



ROMAN CATHOLIC ARCHDIOCESE OF BOSTON  
BENEFIT TRUSTS

66 BROOKS DRIVE, BRAINTREE, MASSACHUSETTS 02184

January 27, 2021

Dear Pastor/Administrator/Business or F&O Manager/Director:

The Trustees of the RCAB Health Benefit Trust have asked that I share the information below regarding the Health and Dental Plan design changes and rates effective July 1, 2021. With the rates and changes noted below, the Trustees have sought to balance the goal of providing high-quality coverage for our employees with the reality of employer and employee budget constraints.

The rates listed below take into account the ongoing increase in health care costs, in part due to COVID-19. The Trustees voted to approve a subsidy of approximately \$775,000 from Health Benefit Trust reserves, cutting the needed increase for the Enhanced Plan in half and allowing for a reduction in the Basic Plan rates.

<b>Enhanced Health Plan</b>	<b>2.4% increase</b>
Individual	\$ 719.63 per month
Individual + 1 (spouse or child)	\$ 1,618.62 per month
Family	\$ 2,014.27 per month

  

<b>Basic Health Plan</b>	<b>2.8% decrease</b>
Individual	\$ 611.81 per month
Individual + 1 (spouse or child)	\$ 1,376.11 per month
Family	\$ 1,712.50 per month

  

<b>High Deductible Health Plan with HSA (NEW!)</b>	
Individual	\$ 525.33 per month
Individual + 1 (spouse or child)	\$ 1,181.59 per month
Family	\$ 1,470.42 per month

  

<b>Dental Plan</b>	<b>0% increase</b>
Individual	\$ 47.37 per month
Family	\$ 108.47 per month

The Health and Dental Plan rates will be reviewed and are subject to change effective July 1, 2022.

***Enhanced and Basic Plan Design***

There are no changes to the plan design for the Enhanced or Basic Plans for the Plan Year that starts July 1, 2021. A reminder of the features of these Plans is included below.

***New High Deductible Health Plan with Health Savings Account (HSA)***

The High Deductible Health Plan (HDHP) will be accompanied by an HSA, to which the Health Benefit Trust and employees may contribute. Additional information will be provided to employers prior to and to employees during Open Enrollment about how a HDHP functions, the pros and cons of a HDHP, and how to earn the \$500 individual/\$1,000 family HSA contribution each Plan Year. A summary of the HDHP plan design is below.

***Ongoing Wellness Program With Financial Incentives***

All three Plans will feature a Wellness Program with the maximum annual rewards of **\$1,000 that each enrolled employee and spouse** can earn as a credit to either a tax-free Health Reimbursement Account (HRA) or an HSA (HDHP enrollees only). Employees and spouses can also continue to receive **Wellness Rewards reimbursements** of up to **\$150 per year** for qualified expenses, such as fitness club memberships, wellness

tracker purchases, weight management classes, etc. More information is available at [catholicbenefits.org/health/wellness.htm](http://catholicbenefits.org/health/wellness.htm).

### Cost-Sharing for Health and Dental Plans

Below is the recommended cost-sharing for the Enhanced and Basic Health and Dental Plans. For the new HDHP, cost sharing will be set as noted below to ensure that the option being offered is truly more affordable than either of the other two Plans.

<b>Enhanced Health Plan</b>		<b>Employee Cost-Share</b>
Individual		25%
Family/Individual +1		40%
<b>Basic Health Plan</b>		<b>Employee Cost-Share</b>
Individual		15%
Family/Individual +1		35%
<b>High Deductible Health Plan</b>		<b>Employee Cost-Share</b>
Individual		5%
Family/Individual +1		25%
<b>Dental Plan</b>		<b>Employee Cost-Share</b>
Individual and Family		100%

If your location plans to change cost-sharing effective July 1, 2021, the form included below must be returned to the Benefits Office **by April 1, 2021**. This is to ensure that changes are made in MyEnroll in time for Open Enrollment, which will then automatically update deductions in Prime Pay after July 1.

### Open Enrollment with BAS/MyEnroll

The Open Enrollment portal will go live in MyEnroll on **Monday, May 11** and will close on **Friday, June 11**. Information regarding the topics in this letter, plus notices required by law and information encouraging employees to log in to MyEnroll to review their benefits and make any changes during Open Enrollment, will be mailed and emailed in early May. We will also communicate with you in late April/early May with more detailed information about the changes noted above and reminders regarding Open Enrollment procedures.

As always, your questions, comments and input on administration of these plans are welcome. Please feel free to contact me at (617) 746-5830 or [cgustavson@rcab.org](mailto:cgustavson@rcab.org).

Sincerely,



Carol Gustavson

Plan Administrator, Roman Catholic Archdiocese of Boston Health Benefit Trust

	Enhanced Plan		Basic Plan		HDHP Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$500 / \$1,000	\$1,000 / \$2,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$4,000 / \$8,000 (per family)	\$8,000 / \$16,000 (per family)
<b>Coinsurance (Plan pays)</b>	90%	70%	80%	60%	80%	60%
<b>Medical Out-of-Pocket Maximum</b>	\$1,500 / \$3,000	\$3,000 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$13,800 / \$27,600
<b>PCP - Preventive Visits</b>	Covered in Full	30% after ded.	Covered in Full	40% after ded.	Covered in Full	40% after ded.
<b>PCP - Sick Visit/Physical Therapy</b>	\$25	30% after ded.	\$30	40% after ded.	20% after ded	40% after ded.
<b>Specialist Visit</b>	\$40	30% after ded.	\$50	40% after ded.	20% after ded	40% after ded.
<b>Inpatient Care</b>	10% after ded	30% after ded.	20% after ded	40% after ded.	20% after ded	40% after ded.
<b>Outpatient Care (Hospital)</b>	10% after ded	30% after ded.	20% after ded	40% after ded.	20% after ded	40% after ded.
<b>Diagnostic test (x-ray, blood work)</b>	\$25 per day	30% after ded.	\$30 per day	40% after ded.	20% after ded	40% after ded.
<b>Imaging (CT/PET scans, MRIs)</b>	10% after ded	30% after ded.	20% after ded	40% after ded.	20% after ded	40% after ded.
<b>Emergency Room</b>	\$150	\$150	\$250	\$250	20% after ded	40% after ded.
<b>Pharmacy copays</b>	Retail: \$10/\$30/\$50 Mail: 2x Retail Out-of-pocket Max: \$1,500 / \$3,000		Retail: \$15/\$35/\$55 Mail: 2x Retail Out-of-pocket Max: \$1,500 / \$3,000		Deductible & Coinsurance Preventive 100%	



**Roman Catholic Archdiocese of Boston**  
**BAS/MyEnroll Request to Change or Add a Class Code**  
**Effective July 1, 2021**

Location Name \_\_\_\_\_

RCAB Institution Number \_\_\_\_\_

Please provide the employee cost if the employee were to enroll in the following:

Enhanced Plan - Individual Health \_\_\_\_\_ %

Enhanced Plan – Family/Individual +1 Health \_\_\_\_\_ %

Basic Plan - Individual Health \_\_\_\_\_ %

Basic Plan – Family/Individual +1 Health \_\_\_\_\_ %

Individual Dental \_\_\_\_\_ %

Family Dental \_\_\_\_\_ %

\_\_\_\_\_  
Authorized Signer Name

\_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date

Please complete and return to the RCAB Benefits Office via facsimile (617) 779-4567 or e-mail at [benefits@rcab.org](mailto:benefits@rcab.org).