


Annual Enrollment

Employees and Non-Medicare Retirees



- **Welcome!**

- **Tips:**

- Do keep your mic on mute and respect “raise your hand” protocols
- Do be respectful to the presenters and other participants on the call
- Do save all questions for the end. If you have questions related to your personal health situation, call the respective health insurance plan. Otherwise:
 - Send questions in the chat function
 - OR -
 - “Raise your hand“ to verbally ask a question
 - Select ‘Participants’ and  Raise Hand
 - Wait to be unmuted

City of Boston: 2021 Annual Enrollment

Zoom Meeting Participants



Marianna Gil

Director of Benefits

**AllWays Health
Partners**

**Blue Cross Blue
Shield of
Massachusetts**



- **Agenda**

- Annual enrollment
- What is happening?
- What does this mean for me?
 - AllWays Health Partners Value HMO
 - BCBS Standard HMO (Network Blue New England)
 - BCBS PPO (Blue Care Elect Preferred)
 - Premium share
- Opt-Out (active COB employees)
- Flexible Spending Accounts (FSAs)
- Helpful Information

- **Annual enrollment: April 26 – May 21 for coverage effective July 1, 2021**

- If you agree to the default plans in the chart below and you do not wish to make any other changes to your current coverage, you do not need to do anything.

CURRENT PLAN OPTIONS (7/1/20 - 6/30/21)	NEW PLAN OPTIONS (effective 7/1/21)
AllWays Health Partners Standard Network HMO	AllWays Health Partners Value Network HMO
Harvard Pilgrim Health Care Standard Network HMO	BCBSMA Standard Network HMO (<i>Network Blue New England</i>)
BCBSMA PPO (<i>Blue Care Elect Preferred</i>)	BCBSMA PPO (<i>Blue Care Elect Preferred</i>)

- If you are adding a spouse or dependent, you will be required to provide documentation verifying eligibility, such as a certified marriage or birth certificate.
- If you are enrolling in coverage for the first time, the basic life insurance form is required.
- All necessary documents must be submitted together, otherwise, partial documents will be voided.

• **PEC agreement**

- The City of Boston and the Public Employee Committee (PEC) signed a five year agreement that lowers healthcare costs for the City of Boston while providing current and retired employees with quality healthcare coverage.
 - The Boston PEC represents over 16,000 active union members throughout the City of Boston, including Police, Fire, Schools, Libraries, Public Works, Transportation, Parks and Recreation, Inspectional Services, and an additional 14,000 retiree participants.
 - Avoids the City health insurance program moving to the Massachusetts Group Insurance Commission (GIC).
- Management of the City's health plan costs has allowed the City to invest in meaningful projects in our neighborhoods and services for our residents.
 - City's health care budget was only 9 percent of the total budget in fiscal year 2019.
 - This new agreement furthers reduces the growth in that important health care trend trajectory, while continuing to provide quality care for members.

- **PEC agreement**

- The agreement includes:
 - The introduction of a new Value Network HMO with a provider network focused on high quality, high performance, lower-cost providers in Massachusetts.
 - Deductibles for the Standard HMO and PPO plans
 - Co-payments for hospitalization and advanced imaging
 - Changes to premium shares and existing co-payments
- PEC and the City undertook a diligent review of the healthcare market to determine the competitiveness of our provider networks and fees.

- **AllWays Health Partners Value HMO**

- A Value HMO's provider network is focused on high-quality, high-performance, lower-cost providers. A Value HMO network is typically a subset of a Standard HMO network.
- Most of the current PCPs, providers, and facilities are in the Value HMO network, but you should confirm that your PCP, as well as other providers and facilities participate.
- Many of the region's most respected institutions are part of the network—Massachusetts General Hospital, Brigham & Women's Hospital, Beth Israel Deaconess Medical Center, Lahey Hospital & Medical Center, Mass Eye and Ear, Boston Medical Center, Newton-Wellesley Hospital, North Shore Medical Center, South Shore Hospital, and many more.
 - There will be no changes to the behavioral health providers in the Value HMO network.
 - Boston Children's Hospital, Dana-Farber Cancer Institute, and Tufts Medical Center are examples of hospitals that are not in the Value HMO Network.

- **AllWays Health Partners Value HMO**

- No plan design changes from the current AllWays Standard HMO.
- If you are currently in the AllWays HMO Plan:
 - If you do not take action during the Annual Enrollment period, you will be **automatically enrolled** in the new AllWays Value HMO effective **July 1, 2021**.
 - In April, you will receive a letter from AllWays identifying any Providers or Facilities you may have received care from that are no longer covered as an in-network provider in your new plan. This will include Primary Care Providers and Specialists. It is always a good idea to verify with your providers if they participate in the network.
- You will receive a **new insurance card in June** whether or not you chose to switch plans during the Annual Enrollment period.

