City of Boston Non-Medicare Health Insurance Plan Changes Effective 07/01/2020 Annual Enrollment May 1 – May 15

Plan Change

- Current: All plan accumulators (copay maximums, out-of-pocket limits, therapy visits, etc.) run on a calendar year (January 1 – December 31)
- New: All plan accumulators will run on a plan year (July 1 to June 30)

Copayment Change

- Current: Rx Retail (30-day): \$10/ \$25/ \$45 and Rx Mail Order (90-day): \$20/ \$50/ \$100
- New: Rx Retail (30-day): \$10/ \$30/ \$55 and Rx Mail Order (90-day): \$20/ \$60/ \$135

New Copayments

Category	Current	New	
Inpatient Hospital – care that you receive when admitted (acute, medical rehabilitation, skilled nursing care). Excludes mental health and substance use disorder.	None	Max one \$50 copayment per person per plan year	
Outpatient Hospital – care that you receive without being admitted or for a stay of less than 24 hours	None	Max one \$50 copayment per person per plan year	
Advanced Imaging (CT/PET scans, MRIs)	None	Max one \$50 copayment per person per plan year	

Note: each member can incur one copayment per each category per plan year

ID Cards

New cards will be issued for participants on the HPHC HMO and BCBS PPO plans only

Flexible Spending Account (FSA)

- Current: Participants are responsible for the FSA \$4 per month administrative fee
- New: Starting in the 2021 calendar year (January 1 December 31), the full administrative fee
 will be paid by the City

Premium Share

• Employee share of the premium will increase by 0.5% equating to 20% for the HMO plans and 30% for the PPO plan (see chart below)

Monthly Rates		FY20 (7/1/19 - 6/30/20)		FY21 (7/1/20 - 6/30/21)	
		Employee Share %	Employee Monthly	Employee Share %	Employee Monthly
Blue Care Elect Preferred PPO	Ind	29.5%	\$386.36	30.0%	\$410.80
	Fam	29.5%	\$953.68	30.0%	\$1,014.00
Harvard Pilgrim HMO	Ind	19.5%	\$166.27	20.0%	\$178.23
	Fam	19.5%	\$447.46	20.0%	\$479.83
AllWays Health Partners HMO	Ind	19.5%	\$138.58	20.0%	\$148.59
	Fam	19.5%	\$367.38	20.0%	\$393.90

