



Frequently Asked Questions RCAB Health Plan Changes Effective 10/1/2018

Section A: RCAB Health Plans in General

A1. What changes will be made to the Health Plan effective October 1, 2018?

As described in more detail in the Announcement, the Health Benefit Trust will offer two options, an Enhanced POS Plan and a Basic POS Plan, both administered by Blue Cross Blue Shield of Massachusetts (Blue Cross). These two Plans include a number of changes from the current Health Plan, ranging from the introduction of in-network deductibles to increased co-pays for certain services.

A2. Why are these changes being made?

The Trustees for the RCAB Health Benefit Trust have become increasingly concerned with the rapidly rising cost of the existing RCAB Health Plan for employees and employers over the last several years. In order to continue to provide health plan coverage that is comprehensive and that is as affordable as possible, the Trustees have worked with the Benefits Office, outside consultants, and legal counsel since the Fall of 2016 to determine what changes would best serve these goals now and into the future.

A3. Where can I find the identities of the Trustees? Did they take into account employee needs in making their decisions?

The names of the Trustees for the RCAB Health Benefit Trust are posted online. [www.catholicbenefits.org/PDF/health/RCAB Health Life LTD Trustees.pdf](http://www.catholicbenefits.org/PDF/health/RCAB%20Health%20Life%20LTD%20Trustees.pdf). These individuals include Archdiocese Pastoral Center staff members (ex: Chancellor, Assistant Vicar for Administration), a parish Business Manager, a Pastor, lay volunteers who do not work for the Archdiocese or any related entity, and others. Most of the Trustees work or have recently worked with teachers and lay employees at parishes and other locations covered by the Health Plan and are very aware of the unique combination of dedication to the work of the Church and salaries that are below what are paid in the private/for-profit sector. The viewpoint of employees covered by the Health Plan were discussed and taken into account at every decision point made by the Trustees. The final decisions were the results of the Trustees' best efforts to balance the needs of employees and their family members with the economic reality of a Health Plan that was becoming increasingly unaffordable.

A4. Why was Blue Cross selected to replace Tufts Health Plan?

Following an extensive competitive selection process, the Trustees determined that Blue Cross would be the best partner to provide a strong local network of providers, an ongoing focus on improving member health (including a vibrant wellness program), and the innovative tools to manage chronic medical conditions (ex: diabetes) and complex long-term conditions (ex: cancer). Blue Cross's focus on working with primary care providers to improve member health allows them to be uniquely positioned to help the Health Benefit Trust manage costs into the future while providing the highest level of care.

A5. Will the Plan Year continue to start on October 1 after this year?

No. After October 1, 2018, the Plan Year start date will be July 1. The Health Plan has used an October 1 plan year start date for decades, which coincided with the fiscal year of the former Caritas Christi Hospitals, whose employees were covered by the Health Plan until 2009. Since then, the Trustees have become increasingly aware of the awkwardness of the October 1 date from an employee perspective, an employer budget perspective, and an operational perspective with so many new employees being hired September 1 each year. Therefore, the decision was made to align the Plan Year start date with the fiscal year start date of the employers that participate in the Health Plan, beginning on July 1, 2019.

A6. Will additional changes be made in the future, such as additional plan design options (ex: High Deductible Health Plan, HMO, etc.)?

It is possible that changes to add these options will occur after June 2019. It is also possible that the current POS offering will be eliminated and replaced with one or more of these options after June 2019. Any changes made by the Trustees will be communicated so that employees have an opportunity to make decisions about health plan coverage well in advance of an effective date.

A7. Is the requirement that employees work 1,000+ hours/year still in place? Will this change in the future?

The minimum 1,000 hour per year requirement (sometimes expressed as minimum 20 hours per week for employees who work year-round/24 hours per week for employees who work 10 months per year) will remain in effect through at least June 30, 2019. The Trustees may decide to increase the required annual hours in future Plan years, consistent with applicable laws. Any changes made by the Trustees will be communicated in advance so that employees have an opportunity to make decisions about health plan coverage well in advance of an effective date.

Section B: Enrollment

B1. What is a POS Plan?

POS stands for "Point of Service" and means that the plan covers services provided by physicians and hospitals in-network and out-of-network, and that a referral from a Primary Care Provider (PCP) is required prior to receiving care from any specialist. With a POS plan, employees receiving care in-network have a higher percentage of their medical bills paid for by the Health Plan than those receiving care out of network.

B2. I am enrolled in the Tufts POS Plan now. What will happen on October 1, 2018 with my coverage?

You will be automatically enrolled in the Enhanced Plan effective October 1, 2018. You can elect to change to the Basic Plan effective October 1, 2018, or to disenroll altogether, during Open Enrollment in August/September 2018. All elections are made through MyEnroll, the Archdiocese's online self-service enrollment system. The system can be accessed via the Benefits website: www.catholicbenefits.org.

