

2021 BENEFITS GUIDE

CITY OF BOSTON: ANNUAL ENROLLMENT

April 26, 2021–May 21, 2021



ABOUT THIS GUIDE

This guide offers an overview of the benefits provided to you as an employee or retiree of the City of Boston. Please review the guide with your family before making benefits decisions during Annual Enrollment. The benefits choices you make during Annual Enrollment will be effective July 1, 2021.

In 2020, the City of Boston and the Public Employee Committee (PEC), the bargaining representative for Boston's union employees and retirees with respect to health insurance for over a decade, undertook a diligent review of the healthcare market to determine the competitiveness of our provider networks and fees. **Thanks to this collaborative, careful review, the City and the PEC reached an updated five-year agreement that limits the degree to which cost increases will affect you—and doesn't compromise your access to affordable, high-quality care.**

The new agreement specifically included the introduction of a new Value HMO network with a provider network focused on high-quality, high-performance, lower-cost providers in Massachusetts. The agreement also includes plan design changes across two of the Non-Medicare plans. More details about these changes can be found in this guide.

You and your family members are encouraged to attend a one-hour virtual information session. To join a meeting, go to zoom.us, select **Join a Meeting**, enter meeting ID **924 1420 3094** and password **AE2021**. You can also join by phone by dialing **646-558-8656** and entering meeting ID **924 1420 3094** and passcode **259660**.

Annual Enrollment Meetings for Active Employees and Non-Medicare Retirees (One-hour virtual sessions)

Friday, April 23	10:30 a.m.
Tuesday, April 27	10:30 a.m. & 2:30 p.m.
Wednesday, April 28	6:00 p.m.
Wednesday, May 5	10:30 a.m. & 2:30 p.m.
Thursday, May 6	6:00 p.m.
Monday, May 10	6:00 p.m.
Tuesday, May 11	10:30 a.m. & 2:30 p.m.
Wednesday, May 19	6:00 p.m.
Thursday, May 20	10:30 a.m. & 2:30 p.m.

Annual Enrollment Meetings for Medicare Retirees (One-hour virtual sessions)

Thursday, April 29	9:30 a.m.
Tuesday, May 4	6:00 p.m.
Wednesday, May 12	2:30 p.m.
Tuesday, May 18	6:00 p.m.

More information can be found at boston.gov/ae2021. If you have any further questions about your benefits after reviewing this guide or attending an Annual Enrollment meeting, please contact the Health Benefits Office at hbi@boston.gov or **617-635-4570**. If you have questions for the health insurance carriers, their contact information is found on page 19.

This Enrollment Guide highlights certain provisions of the benefit plans available to eligible employees and retirees of the City of Boston effective July 1, 2021. It is meant to provide only a brief overview of these benefits, which are made available to eligible employees, retirees, and their dependents. Should any questions arise about eligibility or the nature and extent of these benefits, the formal language of the respective documents as construed and interpreted by the City will govern. The tax treatment of these benefits is subject to change without notice, as determined by federal, state, or local tax authorities. The City of Boston reserves the right to amend, modify, suspend, or terminate these plans in whole or in part, at any time and for any reason, by action of the City of Boston to the extent permitted by law and in accordance with applicable collective bargaining agreements.

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WHAT'S NEW IN 2021



Due to the renewed PEC agreement that took effect July 1, 2020, the following changes will be implemented for the Non-Medicare plans on July 1, 2021.

HARVARD PILGRIM HMO IS BEING REPLACED

For active employees and non-Medicare retirees, the **Blue Cross Blue Shield (BCBS) Standard HMO Plan** replaces the Harvard Pilgrim Standard HMO Plan. Because both plans are HMOs, the coverage works in a similar way.

Here's what to expect as a member of the BCBS Standard HMO Plan:

- **A different network.** If you're enrolled in the Harvard Pilgrim HMO Plan and your primary care provider (PCP) doesn't participate in HMO Blue New England network, you'll receive a letter telling you how to choose a new PCP. Make sure all the providers and facilities you use are within the network by visiting member.bluecrossma.com/fad and selecting the HMO Blue New England network.
- **A different prescription drug formulary (medications covered by the plan).** If your current prescriptions aren't in the new formulary, or if your prescription has a new copay tier, you'll receive a letter informing you of the new tier. Review the entire formulary by visiting home.bluecrossma.com/medication and selecting the **National Preferred Formulary (NPF)**.
- **New:** An annual deductible (what you pay before the plan starts paying for some covered services). Individuals pay \$100; families pay up to \$200.
- **New:** Different copays. Review the Plan Comparison Chart on page 10 for details.

If you're a Harvard Pilgrim HMO Plan member and don't take action during Annual Enrollment, you'll automatically be enrolled in the BCBS Standard HMO Plan.



