

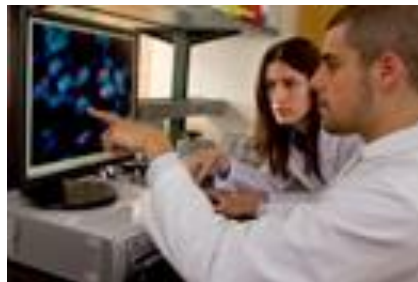


Roman Catholic Archdiocese of Boston Lay Benefits Office

Health Plan Update
Open Enrollment 2017

Health Plan Update

- Health Plan rates will increase by 5.7% overall effective October 1, 2017
 - True increase is closer to 11%
 - Subsidy of \$1.6 million voted by Plan Trustees
 - Ongoing high costs related to prescription drugs, cancer treatments, lack of participation in care management programs. These and other factors contribute to costs higher than typical employers'.



Outline of Possible Future Plan Design Changes – October 2017 or later

- Three options have been investigated for possible future Health Plan design changes. Proposed plan options only available if the Plan loses grandfathered status under the ACA no earlier than October 1, 2018 (still to be determined).
 - Option 1: Change from Tufts to another health plan carrier.
 - Option 2: Increase co-pays and add deductibles to the current Point of Service (POS) plan with Tufts, but do not change other benefits
 - Option 3: Elimination of the current plan, replaced by a “Your Choice” 2-tier Point of Service plan
 - Option 4: Elimination of the current plan, replaced by two choices: a “high” POS Plan *or* a “low” Select Network HMO plan

Various combinations of the above are under consideration.

Option 1: Maintain Current Plan Design, but Increase Out of Pocket Costs

	Current		Plan Changes	
	Steward	Tufts	Steward	Tufts
Primary Care	\$20	\$25	\$20	\$30
Specialist	\$30	\$40	\$30	\$45
Inpatient Facility	\$100	\$250	\$200	\$500
Out-Patient Facility	\$75	\$150	\$150	\$250
MHSA In-Patient	\$100	\$250	\$200	\$500
MHSA Out-Patient	\$20	\$25	\$20	\$30
ER	\$100	\$100	\$150	\$150
Pharmacy (Retail/Mail)				
Generic	\$10/\$20		\$10/\$20	
Preferred Brand	\$30/\$60		\$35/\$70	
Non-Preferred	\$45/\$90		\$50/\$100	

No changes will be made until a final determination is made regarding the Plan's grandfathered status under the ACA.

Option 2: Replace Current Plan with 2-tier Plan

- Employees using Tier 1 providers would have no deductible and lower co-pays.
 - Ex: Lahey Clinic, Mt. Auburn Hospital, Beth Israel Deaconess
- Employees using Tier 2 would have a \$1,000 individual deductible on some care and higher copays
 - Ex: Mass General, Newton Wellesley, Brigham & Women's
- Pharmacy co-pays would increase across the board

No changes will be made until a final determination is made regarding the Plan's grandfathered status under the ACA.

Option 3: Allow Employees a Choice: “High” Plan or “Low” Plan

- “High” Plan would be POS Plan, with a deductible in-network and higher co-pays than current plan for all services.
 - Care received out of network would be covered at 70-80%.
 - Payroll deductions/overall premiums would be more than for “low” plan.
- “Low” Plan would be a limited-network HMO.
 - Certain hospitals and providers would not be covered at all.
 - Ex: Mass General, Children’s Hospital, Tufts Medical Center, etc.
 - \$1,500 in-patient co-pay
 - \$250 ER visit and imaging (xrays, MRIs, etc.) co-pay
 - No deductible
 - Payroll deductions/overall premiums would be lower than for “high” plan
- Pharmacy co-pays would increase under both options

No changes will be made until a final determination is made regarding the Plan’s grandfathered status under the ACA.