- **BCBS Standard HMO (Network Blue New England)**

- The Blue Cross Blue Shield (BCBS) Standard HMO Plan replaces the Harvard Pilgrim Standard HMO Plan. If you are currently in the Harvard Pilgrim Standard HMO Plan:
 - If you do not take action during the Annual Enrollment period, you will be **automatically enrolled** in the new BCBS Standard effective **July 1, 2021**.
 - In April, you will receive a letter from BCBS **only if your Primary Care Provider (PCP) is no longer covered** as an in-network provider in your new BCBS plan. At that time, we recommend also verifying with your other providers and facilities to ensure they are in the network or identifying alternative providers you can utilize.
 - OB-GYN or other specialist cannot be designated as your PCP
 - In April, you will receive a letter from BCBS **only if** your prescription medications will no longer be covered or changing tiers under the continued BCBS Standard HMO plan.
 - You will receive a **new insurance card in June** whether or not you chose to switch plans during the Annual Enrollment period.

- **BCBS Standard HMO (Network Blue New England)**

- My dependent has been approved to stay on the HMO plan past their 26th birthday due to disability. Will they remain eligible on the Blue Cross Standard HMO?
 - Yes, all disabled dependents who Harvard Pilgrim Healthcare (HPHC) approved will be approved for eligibility on the BCBSMA Standard HMO plan for the first six months of coverage.
 - You will need to request an extension of coverage for your disabled dependent to continue coverage after January 1, 2022. You will receive a letter from BCBSMA in July advising you of the six-month approval. Along with the letter, you will receive a form you can complete to request an extension for coverage for your dependent. You will also receive a reminder letter in December 2021 letting you know that you need to request an extension of coverage for your disabled dependent.

- **BCBS Standard HMO (Network Blue New England)**
 - Will dependents living outside of New England still be covered?
 - Coverage will continue to be available for those dependents who reside outside of New England as a result of being a student. Any out-of-area dependent who is actively registered with Harvard Pilgrim prior to June 1 will be grandfathered and automatically registered with the BCBSMA HMO plan, including those who are no longer students. After July 1, if you are calling BCBS Member Service to newly register your out-of-area dependent, they must be either a full-time or part-time student.
 - Will my existing mail-order prescriptions transfer over to Express Scripts?
 - The City has authorized HPHC to send a list of all open mail-order prescriptions and refills from Optum. Those prescriptions will transfer over to Express Scripts. Your mail-order will not be released until you create an account and provide billing information.

- **BCBS Standard HMO (Network Blue New England)**

- I was enrolled in the Case Management Program with Harvard Pilgrim. Will I need to reach out to BCBSMA to enroll in their Case Management Program?
 - No, HPHC will be sending a file of all members currently enrolled in Case Management to BCBSMA. Anyone currently enrolled will be automatically enrolled in Case Management with BCBSMA.
- I had a referral to a specialist and/or an approved authorization on my HPHC HMO. What happens to that referral or authorization on the BCBSMA HMO?
 - The City of Boston is sending all open referrals and authorizations from the last 90 days (April 2021 – June 2021) of the Harvard Pilgrim plan to BCBSMA. Any referral or authorizations that is still active over the last 90 days of the plan will be transferred over to BCBSMA.

- **BCBS PPO (Blue Care Elect Preferred)**

- If you are currently in the BCBS PPO Plan:
 - If you do not take action during the Annual Enrollment period, you will remain in the BCBS PPO (Blue Care Elect Preferred) plan.
 - In April, you will receive a letter from BCBS **only if** your prescription medications will no longer be covered or changing tiers under the continued BCBS PPO plan.
- You will receive a **new insurance card in June** whether or not you chose to switch plans during the Annual Enrollment period.