THE ALLWAYS HMO PLAN HAS A NEW NETWORK

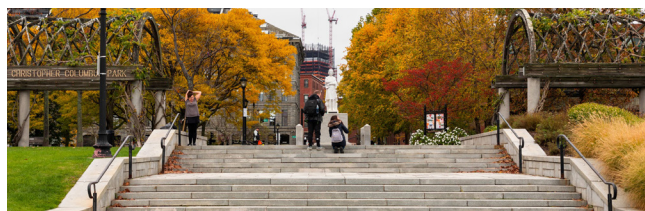
The AllWays Health Partners Standard HMO Plan will be replaced by the Value HMO network effective July 1, 2021. Most of the current PCPs, providers, and facilities are in the Value HMO network, but you should confirm that your PCP, as well as other providers and facilities participate. The plan has no deductible and, in some instances, lower copays.

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.

Many of the region's most respected institutions are part of the network—Massachusetts General Hospital, Brigham and Women's Hospital, Beth Israel Deaconess Medical Center, Lahey Hospital & Medical Center, Spaulding Rehabilitation Network, 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.

If you're enrolled in the AllWays HMO Plan now and your PCP doesn't participate in the Value HMO network, you'll receive a letter telling you how to choose a new PCP. Make sure all the providers and facilities you use are within the network by visiting alwayshealthpartners.org/cityofboston.

* Boston Children's Hospital, Dana-Farber Cancer Institute, and Tufts Medical Center are examples of hospitals that are not in the Value HMO Network. Members will be able to receive specialty care at many leading hospitals, including the Mass General Cancer Center, MassGeneral Hospital for Children, and Mass Eye and Ear.



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.

THERE ARE CHANGES TO THE BCBS PPO PLAN, TOO

- **New:** An in-network annual deductible (what you pay before the plan starts paying for some covered services). Individuals pay \$250; families pay up to \$500.
- A higher out-of-network deductible. Individuals pay \$350; families pay up to \$875.
- Different copays. Review the Plan Comparison Chart on page 10 for details.
- A different prescription drug formulary (medications covered by the plan). If your current prescriptions aren't in the new formulary or if your prescription has a new copay tier, you'll receive a letter suggesting an alternative prescription. Review the entire formulary by visiting home.bluecrossma.com/medication and selecting the National Preferred Formulary (NPF).

YOU'LL GET NEW ID CARDS
All non-Medicare members, including those currently enrolled in a health plan, will receive new ID cards in June.

ENROLLING FOR COVERAGE

WHAT IS ANNUAL ENROLLMENT, AND HOW DO I ENROLL?

Annual Enrollment is your once-a-year opportunity to enroll in, decline, or change your benefit elections for the following year, unless you have a qualifying event. This year's Annual Enrollment begins April 26 and ends May 21, for coverage effective July 1, 2021. If you're making changes, visit [boston.gov/ae2021](https://www.boston.gov/ae2021) to print an application. You may also contact the Health Benefits Office for an application.

DON'T MISS OUT ON ANNUAL ENROLLMENT!

We don't accept late enrollment applications. If you wish to enroll in or change your current coverage, Annual Enrollment is the time to do it.

ELIGIBILITY

Generally, you're eligible for health coverage if you regularly work at least 20 hours per week, receive a pension, or are a surviving spouse of an employee or retiree of the City of Boston.

If you're eligible for health coverage, you may also cover your eligible dependents, which include but are not limited to:

- Your biological or adopted child, up to age 26
- Your legal spouse
- Your disabled child over age 26 (Special rules apply. Please contact the Health Benefits Office with questions.)
- Your grandchild, as long as the parent (your child) is covered under the plan

To enroll a family member, you must provide the Health Benefits Office with a completed application and documentation verifying your dependent's eligibility. Submit a copy of your marriage certificate to enroll your spouse and a birth or adoption certificate to enroll your child. Except for newborn children under 30 days old, you must provide each dependent's Social Security number to enroll them in health coverage.

MIDYEAR CHANGES

You cannot change your benefit decisions until the next Annual Enrollment period, including if your provider leaves the network, unless you experience a qualifying event.

Qualifying events are changes in status that affect your or your dependents' eligibility for coverage. Here are some examples:

- Marriage, divorce, separation, or annulment
- The birth or adoption of your child
- You or one of your dependents loses or gains health coverage under another health plan
- You're required to provide coverage to a child by court order
- Moving outside of the service area

If you experience a qualifying event, you have 30 days from the date of the event to change your benefit elections. Contact the Health Benefits Office as soon as possible after a qualifying event occurs for help changing your coverage.

IF YOU DON'T ACT DURING ANNUAL ENROLLMENT

This year, two of the health plans are changing effective July 1, 2021. The chart below shows what plan you will be automatically enrolled in if you don't take action during Annual Enrollment.

Current Plan Options (July 1, 2020–June 30, 2021)	New Plan Options (effective July 1, 2021)
BCBS PPO (Blue Care Elect Preferred)	BCBS PPO (Blue Care Elect Preferred)
Harvard Pilgrim Standard HMO	BCBS Standard HMO (Network Blue New England)
AllWays Health Partners HMO	AllWays Health Partners Value HMO

IF YOU WISH TO OPT OUT OF COVERAGE

For eligible active employees, the 2021 opt-out program will run June 1–18, 2021. 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.

