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 with 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

Individual Coverage	Network	Out-of-Network
Calendar Year Medical Deductible	$1300	$2300
Medical Coinsurance Maximum	$3000	$4000
Family Coverage	**Network**	**Out-of-Network**
Family Calendar Year Medical Deductible	$2600	$4600

Participants with SELECT coverage must meet a separate $75 calendar year deductible for pharmacy benefits prior to receiving co-payment.

BASE COVERAGE

Individual Coverage	Network	Out-of-Network
Calendar Year Medical Deductible	$1800	
Medical Coinsurance Maximum	$3000	$4000
Family Coverage	**Network**	**Out-of-Network**
Family Calendar Year Medical Deductible	$3000	
Medical Coinsurance Maximum	$5500	$7500

*Preventive medications are subject to a $75.00 deductible. Other medications are subject to the Calendar Year Deductible. *

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

Prescription Drug Coverage

The Plan's goal for prescription drug coverage is to provide access to safe, effective, and affordable medications. While the cost of older generic medications has remained relatively stable in the last couple of years, newer generics are often as expensive as their brand counterparts. A generic mandate is currently in place to encourage the use of generic medications. If a participant purchases a brand medication when a generic is available, the participant currently pays the ***generic*** copayment plus the difference in the cost of the brand and generic drug. To support the Board's long-term strategy of encouraging the use of clinically effective medications at the lowest cost and help offset the dramatic increase in the cost of new generics, the Plan's generic drug mandate will be changing. Beginning January 1, 2021, the generic mandate is changing to require the appropriate ***brand*** copayment (rather than ***generic***), plus the difference in the cost of the brand and generic drug. Please note that the current prescription drug deductible and copayments will remain the same in 2021.

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.