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What does this mean for me? BCBS Standard HMO & PPO



• BCBS HMO & PPO

- City of Boston and PEC agreement includes plan design changes effective July 1, 2021:

CATEGORY	CURRENT (7/1/20 - 6/30/21)	NEW (effective 7/1/21)
BCBS Standard HMO Deductible	None	\$100 member / \$200 family
BCBS PPO Deductible	In-Network: None Out-of-Network: \$250 member / \$750 family	In-Network: \$250 member / \$500 family Out-of-Network: \$350 member / \$875 family
BCBS Standard HMO and BCBS PPO Specialist Visit	\$30	\$35
BCBS Standard HMO and BCBS PPO Inpatient Hospital	Maximum of one \$50 copayment per person per plan year	Maximum of one \$100 copayment per person per plan year
BCBS Standard HMO and BCBS PPO Outpatient Hospital	Maximum of one \$50 copayment per person per plan year	Maximum of one \$100 copayment per person per plan year
BCBS Standard HMO and BCBS PPO Advanced Imaging	Maximum of one \$50 copayment per person per plan year	Maximum of one \$100 copayment per person per plan year

- **BCBS Standard HMO & PPO**

- Deductible and copay application effective July 1, 2021.

Deductible Only:


- Ambulance transport
- Home health care services
- Skilled nursing care
- Durable medical equipment
- Diagnostic imaging and diagnostic blood work

Deductible and Copay:

- High tech imaging (MRI, CT Scan, PET)
- Hospital outpatient services and day surgery (except mental health)
- Inpatient hospital services (except mental health)
- Emergency room services

Copay Only:

- Office visits - illness or injury
- Specialist visits
- Outpatient and inpatient mental health and substance abuse services
- Therapeutic procedures such as occupational, speech, and physical therapy
- Urgent care
- Outpatient pharmacy
- Telehealth



Atrius and Harvard Vanguard are part of the networks for all three non-Medicare plans. Visit each plan's website, or call the plan to see if your other providers are in the network.

- **Additional benefits include:**

- Fitness program reimbursement up to \$150
- Access to **Livongo for Diabetes** program at no cost which includes unlimited strips, connected blood glucose meter, personalized insights, and expert coaching.
- **BCBS:**
 - Access to **Hinge Health**, which provides a preventive pain management program that helps adults proactively manage chronic back and joint pain through a 12-month, coach-led, digital experience.
 - Access to **Ovia Health**, which is a digital platform with clinical programs, predictive interventions, and personalized pathways spanning the spectrum of family health and parenting to improve family wellbeing and fostering positive outcomes (women's health, family building, maternity, parental wellbeing, & children's health).
- **AllWays**
 - Access to **iHeart Champion** – a collaboration with Brigham & Women's Hospital Remote Cardiovascular Health Program to help members reduce unhealthy cholesterol, blood pressure, & risk of heart attacks without the need for office visits.

- **Premium share**

- Employee/retiree share of the premium will increase by 0.5% equating to 20.5% for the HMO plans and 30.5% for the PPO plan:

Monthly Rates		FY21 (7/1/20 - 6/30/21)		FY22 (7/1/21 - 6/30/22)	
		Employee Share %	Employee Monthly	Employee Share %	Employee Monthly
AllWays Value HMO	Ind	20.0%	\$148.59	20.5%	\$154.57
	Fam	20.0%	\$393.90	20.5%	\$409.76
BCBS Standard HMO (Network Blue New England)	Ind	20.0%	\$178.23	20.5%	\$186.29
	Fam	20.0%	\$479.83	20.5%	\$493.61
BCBS PPO (Blue Care Elect Preferred)	Ind	30.0%	\$410.80	30.5%	\$346.45
	Fam	30.0%	\$1,014.00	30.5%	\$918.06

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Premium Share



Bi-Weekly Rates		FY21 (7/1/20 - 6/30/21)		FY22 (7/1/21 - 6/30/22)	
		Employee Share %	Employee Bi-Weekly	Employee Share %	Employee Bi-Weekly
AllWays Value HMO	Ind	20.0%	\$68.58	20.5%	\$71.34
	Fam	20.0%	\$181.80	20.5%	\$189.12
BCBS Standard HMO (Network Blue New England)	Ind	20.0%	\$82.26	20.5%	\$85.98
	Fam	20.0%	\$221.46	20.5%	\$227.82
BCBS PPO (Blue Care Elect Preferred)	Ind	30.0%	\$189.60	30.5%	\$159.90
	Fam	30.0%	\$468.00	30.5%	\$423.72

Weekly Rates		FY21 (7/1/20 - 6/30/21)		FY22 (7/1/21 - 6/30/22)	
		Employee Share %	Employee Weekly	Employee Share %	Employee Weekly
AllWays Value HMO	Ind	20.0%	\$34.29	20.5%	\$35.67
	Fam	20.0%	\$90.90	20.5%	\$94.56
BCBS Standard HMO (Network Blue New England)	Ind	20.0%	\$41.13	20.5%	\$42.99
	Fam	20.0%	\$110.73	20.5%	\$113.91
BCBS PPO (Blue Care Elect Preferred)	Ind	30.0%	\$94.80	30.5%	\$79.95
	Fam	30.0%	\$234.00	30.5%	\$211.86