Employees must take action each year in order to participate and receive the opt-out payout.

Eligibility

- To participate, you must currently be enrolled in medical coverage through the City of Boston and drop the coverage for at least one year; or your collective bargaining agreement states that you qualify because you had City of Boston health insurance coverage for at least one year during your employment with the City and had previously dropped the coverage (enhanced program only).
- You are eligible for the payment if you have coverage under another plan. Other plans include:
 - Your spouse's/partner's plan (as long as he or she is covered by someone other than the City of Boston, Boston Water and Sewer Commission, or the Boston Public Health Commission);
 - A private plan;
 - A plan offered through a second employer (if you have another job that provides health care benefits); or
 - A retiree health plan from an employer other than one of the City of Boston groups.
- You must be active or on leave at the time of the opt-out payout. If you are separated from the City or retired at the time of payout, you will no longer be eligible to receive the amount.

To learn more about the program, visit hub.boston.gov/health-and-wellness-benefits, and scroll to the **Additional/Related** Benefits section.

HEALTH COVERAGE FOR ACTIVE EMPLOYEES AND NON-MEDICARE RETIREES

Carefully review the content on the following pages to learn about your plan options.

In all three plans, in-network preventive care, including an annual physical, is 100% covered with no copays.

FISCAL YEAR 2022 (JULY 1, 2021–JUNE 30, 2022) CONTRIBUTION RATES

Active Employee and Non-Medicare Retiree Contribution Rates		
Plan Name	Fiscal Year 2022 Monthly Contribution*	
	Individual (Employee Share)	Family (Employee Share)
AllWays Value HMO	\$154.57 (20.5%)	\$409.76 (20.5%)
BCBS Standard HMO (Network Blue New England)	\$186.29 (20.5%)	\$493.61 (20.5%)
BCBS PPO (Blue Care Elect Preferred)	\$346.45 (30.5%)	\$918.06 (30.5%)

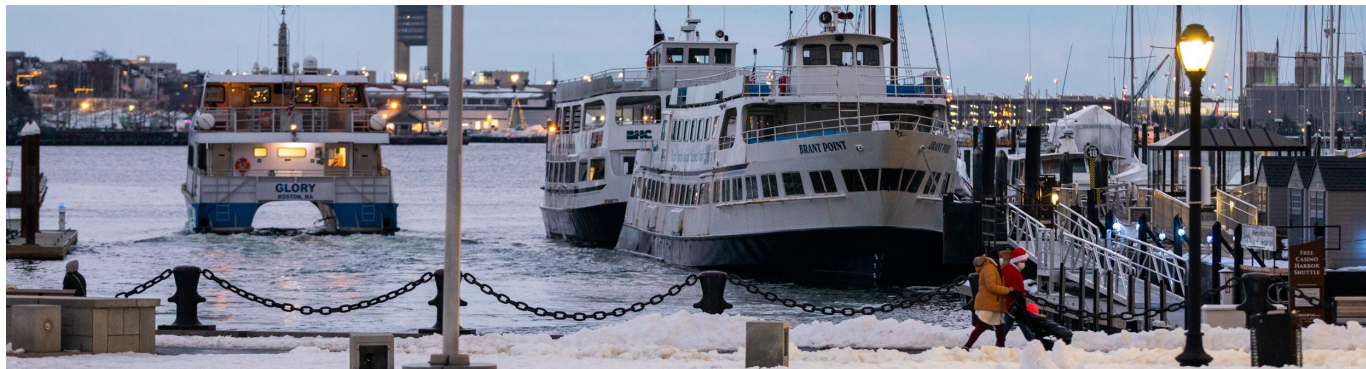
* Your cost share increased 0.5% from fiscal year 2021 due to the City of Boston and PEC agreement.

BCBS PPO (BLUE CARE ELECT PREFERRED)

The BCBS PPO Plan gives you direct access to the nationwide Blue Cross Blue Shield network of doctors and hospitals that charge lower fees for services provided to plan participants. You can see any physician or specialist in the network at any time—no referrals are necessary. You also aren't required to designate a primary care physician (PCP). The amount of costs covered by the plan depends on whether you receive care in-network or out-of-network.

Plan highlights:

- Your cost is lowest when you receive care from BCBS PPO network providers.
- In-network doctor office visits are 100% covered after you pay a \$20 copay.
- In-network specialist office visits are 100% covered after you pay a \$35 copay.
- In-network hospital care and advanced imaging are 100% covered after you pay a \$100 copay and meet your deductible.



BCBS STANDARD HMO (NETWORK BLUE NEW ENGLAND)

The BCBS Standard HMO Plan offers access to the regional Network Blue New England HMO network of doctors and hospitals that charge lower fees for services provided to plan participants. You must designate a primary care physician (PCP) under this plan. To receive services from other in-network physicians or specialists, your PCP **must** provide you with a referral.

Note: Verify that your PCP and any specialists or facilities you use now are part of Network Blue New England.