B3. I am not enrolled in the Tufts POS Plan now. I want to enroll in one of the new Blue Cross Plans effective October 1, 2018. What do I need to do and when can I do it?

You can make an election to enroll in the Enhanced Plan or the Basic Plan during Open Enrollment in August/September 2018 and during any Open Enrollment period after that. All elections are made

through MyEnroll, the RCAB's online self-service enrollment system. The system can be accessed via the Benefits website: www.catholicbenefits.org.

B4. I will be getting married in November 2018 and intend to be enrolled in the one of the Blue Cross Plans at that time. Will the rules about changing coverage, known as "life events," be any different with the new Plans?

No, the rules for changing coverage due to "life events," also sometimes known as "qualifying events," will remain as they are under the current Tufts POS Plan: an employee must make a request for a change in coverage (adding or dropping dependents, adding or dropping coverage, etc.) within 30 days of a "life event," such as marriage, birth of a child, loss of other coverage, etc. These requests are handled through the MyEnroll system as described in Answers to Questions B2 and B3.

B5. Will I receive an ID card from Blue Cross if I am enrolled in either the Enhanced or the Basic Plan? When will it arrive?

Yes. ID cards will be issued by Blue Cross in late September 2018 and should arrive by the end of the first week of October 2018. If you have a medical appointment scheduled for early October 2018, please contact the Benefits Office at the end of September at (617) 746-5640 or benefits@rcab.org to obtain your Blue Cross ID number.

B6. How much will I pay on a per paycheck basis for the Enhanced Plan? For the Basic Plan?

As with the current Tufts POS Plan, deductions for the new Enhanced and Basic Plans will be set by each location. Premiums effective October 1, 2018 will be set by July 2018, so more information about deduction amounts will be available in August 2018.

B7. My spouse is enrolled in the Medicare Primary Payer program. Will anything change with this program once we move to Blue Cross?

Employees and spouses enrolled in Medicare Primary Payer will have the same coverage as with the Tufts POS Plan: Medicare Parts A and B will pay bills first, and then anything not paid by Medicare will be sent to Blue Cross for payment in accordance with the Plan rules.

B8. I will be leaving my job with the Archdiocese in July and will be electing Continuation of Coverage (COC) for my Tufts POS Plan coverage. What will happen to that coverage after October 1, 2018?

Any former employee enrolled in COC on or after October 1, 2018 will be switched to the Enhanced Plan. As with current employees, individuals enrolled in COC will be offered the opportunity to change to a new Plan, to add dependents, or to disenroll during the Open Enrollment Period.

Section C: Physicians, Hospitals, Other Providers, and Treatment in Process

C1. How can I determine if the physician/hospital/other providers my family and I currently see are part of the Blue Cross network?

The best way to determine if a provider is part of the Blue Cross network is to search the provider database at www.bluecrossma.com/findadoctor. Choose HMO Blue New England from the network drop-down menu before entering a provider name into the Search box. A detailed Guide on how to search the Blue Cross provider database is available at www.catholicbenefits.org/newplans/findaprovider.pdf.

C2. Will I need to re-designate my PCP with Blue Cross?

As long as your current PCP is part of the HMO Blue New England network, you will not need to re-designate your PCP. We will notify you in September 2018 if it appears that your PCP does not participate in the Blue Cross network. In that case, you will need to designate a new PCP.

C3. My current physician is part of the Steward Health Care network. I do not see this network listed on the Plan Summary. Does that mean she is not part of the Blue Cross network?

The new Enhanced and Basic Plans utilize the HMO Blue New England network, which includes many Steward Health Care providers. There will no longer be a separate Steward network under the RCAB Health Plans, and thus there will not be a lower co-pay for using one of the Steward Health Care providers under these Plans. Please see the answer to Question C1 for information about how to determine if your provider is part of the HMO Blue New England network.

Section D: Co-Pays, Deductibles, and Co-Insurance

D1. How does the deductible work with the new Blue Cross Plans? Is every service received from a physician or hospital subject to the deductible?

The deductible will mean that enrolled employees will be responsible for the first dollar of claims for non-preventive services received, up to the stated limit, at which point the Health Plan will begin paying claims. Even after the deductible is reached, co-pays are still due for services for which there is a co-pay (ex: sick visits, specialist visits, physical therapy, ER services). This is similar to a deductible with other insurance, such as auto or homeowner's insurance. A comprehensive list of services that will be subject to a deductible will be posted to www.catholicbenefits.org/newplans by July 1, 2018.

D2. What is the purpose of an annual "out-of-pocket maximum"? What is meant by "annual" since our Plan Year start date is October 1?

