

# Health Insurance Plan Changes

## **Medical Deductibles – Select Coverage**

After ten years of no change, the medical deductibles for Select Coverage will increase effective January 1, 2021. The in-network deductible will increase from \$1,000 to \$1,300 for individuals, and from \$2,000 to \$2,600 for family coverage. The out-of-network deductible will increase from \$2,000 to \$2,300 for individuals, and from \$4,000 to \$4,600 for family coverage. Please note that the deductibles for the Base Coverage will remain the same in 2021.

## **Coinsurance Maximums – Select and Base Coverage**

The 20% coinsurance rate is the amount a participant pays for covered services not otherwise associated with the deductible or copay, and is subject to an overall maximum dollar amount per year. Similar to deductibles, the coinsurance maximums have remained unchanged since 2011 for both Select Coverage and Base Coverage. Effective January 1, 2021, the coinsurance maximums are increasing by \$500. The Select Coverage coinsurance maximum will be \$3,000 for in-network and \$4,000 for out-of-network for individuals. There is no family coinsurance maximum for the Select Coverage. For the Base Coverage, the coinsurance maximum will be \$3,000 in-network and \$4,000 out-of-network for individuals, while the family coverage coinsurance maximums will increase to \$5,500 for in-network and \$7,500 for out-of-network. Please note that out-of-pocket maximums will remain the same in 2021.

## SELECT COVERAGE

<b>Individual Coverage</b>	<b>Network</b>	<b>Out-of-Network</b>
Calendar Year Medical Deductible	\$1300	\$2300
Individual Prescription Drug Deductible	\$75	
Medical Coinsurance Maximum	\$3000	\$4000
<b>Family Coverage</b>	<b>Network</b>	<b>Out-of-Network</b>
Family Calendar Year Medical Deductible	\$2600	\$4600

## BASE COVERAGE

<b>Individual Coverage</b>	<b>Network</b>	<b>Out-of-Network</b>
Calendar Year Medical Deductible	\$1800	
Preventive Medications Deductible (other medications are subject to Calendar Year Deductible)	\$75	
Medical Coinsurance Maximum	\$3000	\$4000
<b>Family Coverage</b>	<b>Network</b>	<b>Out-of-Network</b>
Family Calendar Year Medical Deductible	\$3000	
Preventive Medications Deductible (other medications are subject to Calendar Year Deductible)	\$75	
Medical Coinsurance Maximum	\$5500	\$7500

## **Pharmacy Benefit Manager - Transition**

As the result of a comprehensive RFP process, CVS Health was selected as the Plan's new Pharmacy Benefit Manager effective January 1, 2021. We are currently working with CVS Health and Prime Therapeutics (our current PBM) on the transition, designed to be relatively seamless for employers and participants. More information will be provided over the next several months to help ensure any potential drug coverage questions are addressed, and that there is no disruption in services to our participants

## **Prior Authorizations**

The Plan currently requires prior authorization for coverage of wound vacuum assisted closure, pulmonary rehabilitation, and preventative low-dose CT scans for lung cancer. These prior authorizations were originally implemented to avoid unnecessary utilization by ensuring that these procedures are medically appropriate. Based on a review of these services and input from the Plan's utilization management vendor and third party, these services are being performed when medically appropriate. Beginning January 1, 2021, prior authorization for coverage of wound vacuum assisted closure, pulmonary rehabilitation, and preventative low-dose CT scans for lung cancer will no longer be required to remove the administrative burden on participants and providers.