Plan highlights:

- You must visit Network Blue New England participating providers to be covered, except in an emergency.
- Doctor office visits are 100% covered after you pay a \$20 copay.
- Specialist office visits are 100% covered after you pay a \$35 copay.
- Hospital care and advanced imaging are 100% covered after you pay a \$100 copay and meet your deductible.

ALLWAYS VALUE HMO

The AllWays Value HMO Plan offers access to the AllWays Value HMO network of high-quality, lower cost doctors and hospitals. You must designate a primary care physician (PCP) under this plan. To receive services from other in-network physicians or specialists, your PCP **must** provide you with a referral.

Note: Verify that your PCP and any specialists or facilities you use now are part of the AllWays Value HMO Network.

Plan highlights:

- You must visit AllWays Value HMO network participating providers to be covered, except in an emergency.
- Doctor office visits are 100% covered after you pay a \$20 copay.
- Specialist office visits are 100% covered after you pay a \$30 copay.
- Hospital care and advanced imaging are 100% covered after you pay a \$50 copay.



MAKE SURE YOUR PROVIDERS ARE IN-NETWORK!

Here's how to check your providers.

BCBS Plans:

member.bluecrossma.com/fad

Go to Provider Search, and enter the network:

- PPO or EPO (PPO Plan)
- HMO Blue New England (Standard HMO)

AllWays Value HMO:

alwayshealthpartners.org/cityofboston

Helpful tip for your search: Start with the first initial and last name of your provider. Some providers can be found by searching their practice name.



REVIEW EACH PLAN BEFORE YOU ENROLL!

A Preferred Provider Organization (PPO) plan offers more flexibility regarding where you receive care, doesn't require you to choose a PCP, and covers out-of-network services at higher rates.

A Health Maintenance Organization (HMO) plan takes a managed approach to in-network care. You must choose a PCP, and the plan won't cover out-of-network care except for emergency room and urgent care visits.

NON-MEDICARE PLANS COMPARISON CHART

Covered Services	AllWays Value HMO	BCBS Standard HMO (Network Blue New England)	BCBS PPO (Blue Care Elect Preferred)
Network	In-Network Only	In-Network Only	In-Network/Out-of-Network
Monthly Rates	\$154.57 individual \$409.76 family	\$186.29 individual \$493.61 family	\$346.45 individual \$918.06 family
Service Area	Massachusetts-based	New England-based	Anywhere in United States*
Deductible (per plan year)	\$0	\$100 per member, up to \$200 per family	In-Network: \$250 per member, up to \$500 per family Out-of-Network: \$350 per member, up to \$875 per family
Out-of-Pocket Maximum			
In-Network (applies to all out-of-pocket costs for covered medical and prescription drug services)	\$4,500 per member, up to \$9,000 per family	\$4,500 per member, up to \$9,000 per family	\$4,500 per member, up to \$9,000 per family
Out-of-Network (applies to deductible and coinsurance)	No coverage	No coverage	\$4,500 per member, up to \$9,000 per family
Preventive Care Visits, Health Screenings, and Immunizations	\$0	\$0	In-Network: \$0 Out-of-Network: 20% coinsurance after deductible
Office Visit Copays (non-preventive)	\$20 per primary care visit \$30 per specialty care visit	\$20 per primary care visit \$35 per specialty care visit	In-Network: \$20 per primary care visit \$35 per specialty care visit Out-of-Network: 20% coinsurance after deductible
Chiropractor Visit	Not covered	Not covered	In-Network: \$35 copay Out-of-Network: 20% coinsurance after deductible
Physical Therapy	\$20 copay Up to 60 visits per plan year	\$20 copay Up to 60 visits per plan year	In-Network: \$20 copay Out-of-Network: 20% coinsurance after deductible Up to 100 visits per plan year
Prescription Drugs (must be purchased from participating pharmacies unless otherwise noted; no cost sharing on birth control at Tier 1 only)	Up to a 30-day supply at a retail pharmacy: Tier 1 – \$10 copay Tier 2 – \$30 copay Tier 3 – \$55 copay Up to a 90-day supply at a mail-order pharmacy: Tier 1 – \$20 copay Tier 2 – \$60 copay Tier 3 – \$135 copay	Up to a 30-day supply at a retail pharmacy: Tier 1 – \$10 copay Tier 2 – \$30 copay Tier 3 – \$55 copay Up to a 90-day supply at a mail-order pharmacy: Tier 1 – \$20 copay Tier 2 – \$60 copay Tier 3 – \$135 copay	Up to a 30-day supply at a retail pharmacy: Tier 1 – \$10 copay Tier 2 – \$30 copay Tier 3 – \$55 copay Up to a 90-day supply at a mail-order pharmacy: Tier 1 – \$20 copay Tier 2 – \$60 copay Tier 3 – \$135 copay