OUT OF POCKET COST SCENARIOS

SCENARIO 1

Assumes all in network

28 year old male, one preventive visit per year, one sick visit, one monthly maintenance Rx at the generic level

Service	Current - Steward	Current - Tufts	Option 1 - Steward	Option 1 - Tufts	Option 2 - Tier 1	Option 2 - Tier 2	Option 3 - "High"	Option 3 - Select HMO - "Low"
Preventive visit (1)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sick Visit (1)	\$20	\$25	\$20	\$30	\$25	\$50	\$35	\$35
Monthly maintenance Rx (generic, 1)	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
Annual Out of Pocket Spend	\$140	\$145	\$140	\$150	\$145	\$170	\$155	\$155

OUT OF POCKET COST SCENARIOS SCENARIO 2

Assumes all in network

35 year old female, pregnant

Service	Current - Steward	Current - Tufts	Option 1 - Steward	Option 1 - Tufts	Option 2 - Tier 1	Option 2 - Tier 2	Option 3 - POS "High"	Option 3 - Select HMO - "Low"
Routine Outpatient	\$200*	\$200*	\$200*	\$200*	\$0	\$0	\$0	\$0
Bloodwork, ultrasounds	covered in full	covered in full	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Labor and Delivery	\$100	\$250	\$200	\$500	\$500	\$2000**	\$500	\$1,500
Annual Out of Pocket Spend	\$300	\$450	\$400	\$700	\$500	\$2,000	\$500	\$1,500

*global copay—pay up to 10 visits

** \$1,000 for deductible, \$1,000 copay

OUT OF POCKET COST SCENARIOS SCENARIO 3

Assumes all in network

60 year old male, 5 monthly maintenance Rx at various levels, one outpatient surgery, one preventive visit, 10 PT visits, one sick visit, six specialist visits

Service	Current - Steward	Current - Tufts	Option 1 - Steward	Option 1 - Tufts	Option 2 - Tier 1	Option 2 - Tier 2	Option 3 - POS - "High"	Option 3 - Select HMO - "Low"
Monthly maintenance Rx (generic, 2)	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240
Monthly maintenance Rx (preferred, 2)	\$720	\$720	\$840	\$840	\$840	\$840	\$840	\$840
Monthly maintenance Rx (non-preferred, 1)	\$540	\$540	\$600	\$600	\$600	\$600	\$600	\$600
Outpatient surgery (1)	\$75	\$150	\$150	\$250	\$500	\$1,000	\$500	\$500
Preventive visit (1)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Therapy visit (10)	\$200	\$250	\$200	\$300	\$250	\$1,500	\$350	\$350
Sick visit (1)	\$20	\$25	\$20	\$30	\$25	\$50	\$35	\$35
Specialist visit (6)	\$180	\$240	\$180	\$270	\$210	\$450	\$210	\$210
Annual Out of Pocket Spend	\$1,975	\$2,165	\$2,230	\$2,530	\$2,665	\$4,680	\$2,775	\$2,775

Assumes all in network
22 year old female, cancer patient

OUT OF POCKET COST SCENARIOS SCENARIO 4

Service	Current - Steward	Current - Tufts	Option 1 - Steward	Option 1 - Tufts	Option 2 - Tier 1	Option 2 - Tier 2	Option 3 – POS – “High”	Option 3 - Select HMO – “Low”
Specialist Visit (12)	\$360	480	\$360	\$540	\$420	\$900	\$420	\$420
4 HTI	\$0	\$0	\$0	\$0	\$600	\$4,100	\$1,000	\$1,000
Diagnostic lab work	\$0	\$0	\$0	\$0	\$0	\$0	\$250	\$250
Inpatient Surgery	\$100	\$250	\$200	\$500	\$500	\$0	\$500	\$1,500
Outpatient Surgery	\$75	\$150	\$150	\$250	\$500	\$0	covered in full (deductible satisfied with inpatient surgery)	\$500
Monthly maintenance Rx (preferred, 2)	\$720	\$720	\$840	\$840	\$840	\$0	\$840	\$840
Monthly maintenance Rx (non-preferred, 1)	\$540	\$540	\$600	\$600	\$600	\$0	\$600	\$600
Annual Out of Pocket Spend	\$1,795	\$2,140	\$2,150	\$2,730	\$3,460	\$5,000	\$3,610	\$5,110

Option 2, Tier 2: employee hit OOP max during High Tech Imaging (HTI)