The "out-of-pocket maximum" (OOPM) serves as a cap on all payments an employee or family member makes to pay for health care during a Plan Year. This includes deductibles, co-payments, and co-insurance. It does not include payroll deductions. For the first Plan Year, which runs from October 1, 2018 to June 30, 2019, these OOPMs will be reduced. A chart of reduced amounts for October 1, 2018-June 30, 2019 will be posted at www.catholicbenefits.org/newplans by July 1, 2018.

D3. Are there deductibles for prescriptions? Are there separate annual "out-of-pocket maximums" for medical services and prescriptions?

There are no deductibles for prescriptions under either the Enhanced or the Basic Plans. There are separate OOPMs for medical services and prescriptions for both the Enhanced and the Basic Plans as shown on the Plan Options Summary on page 2 of the Announcement.

D4. For families who are enrolled in the Health Plan, does each family member need to pay the full deductible each Plan Year?

The deductible can work in two ways: (1) two individuals in a family plan can each satisfy the full deductible for the year, which means that there are no deductibles for additional family members for the remainder of the Plan Year; or (2) more than two members in a family can pay towards a deductible, and although none has paid in her/his full deductible, as a family, the family deductible limit is reached, which means that NO family members have any further deductibles for the Plan Year.

D5. For families who are enrolled in the Health Plan, does each family member need to satisfy the OOPM each Plan Year before costs are capped for other family members?

Similar to the deductible question in D4, the OOPM can work in two ways: (1) two individuals in a family plan can each reach his/her individual OOPM for the year, which means that there are no out-of-pocket costs (e.g., co-payments, deductibles, co-insurance) for additional family members for the remainder of the Plan Year; or (2) more than two members in a family can pay towards the OOPM, and although none has met the individual OOPM, as a family, the family deductible limit is reached, which means that NO family members have any further out-of-pocket costs for the Plan Year.

D6. What is “co-insurance”? There are references to a range of numbers on this line in the Plan Summaries, from 60% to 90%.

Co-insurance is the amount of medical expenses an enrolled employee or family member will be responsible for after a deductible is satisfied. For example, an employee enrolled in the individual Enhanced Plan receiving an MRI that costs \$900 will be responsible for the \$500 deductible, and then 10% of the remaining balance ($\$900 - \$500 = \$400$). The 10% co-insurance cost is \$40. Note that the \$500 individual deductible is only paid once per Plan Year; for the 2018-19 Plan Year, the \$500 will be reduced to \$375.

D7. Could the deductible, co-insurance and OOPM amounts increase in future Plan Years?

Yes, these amounts could increase or decrease in future Plan Years. Any changes will be described in the applicable Summary of Benefits & Coverage, distributed each year with Open Enrollment materials.

Section E: Prescription Services

E1. Will I receive a new CVS/Caremark ID card?

You will only receive a new CVS/Caremark ID card if you are not currently enrolled in the Tufts POS Plan. If you are enrolled in the Tufts POS Plan and enroll in either of the Blue Cross Plans, you will not receive a new CVS/Caremark ID card.

E2. Besides increased co-pays for prescriptions for the Basic POS Plan, is there anything else changing with the prescription plan?

There will not be any plan design changes for prescriptions for the 2018-19 Plan Year other than increased co-pays for certain tiers. Note that, from time to time, CVS/Caremark changes the tiers of certain prescriptions and/or excludes medications from coverage entirely, based on clinical review of efficacy of these medications. That practice will continue into the future.

E3. Do I need to use a CVS pharmacy for my prescriptions?

As with the current Health Plan, you are not required to use a CVS pharmacy. You can use any pharmacy within the Caremark network, which includes many national chains and local pharmacies. You can determine which pharmacies are in the Caremark network by visiting www.catholicbenefits.org/newplans/findapharmacy.pdf.

E4. Will mail order still be an option under the new Plans? Will I still have to pay extra if I fill maintenance medications on a 30-day basis?

There will be no changes to the current mail order or Maintenance Choice programs through at least June 2019. Please review the information at <http://www.catholicbenefits.org/health/rx.htm> for details

on the benefits of filling maintenance prescriptions with 90-day fills through mail order or from a CVS retail pharmacy.

E5. Will the CVS Minute Clinic \$5 co-pay remain in place after the transition to Blue Cross?

Yes. Please visit www.cvs.com/minuteclinic for more information about the services available at these convenience urgent care clinics.

Section F: Wellness

F1. I have a balance in my HRA account that I earned through the Wellness Program while I have been enrolled in the Tufts POS Plan. Will I be able to use those HRA dollars through September 30, 2018, while we are still with Tufts?

Yes, employees and spouses who have earned HRA dollars can use them for co-pays for medical services and prescriptions through September 30, 2018 for themselves and any enrolled family members. For out-of-network services, HRA dollars can be used towards the deductible and co-insurance.