Covered Services	AllWays Value HMO	BCBS Standard HMO (Network Blue New England)	BCBS PPO (Blue Care Elect Preferred)
Network	In-Network Only	In-Network Only	In-Network/Out-of-Network
Diagnostic Test (X-ray, blood work)	\$0	\$0 after deductible	In-Network: \$0 after deductible
			Out-of-Network: 20% coinsurance after deductible
Advanced Imaging (CT/PET scans, MRIs)	\$50 copay*	\$100 copay after deductible*	In-Network: \$100 copay after deductible*
			Out-of-Network: 20% coinsurance after deductible
Outpatient Hospital	\$50 copay*	\$100 copay after deductible*	In-Network: \$100 copay after deductible*
			Out-of-Network: 20% coinsurance after deductible
Inpatient Hospital and Skilled Nursing Care	\$50 copay*	\$100 copay after deductible*	In-Network: \$100 copay after deductible*
			Out-of-Network: 20% coinsurance after deductible
Behavioral Health Services (mental health or substance use disorder)	Outpatient services: \$20 copay	Outpatient services: \$20 copay	Outpatient services: \$20 copay
	Inpatient services: \$0	Inpatient services: \$0	Inpatient services: \$0
			Out-of-Network: 20% coinsurance after deductible
Emergency Room Care	\$100 copay per visit, waived if admitted to hospital	\$100 copay after deductible, waived if admitted to hospital	\$100 copay after deductible, waived if admitted to hospital
Emergency Medical Transportation	\$0	\$0 after deductible	\$0 after deductible
Home Healthcare	\$0	\$0 after deductible	In-Network: \$0 after deductible
			Out-of-Network: 20% coinsurance after deductible
Durable Medical Equipment	\$0	\$0 after deductible	In-Network: \$0 after deductible
			Out-of-Network: 20% coinsurance after deductible
Routine Vision Care	\$30 copay	\$20 copay	In-Network: \$0
			Out-of-Network: 20% coinsurance after deductible
	Once every 12 months	Once per plan year	Once every 24 months (In- and Out-of-Network combined)
Preventive Dental Care	Up to age 12 – \$0	Up to age 13 – \$0	Not covered
	1 visit every 6 months	2 visits per plan year	

* Maximum of one copayment per category (Advanced Imaging, Outpatient Hospital, and Inpatient Hospital) per plan year.

All plan accumulators (out-of-pocket limits, deductibles, therapy visits, etc.) will run on a plan year (July 1–June 30).

This comparison chart is not a comprehensive explanation of benefits. Please see the plan's Schedule of Benefits and/or Summary of Benefits for additional information.

MEDICARE SUPPLEMENT PLANS FOR RETIREES

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled individuals. The Medicare program is managed by the Centers for Medicare & Medicaid Services.

Upon becoming eligible for Medicare, a retiree or spouse is required to enroll in Medicare Parts A and B and transfer to a City of Boston Medicare plan. These plans are designed to cover services not fully paid by Medicare Parts A and B to give you comparable health coverage to what you had prior to age 65. The City Medicare plans include a Medicare Part D prescription drug plan and cover Medicare deductibles. In most cases, you will be required to simply pay a copayment similar to your current health plan.

The City currently offers six Medicare plans: BCBSMA Medex 2 with Blue Medicare Rx PDP, BCBSMA Medicare HMO Blue, BCBSMA Managed Blue for Seniors, Harvard Medicare Enhance with Aetna SilverScript PDP, Tufts Medicare Preferred HMO, and Tufts Medicare Preferred Supplement with PDP.



THE CITY'S ANNUAL ENROLLMENT IS IN THE SPRING EACH YEAR

The Medicare Open Enrollment Period (October 15–December 7) is **not** the time to make changes to your City of Boston Medicare supplement/drug plan.

FISCAL YEAR 2022 (JULY 1, 2021–JUNE 30, 2022) CONTRIBUTION RATES

Medicare Retirees	
Plan Name	Fiscal Year 2022 Monthly Contribution Rate* (Retiree Share)
Harvard Pilgrim Medicare Enhance with Aetna SilverScript PDP	\$42.84 (13%)
Tufts Medicare Preferred Supplement with PDP	\$48.64 (13%)
BCBSMA Medex 2 with Blue Medicare Rx PDP	\$48.88 (13%)
BCBSMA Managed Blue for Seniors	\$58.70 (13%)
BCBSMA Medicare HMO Blue	\$51.71 (13%)
Tufts Medicare Preferred HMO	\$44.72 (13%)

* Your cost share increased 0.5% from fiscal year 2021 due to the City of Boston and PEC agreement.

FREQUENTLY ASKED QUESTIONS

What is Medicare?

- **Medicare Part A (Original Medicare – Hospital Inpatient Insurance):**
 - Helps cover inpatient hospital care, skilled nursing facility rehabilitation care, hospice, and home healthcare. This is not long-term care; limits apply.
- **Medicare Part B (Original Medicare – Medical Outpatient Insurance):**
 - Helps cover doctors' services, diagnostic tests, PT/OT, and durable medical equipment.
 - There is a monthly Medicare Part B premium set by Congress each year.
 - Higher Part B premiums (IRMAA—income-related monthly adjustment amount) may apply to some retirees based on income levels.

Do I have to enroll in Medicare?

