriate as per our review guidelines.

Note: This plan does not include a missing tooth clause. In addition, if covered, crowns, bridges, partials and complete dentures are paid when the permanent structure is inserted (seated) by the dentist. Member coverage must be active on the date that the permanent structure is inserted and payment is based on benefits available on that day — for example, if the member's annual maximum has been paid prior to the insertion of the permanent structure, the service will not be paid.

* Time limits on services (e.g. 6, 12, 24, 36, or 60 months) are figured to the exact day. Services are then covered the following day. For example, when a service is covered once every 12 months, if the service was done on July 1, it will not be covered again until the following year on July 2 or after.

Out-of-Network Coverage

You have the freedom to choose any dentist, but it is important to know that your out-of-pocket costs may be higher when you visit a dentist who does not participate in our network. Non-participating dentists have not agreed to accept the Altus Dental allowance as payment in full, so services from an out-of-network dentist may cost you more. You may also have to pay the dentist at the time of service and file a claim yourself. To be eligible, all claims must be filed within one year of the date of service. To find a participating dentist near you, use our Find A Dentist tool at www.altusdental.com/el.

How to Find a Dentist

Choose from Altus Dental's extensive network of dentists, you're sure to find one that's right for you. Visit www.altusdental.com/el to use our online Find A Dentist tool. You can see if your current dentist participates with us or look for a new dentist by searching by name, location or specialty. Enter your address or other criteria important to you (extended hours, languages spoken, etc.), and our tool will return a list of dentists that meet your needs – as well as maps and driving directions.

Beyond Benefits

When you visit us at www.altusdental.com/el, you can access a wealth of important dental health information and manage your plan by:

- Checking your benefits and claims
- Reviewing your deductibles and maximums
- Using our Find A dentist tool to find a dentist in your area

Notice of Nondiscrimination and Accessibility Policy

Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-843-3582.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.

Voluntary Benefits:

The Town of Rockland provides a Group Basic Life and Accidental Death and Dismemberment insurance policy of \$20,000 (benefit-eligible employees only) for a low monthly premium of \$1.50. Coverage reduces to \$2,000 upon retirement. Basic Life insurance is only offered at hire.

Group Supplemental Life & AD&D Insurance (must be enrolled in Basic life to enroll)
Group Supplemental Life and AD&D insurance is offered in addition to basic life coverage, which is available in \$5,000 increments up to a maximum of \$100,000. Spousal and dependent coverage is available with varying premiums based on the coverage amount.

- Child life benefit from ages 15 Days to Age 25; \$2000.00.
- Upon the attainment of age 70 benefits reduce to \$5,000. Spousal benefit terminates at age 75.
- The employee must carry Basic Life insurance in order to obtain Supplemental Life insurance or Long Term Disability Insurance. Deductions will be withdrawn automatically through payroll on a monthly basis.

Combined Insurance:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Disability Insurance
- Life Insurance with Lifetime Benefits
- Access to the **College Tuition Benefit®** program