F2. Will I be able to use the HRA dollars in my account as of September 30, 2018 once we transition to Blue Cross? Will I be able to use them to pay for dental, vision, and other expenses starting October 1, 2018?

On and after October 1, 2018, employees and spouses who have earned HRA dollars prior to October 1, 2018 and who then enroll in one of the new Blue Cross Plans can use them for co-pays for medical services and prescriptions. In addition, on and after October 1, 2018, HRA dollars earned before October 1, 2018 can be used for qualified out-of-pocket dental and vision and certain over-the-counter medical expenses. Additional information about what additional expenses are “qualified” will be provided during Open Enrollment.

F3. Can I continue to earn HRA dollars by completing Wellness Program activities between now and September 30, 2018?

Yes, employees and spouses can continue to earn HRA dollars under the Tufts POS Plan Wellness Program. As noted in answer to question F2, since these HRA dollars can be used to pay for out-of-pocket expenses, which will be greater starting October 1, 2018, employees and spouses are strongly encouraged to earn as many HRA dollars as they can now to help pay for these future expenses.

F4. Will I be able to earn HRA dollars through a Wellness Program with Blue Cross? Will the annual maximum amounts be the same as they are now (\$500 per year per enrolled employee + \$500 per year per enrolled spouse)?

The Blue Cross Plans provide access to a robust Wellness Program through the *ahealthyme* portal. General information about the Blue Cross Wellness Program is available at www.ahealthyme.com/Programs. Employees and spouses will continue to be able to earn incentives for completing wellness activities, which will be deposited to an HRA account with Health Equity. At this time, the annual maximum amounts have not been determined, but for the October 1, 2018-July 1, 2019 Plan Year, they will be no less than \$500 per year per enrolled employee and spouse.

F5. Will the activities in the Blue Cross Wellness Program be the same as those in the Tufts Wellness Program?

Some of activities in the Blue Cross Wellness Program will mirror the current Tufts POS Plan Wellness program; some will be different. The Monthly Challenges are not available as part of the Blue Cross Wellness Program; they will be replaced by quarterly challenges. More information on the Blue Cross Wellness Program will be available during Open Enrollment.

F6. Will the Wellness Rewards Program (reimbursements for wellness expenses, funds deposited into HRA accounts) still be available with Blue Cross?

Yes, the Wellness Rewards Program will remain the same with Blue Cross. For more information on the Wellness Rewards program, visit <http://www.catholicbenefits.org/health/health.htm> and scroll down to Wellness Rewards.

Section G: Miscellaneous

G1. Will there be any change to the exclusion of services that are considered in conflict with Catholic teachings?

No. All current exclusions of services that conflict with Catholic teachings will continue to be excluded under the Blue Cross Plans. For information about these services, please review the Summary of Benefits & Coverage currently in effect at www.catholicbenefits.org/PDF/open_enrollment/sbc.pdf.

G2. I have a very specific question about a provider or a health condition for which I am seeking treatment. How can I contact someone at Blue Cross to obtain an answer?

Starting August 1, 2018, Blue Cross Member Services will be available by phone to answer questions about specific providers, treatment plans, coverage, and benefits. Information regarding how to contact Blue Cross in August will be posted to www.catholicbenefits.org/newplans in late July. In the meantime, please contact the Archdiocese Benefits Office at (617) 746-5640 or benefits@rcab.org for specific questions that cannot wait until August for resolution.

G3. When will the Summary of Benefits & Coverage for the Enhanced Plan and the Basic Plan be available for review?

The SBCs will be mailed to each benefit-eligible employee in August 2018 and will also be posted on the Benefits website under the Blue Cross section: www.catholicbenefits.org/newplans.

G4. Will the Archdiocese provide additional opportunities to learn about the new Blue Cross Plan options during Open Enrollment, such as webinars and on-site meetings?

Yes, during August and September, the Archdiocese Benefits Office will host online webinars and in-person group meetings about the Plan changes. Blue Cross representatives will attend selected sessions. Please review Open Enrollment materials mailed to your home in August for dates and times, and also consult the Blue Cross section of the Benefits website: www.catholicbenefits.org/newplans. Your location benefits contact will also be a resource for this information.

G5. How can I learn more about making a decision that is right for me?

Before Open Enrollment, you are encouraged to review all material posted online at www.catholicbenefits.org/newplans and to contact the Benefits Office at (617) 746-5640 or benefits@rcab.org. You should also attend any webinars or on-site meetings offered. The information posted online will be updated periodically between May and August 2018.

G7. Will the Worksite Wellness Nurse still be available for on-site visits after October 1, 2018?

Yes, Nurse Patricia Fortin will continue to be available to visit locations and meet with employees in groups or individually to discuss wellness issues, including setting goals, focusing on nutrition and exercise, etc.