- **Opt-out June 1 – June 18**

- If you choose to receive coverage under another medical plan outside of the City of Boston's group coverage, you may waive the City of Boston plan and receive an annual opt-out payment through your paycheck.
- Based on your union code, you may qualify for the regular or enhanced opt-out program, which differs in stipulations and payout:
 - Regular opt-out program: currently enrolled in a City health plan for at least one year
 - \$1,000 for waiving an individual health insurance plan or \$1,500 for waiving a family health insurance plan
 - Enhanced opt-out program: enrolled in a City health plan for at least one year at some point during your current employment with the City
 - \$1,500 for waiving an individual health insurance plan or \$2,500 for waiving a family health insurance plan

- **Flexible Spending Accounts (FSAs)**

- The City of Boston offers several tax-advantaged options to help active employees pay for healthcare, dependent care, and commuting expenses.
- Your contributions are tax free and so are reimbursements that you claim.
- For each FSA option you select, the City of Boston deducts your contribution from your paycheck on a pretax basis. As a result, you pay less in federal income and Massachusetts state income tax.
- The \$4 monthly FSA administrative fee is now covered by the City of Boston.
- Health Care FSA participants get an extra 75 days at the end of the plan year to spend down the prior year's available balance.
- When employees terminate or retire, they have until the end of the calendar year to submit a claim for services that occurred prior to their separation date.

- **Flexible Spending Accounts (FSAs)**

- Health Care FSA: Up to \$2,750 per year
- Dependent Care FSA: Up to \$5,000 per family per year
- Transportation (parking): \$3,240 per year (\$270 per month)
- Transportation (transit): \$3,240 per year (\$270 per month)



A **Health Care FSA** allows you to set aside pre-tax money for eligible health care expenses.

Use it for medical, dental, vision, and prescription expenses



A **Dependent Care FSA** allows you to set aside pre-tax money for eligible dependent day care expenses.

Use it for child and elder day care while you work, like before- and after-school care expenses, summer day camp, nursery school and pre-school. *Medical and health care expenses **are not eligible**.*

- **Flexible Spending Accounts (FSAs)**

The Consolidated Appropriations Act 2021 and the American Rescue Plan Act of 2021, gives employers the ability to make short-term changes to Flexible Spending Accounts (FSAs). In accordance with these Acts, the City of Boston has adopted the following provisions:

- Temporary extension of grace periods for Dependent Care and Health FSAs.
 - Allows active participants to use their remaining 2020 contribution balance up until 12/31/2021, instead of the two and a half month standard grace period.
- Temporary flexibility regarding mid-year election changes to Dependent Care and Health FSA elections.
 - Allows active participants to make one prospective change to their 2021 elections, without regard to any change in status. Normally, mid-year election changes are only permitted for status-change events.

- **Flexible Spending Accounts (FSAs)** *continued*
 - Temporary increase of the maximum age of eligible dependents for use of Dependent Care funds.
 - Allows active participants reimbursement of otherwise eligible dependent care expenses for children who attain age 14 (instead of age 13), during the 2021 year.
 - Temporary increase of the max contribution limit for Dependent Care Flexible Spending Account.
 - Allows active participants during the 2021 calendar year to contribute a maximum of \$10,500 for individuals or married filing jointly (up from \$5,000). For married individuals filing separately, the maximum is \$5,250 (up from \$2,500).

- **Health Benefits Office**

- 1 City Hall Square, Room 807
Boston, MA 02201
- **Email:** hbi@boston.gov
- **Phone:** 617-635-4570
- **Fax:** 617-635-3932
- **Office hours:** Monday–Friday,
9 a.m.–5 p.m.

- **Health Benefits Websites:**

- **Annual enrollment:** boston.gov/ae2021
- **City employees:** boston.gov/city-workers
- **Retirees:** boston.gov/retirees

- **AllWays Health Partners**

- **Phone (current member):** 866-567-9175
- **Phone (non-member):** 800-871-2223
- **Website:**
allwayshealthpartners.org/cityofboston

- **Blue Cross Blue Shield of Massachusetts**

- **Phone:** 888-714-0189
- **Website:**
accounts.bluecrossma.com/city-of-boston

- **Cafeteria Plan Advisors, Inc.**

- **Phone:** 781-848-9848
- **Website:** cpa125.com