



**Roman Catholic Archdiocese of Boston  
Benefit Trusts**

66 Brooks Drive, Braintree, Massachusetts 02184

January 31, 2023

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 rates effective July 1, 2023. The rates listed below take into account projected increases in health care costs, as well as inflation and other economic pressures on employees and employers. To that end, the Trustees voted to approve a subsidy of nearly \$875,000 from Health Benefit Trust reserves, reducing the overall increase needed by one-third.

Additionally, the Trustees voted to increase deductibles, out-of-pocket maximums, and certain co-pays to align with current benchmarking (see chart at the bottom of this letter). These are the first changes to employee out-of-pocket costs since 2018. These changes enabled the Trustees to further reduce the rates to those shown below. The 6.2% increase is less than the average 2023 increase for comparable employers.

| <b>Enhanced Health Plan</b>      | <b>6.2% increase</b>  |
|----------------------------------|-----------------------|
| Individual                       | \$ 816.21 per month   |
| Individual + 1 (spouse or child) | \$ 1,835.87 per month |
| Family                           | \$ 2,284.62 per month |

| <b>Basic Health Plan</b>         | <b>6.2% increase</b>  |
|----------------------------------|-----------------------|
| Individual                       | \$ 693.92 per month   |
| Individual + 1 (spouse or child) | \$ 1,560.81 per month |
| Family                           | \$ 1,942.34 per month |

| <b>High Deductible Health Plan with HSA</b> | <b>6.2% increase</b>  |
|---|-----------------------|
| Individual                                  | \$ 595.84 per month   |
| Individual + 1 (spouse or child)            | \$ 1,340.18 per month |
| Family                                      | \$ 1,667.78 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, 2024.

**Health Plan Updates**

The Wellness Program will continue, including financial incentives of up to \$1,150 per year for participating enrolled employees and spouses. There will be a change in the formulary (*i.e.*, list of covered medications) for certain medical conditions. The change impacts less than 50 individuals, who will be individually notified prior to July 1.

**Cost-Sharing for Health and Dental Plans**

Below is the recommended cost-sharing for the Health Plans. We also recommend that employees pay 100% for Dental Plan coverage. **Please consider moving to this cost-sharing model for July 1.** For the HDHP, cost sharing will be set as noted below and cannot be modified by a specific location. This ensures that the

HDHP option is truly more affordable than either of the other two Plans. A calculator is available to model cost-sharing at [catholicbenefits.org/admins/admins.htm#adminforms](http://catholicbenefits.org/admins/admins.htm#adminforms).

| <u>Enhanced Health Plan</u>        | <u>Employee Cost-Share</u> |
|------------------------------------|----------------------------|
| Individual                         | 25%                        |
| Family/Individual +1               | 40%                        |
| <u>Basic Health Plan</u>           | <u>Employee Cost-Share</u> |
| Individual                         | 15%                        |
| Family/Individual +1               | 35%                        |
| <u>High Deductible Health Plan</u> | <u>Employee Cost-Share</u> |
| Individual                         | 5%                         |
| Family/Individual +1               | 25%                        |

If your location plans to change cost-sharing effective July 1, 2023, the form included below must be returned to the Benefits Office **by April 1, 2023**. This is to ensure that changes are made in MyEnroll in time for Open Enrollment, which will then automatically update deductions in PrimePay after July 1.

### ***Open Enrollment with BAS/MyEnroll***

The Open Enrollment portal will go live in MyEnroll on **Monday, May 15** and will close on **Tuesday, June 20**. 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

| <b>Enhanced Plan Changes</b>   | <b>Current</b> | <b>Effective 7/1/2023</b> |
|--|----------------|---------------------------|
| Deductible (individual, in-network)  | \$500          | \$750                     |
| Deductible (family, in-network)  | \$1,000        | \$1,500                   |
| Deductible (individual, out-of-network)  | \$1,000        | \$1,500                   |
| Deductible (family, out-of-network)  | \$2,000        | \$3,000                   |
| Out of Pocket Maximum (individual, in-network)   | \$1,500        | \$1,750                   |
| Out of Pocket Maximum (family, in-network)   | \$3,000        | \$3,500                   |
| Out of Pocket Maximum (individual, out-of-network)   | \$3,000        | \$3,500                   |
| Out of Pocket Maximum (individual, out-of-network)   | \$9,000        | \$10,500                  |
| Prescription co-pay (retail, preferred brand)  | \$30           | \$35                      |
| Prescription co-pay (retail, non-preferred brand)  | \$50           | \$55                      |
| <b>Basic Plan Changes</b>  | <b>Current</b> | <b>Effective 7/1/2023</b> |
| Prescription co-pay (retail, preferred brand) (30-day supply; increase applies to mail order, 2x co-pay for 3x fill)     | \$35           | \$40                      |
| Prescription co-pay (retail, non-preferred brand) (30-day supply; increase applies to mail order, 2x co-pay for 3x fill) | \$55           | \$60                      |



**Roman Catholic Archdiocese of Boston**  
**BAS/MyEnroll Request to Change or Add a Class Code**

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

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

Effective date of change(s): \_\_\_\_\_

Replace all current Class Codes       Yes       No

**OR**

Add new Class Code as an option       Yes       No

If adding a new Class Code, please indicate the reason for multiple cost shares (example, based on date of hire):

\_\_\_\_\_

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

|  |                 |                          |
|--|-----------------|--------------------------|
| Enhanced Health Plan – Individual              | _____%          | (recommendation is 25%)  |
| Enhanced Health Plan - Family/Indiv +1         | _____%          | (recommendation is 40%)  |
| Basic Health Plan - Individual                 | _____%          | (recommendation is 15%)  |
| Basic Health Plan - Family/Indiv +1            | _____%          | (recommendation is 35%)  |
| High Deductible Health Plan* - Individual      | _____ 5 _____%  |                          |
| High Deductible Health Plan* - Family/Indiv +1 | _____ 25 _____% |                          |
| Individual Dental                              | _____%          | (recommendation is 100%) |
| Family Dental                                  | _____%          | (recommendation is 100%) |

\_\_\_\_\_  
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). If your location plans to change cost sharing effective with the new Plan Year, the form must be returned to the Benefits Office by April 1. This timing ensures that changes are made in MyEnroll in time for Open Enrollment, which will then automatically update deductions for locations in Paylocity after July 1.

**\*The cost sharing for the HDHP will be set as noted for all locations to ensure that the option is more affordable than either of the other two Plans.**