Yes. Effective July 1, 2011, Chapter 69, the Acts of 2011 mandated that all cities and towns require retirees age 65 and older to apply for Medicare Parts A and B and, if eligible, to transfer to a Medicare plan in order to continue their health insurance coverage. This includes retirees, retiree spouses, Medicare-eligible dependent children (disabled), and surviving spouses.

You are required to enroll in Medicare Parts A and B if you are eligible for Medicare Part A for FREE.

How do I know if I'm eligible for Medicare?

You could be eligible for Medicare Part A for free if:

- You have paid into Social Security through your work history and earned 40 credits.
- Your current, former, or deceased spouse paid into Social Security and earned 40 credits.
- You paid the Medicare tax (employees hired after July 1, 1986, have paid the Medicare tax).
- You have military service that counts.

What if I'm covering a spouse, and one of us is eligible for Medicare, and the other is not?

If a retiree is only covering one member (spouse/dependent), and the retiree/spouse/dependent is eligible for Medicare, the Medicare-eligible member must enroll in a Medicare plan, and the non-Medicare member must enroll in individual non-Medicare coverage.

What if I'm still covering children on my plan and turn 65?

If a retiree is covering 2+ members (spouse/dependents) who are not eligible for Medicare, he or she may continue coverage in the non-Medicare family plan.

If a retiree and/or spouse is eligible for Medicare, he or she can defer Medicare Part B enrollment until covering only 1 other member.

What is the Medicare Part B refund, and when does it happen?

Annually in July, the City will refund 50% of the amount paid for the Medicare Part B premium. This occurs once you and/or your spouse are enrolled in a City of Boston Medicare Supplement. The refund is issued in the July retirement check for the previous calendar year.



**MEDICARE REGULATIONS
ALLOW ENROLLMENT IN ONLY
ONE MEDICARE PLAN AT
A TIME**

Those who enroll in a Medicare Advantage plan or Medicare Part D drug plan outside of the City of Boston's Medicare Supplement plans will be automatically disenrolled by Medicare from their City of Boston supplement plan. Additionally, a spouse or dependent on the plan will not be able to keep health insurance with the City if the retiree enrolls in other Medicare coverage. If you wish to reenroll in a City of Boston Medicare plan, you must wait until the City's Annual Enrollment in the spring.

MEDICARE PLANS COMPARISON CHART

	MEDICARE SUPPLEMENTS				MEDICARE ADVANTAGE	
Covered Services	Harvard Pilgrim Enhance with Aetna SilverScript PDP	Tufts Medicare Preferred Supplement with PDP	BCBSMA Medex 2 with Blue Medicare Rx PDP	BCBSMA Managed Blue for Seniors	BCBSMA Medicare HMO Blue	Tufts Medicare Preferred HMO
Monthly Rate	\$42.84	\$48.64	\$48.88	\$58.70	\$51.71	\$44.72
Residence Eligibility	Reside anywhere in the United States or one of its territories	Reside anywhere in the United States or one of its territories	Reside anywhere in the United States or one of its territories	Reside in Plan Service area	Reside in Plan Service area	Reside in Plan Service area
Office Visits	\$15 copay per visit \$0 for annual physical	\$15 copay per visit \$0 for annual physical	\$15 copay per visit \$15 copay for annual physical	\$15 copay per visit \$15 copay for annual physical	PCP: \$15 copay per visit Specialist: \$35 copay per visit \$0 for annual physical	PCP: \$15 copay per visit Specialist: \$15 copay per visit \$0 for annual physical
Prescription Drugs Purchased at Participating Pharmacies	Copays for up to a 30-day supply: Tier 1: \$10 Tier 2: \$25 Tier 3: \$45	Copays for up to a 30-day supply: Tier 1: \$10 Tier 2: \$25 Tier 3: \$45	Copays for up to a 30-day supply: Tier 1: \$10 Tier 2: \$25 Tier 3: \$45	Copays for up to a 30-day supply: Tier 1: \$10 Tier 2: \$25 Tier 3: \$45	Copays for up to a 30-day supply: Tier 1: \$10 Tier 2: \$25 Tier 3: \$45	Copays for up to a 30-day supply: Tier 1: \$10 Tier 2: \$25 Tier 3: \$45
Prescription Drugs Purchased by Mail Order	Copays for up to a 90-day supply: Tier 1: \$20 Tier 2: \$50 Tier 3: \$115	Copays for up to a 90-day supply: Tier 1: \$20 Tier 2: \$50 Tier 3: \$115	Copays for up to a 90-day supply: Tier 1: \$20 Tier 2: \$50 Tier 3: \$115	Copays for up to a 90-day supply: Tier 1: \$20 Tier 2: \$50 Tier 3: \$115	Copays for up to a 90-day supply: Tier 1: \$20 Tier 2: \$50 Tier 3: \$115	Copays for up to a 90-day supply: Tier 1: \$20 Tier 2: \$50 Tier 3: \$115
Inpatient Care in an Acute Care Hospital	Covered in full after \$50 copay per admission, max of 1 copay per person per quarter	Covered in full after \$50 copay per admission, max of \$200 per person per year	Covered in full after \$50 copay per admission, max of 1 copay per person per quarter	Covered in full after \$50 copay per admission, max of 1 copay per person per quarter	Member pays \$150 per day for days 1-5 (up to \$750 per admission), then covered in full	Covered in full after one-time annual deductible of \$300
Inpatient Care in Skilled Nursing Facility Care (SNF)	Covered in full for 100 days per benefit period* after a 3-day inpatient hospital stay	Covered in full for 100 days per benefit period* after a 3-day inpatient hospital stay	Covered in full for 100 days per benefit period* after a 3-day inpatient hospital stay	Covered in full for up to 100 days per benefit period.* You must have been hospitalized 3 or more days in a row and transferred to the SNF within 30 days of the hospital discharge.	Member pays \$20 per day for days 1-20; \$100 per day for days 21-44; \$0 per day for days 45-100. Coverage for up to 100 days per benefit period*	Covered in full for up to 100 days per benefit period*

* Benefit Period: The time period defined by Medicare to determine when coverage in a hospital or skilled nursing facility starts and ends. A benefit period starts on the first day a beneficiary receives care in a hospital or skilled nursing facility and ends when the beneficiary has not received care in a hospital or skilled nursing facility for 60 days in a row.

Covered Services	MEDICARE SUPPLEMENTS				MEDICARE ADVANTAGE	
	Harvard Pilgrim Enhance with Aetna SilverScript PDP	Tufts Medicare Preferred Supplement with PDP	BCBSMA Medex 2 with Blue Medicare Rx PDP	BCBSMA Managed Blue for Seniors	BCBSMA Medicare HMO Blue	Tufts Medicare Preferred HMO
Emergency Care at a Hospital Emergency Room	\$50 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital	\$75 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital
Ambulance Services	Medicare-approved ambulance services covered at 100%	Medicare-approved ambulance services covered at 100%	Medicare-approved ambulance services covered at 100%	Full coverage for emergency transport; \$40 copay for nonemergency transport	\$75 copay for one-way trip for Medicare-approved transport; Copay waived when member is admitted within 24 hours of trip	Medicare-approved ambulance services covered with a \$50 copay per day
Dental Care	No coverage for routine dental care	No coverage for routine dental care	No coverage for routine dental care	No coverage for routine dental care	1 cleaning and 1 oral exam (including 1 set of bitewing X-rays) are covered at 100% twice per calendar year	No coverage for routine dental care
Chiropractic Services	Covered for Medicare-approved services with a \$15 copay	Covered for Medicare-approved services with a \$15 copay	Covered for Medicare-approved services with a \$15 copay	\$15 copay per visit, including spinal manipulation services furnished by a chiropractor	\$15 copay per visit, including spinal manipulation services furnished by a chiropractor	Covered for Medicare-approved services with a \$15 copay
Eyeglasses	Not covered	\$150 per year toward eyewear or contact lenses, but not both. This benefit is a reimbursement from the plan with receipt of purchase.	Not covered	Discounts from participating providers	Up to \$200 once every 24 months for eyewear including fittings and evaluations	\$150 allowance per year toward eyewear or contact lenses, but not both, at contracting EyeMed providers
Hearing Aids	Not covered	Members reimbursed for first \$500 (covered in full); then for 80% of next \$1,500, up to a total of \$1,700 every 2 years from any provider	Not covered	Not covered	\$699 - \$999 copay (depending on type) for TruHearing branded hearing aid per ear every 12 months	Covered up to \$500 for the purchase or repair of hearing aids every 3 years at contracting providers

This comparison chart is not a comprehensive explanation of benefits. Please see the plan's Summary of Benefits for additional information.

DENTAL AND VISION COVERAGE FOR ACTIVE EMPLOYEES

Many City employees receive coverage through the Massachusetts Public Employee Fund (MPE Fund). Other employees receive coverage through their respective unions. Refer to your collective bargaining agreement for details on your dental and vision coverage. The coverage varies depending on your agreement. Visit [boston.gov/city-workers](https://www.boston.gov/city-workers) to learn more about the dental and vision coverage offered.

Generally, your coverage includes:

- Preventive, basic, and major dental services
- Orthodontia
- Dental exams, teeth cleaning, fluoride treatments, and bitewing X-rays
- Tooth extraction, when medically necessary
- Eye exams, lenses, frames, and contact lenses
- Discounts on frames, sunglasses, and laser eye surgery



LIFE INSURANCE

BASIC LIFE

The City of Boston pays for 50% of a basic term life insurance policy for employees and retirees of the City. This policy also includes a separate benefit of equal value for accidental death and dismemberment coverage. As an active employee, **if you're enrolled in a City-administered medical plan, enrollment in basic term life insurance is mandatory.**

OPTIONAL TERM LIFE

The City offers employees optional life insurance coverage, including a separate benefit of equal value for accidental death and dismemberment coverage. You can enroll up to a maximum amount of \$74,000 or your annual salary minus \$1,000, whichever is less. The cost of the policy is based on the amount of coverage you want and your age and is paid 100% by you.

Upon retirement, the full benefit is available at a higher premium until you reach age 75. At age 75, your term life insurance benefits terminate, and you have the option to convert to a whole life policy directly with Boston Mutual. Contact the Health Benefits Office to learn more.

WELLNESS

The Employee Wellness Portal includes valuable resources to support healthy lifestyles for you and your family members. From the Power of Eight articles (highlighting the eight key pillars of well-being) to online activities, including recipes and meditations, finding information has never been easier! Additionally, you can qualify for random prizes throughout the year with the prize mail.

Everyone can join. All employees, retirees, and their families can participate. If you haven't signed up yet, get started now.

- Go to bostonwellness.livehealthyignite.com.
- Click **Join Now**.
- Enter the group code: **wickedhealthy**
- Create your account by entering your name, email address, username, and password.
- Click the link in your email to confirm your account information.
- Log in to your account, and complete your profile.

If you are returning to the site, log in with your username and password. Check out all the new resources!

Get connected! This year, there is a new Social Wall where users can post, cheer, and comment with each other! There is also a photo gallery where you can post yourself working out, meeting with friends, or cooking a homemade meal. Supporting each other is more important than ever, and with the new Social Wall, you can get started right away.

FLEXIBLE SPENDING ACCOUNTS

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. Our Flexible Spending Accounts (FSAs) are administered by Cafeteria Plan Advisors, Inc.

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. Your FSA elections might even lower your tax bracket!

We offer four FSA options. You can enroll in none, some, or all of them. The IRS determines the maximum annual amount you're allowed to contribute to each FSA account.

- 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)

The \$4 monthly FSA administrative fee is now covered by the City of Boston.

GRACE PERIOD

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.

OTHER INFORMATION

CONFIDENTIALITY OF HEALTH CARE INFORMATION

The City of Boston's Non-Medicare and Medicare Health Insurance Plans are required to protect the confidentiality of your private health insurance information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules issued by the U.S. Department of Health and Human Services. The official HIPAA Privacy Notice, which is posted on the City of Boston website at boston.gov, is summarized here.

The intent of HIPAA is to make sure that private health insurance information that identifies (or could be used to identify) you is kept private. This individual identifiable health information is known as "protected health information" (PHI). Your health plans will not use or disclose your protected health information without your written authorization except as necessary for treatment, payment, plan operations, and plan administration, or as permitted or required by law. In particular, the plans will not, without your written authorization, use or disclose protected health information for employment-related actions and decisions or in connection with any benefits provided under another employee benefit plan.

Our plans also hire professionals and other companies to advise the plans and help administer and provide healthcare benefits. The plans require these individuals and organizations, called "Business Associates," to comply with HIPAA's privacy and security rules. In some cases, you may receive a separate notice from one of the plan's Business Associates (for example, your health plan's claims administrator). The notice will describe your rights with respect to benefits administered by that individual or organization.

Under federal law, you have certain rights where your protected health information is concerned, including

certain rights to see and copy the information, receive an accounting of certain disclosures of the information, and, under certain circumstances, change or correct the information. You have the right to request reasonable restrictions on disclosure of information about you and to request confidential communications. You also have the right to file a complaint with the plan or with the Secretary of the Department of Health and Human Services if you believe your rights have been violated.

The HIPAA Privacy Notice also describes the following additional protections provided as a result of recent changes in the law:

- Although the Plan may use your protected health information for underwriting, premium rating, or related functions to create, renew, or replace health insurance or health benefits, the Plan will not use or disclose protected health information that is genetic information about you for underwriting purposes.
- The Plan cannot use or disclose your protected health information for marketing purposes or sell your protected health information without your authorization.
- You have the right to be notified if there is a breach of your unsecured protected health information. In the event of a breach requiring notice, you will be notified by the plan or, if applicable, the Business Associate responsible for the breach.
- If you have questions about the privacy of your health information or if you would like a copy of the revised HIPAA Privacy Notice, please contact the Health Benefits Office at 617-635-4570. You may also access the revised HIPAA Privacy Notice on the City of Boston website at boston.gov.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

Under the Women's Health and Cancer Rights Act of 1998, participants who receive medical and surgical benefits in connection with a mastectomy, and who elect breast reconstruction in connection with such mastectomy, will be provided with coverage in a manner determined in consultation with the patient and attending physician for reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas. Contact the claims administrator of the plan you elect for more information.

CONTACT INFORMATION

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 Office Websites:

City employees: boston.gov/city-workers

Retirees: boston.gov/retirees

Annual Enrollment: boston.gov/ae2021

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

Harvard Pilgrim Health Care

Phone: 888-333-4742

Website: harvardpilgrim.org/myoptions/city-of-boston

Tufts Health Plan

Phone (current member): 800-701-9000

Phone (non-member): 800-517-4984

Website: tuftshealthplan.com/employer-microsites/city-of-boston

Cafeteria Plan Advisors, Inc.

Phone: 781-848-9848

Website: cpa125.com



CITY *of* BOSTON

Health Benefits Office
1 City Hall Square, Room 807
Boston, MA 02201

