

**CITY OF BOSTON PUBLIC EMPLOYEE COMMITTEE**

**Comparison of Final Agreement (2020 - 2025) to Current City Plans**

February 1, 2020

<b>Category</b>	<b>Current Boston Plans</b>	<b>Final Agreement</b>
Agreement Duration [Current = 5 Years]	5 Years	5 Years
Active & Non-Medicare Plan Design	3 Plans: Limited Network HMO, Broad Network HMO, PPO	Year 1 = 2 Plans; Broad HMO & PPO  Year 2-5 = 3 Plans: Limited Network HMO, Broad Network HMO, PPO
	No Provider Tiering	No Provider Tiering
Deductibles	None -Limited HMO, Broad HMO or PPO, in-network; PPO, Out of Network, \$250 (IND) & \$750 (FAM)	Year 1 = None Year 2-5 = Limited HMO = None Broad HMO & PPO = HMO - \$100/\$200 PPO - \$250/\$500 PPO Out of Network =\$350/\$875
PCP & Specialist Copays	\$20, Primary Care \$30, Specialist	Year 1 \$20 Primary Care \$30 Specialist Year 2-5 Limited HMO = \$20 Primary; \$30 Specialist Broad HMO & PPO = \$20 Primary; \$35 Specialist
Copay for In-Patient Services	No Copay	Year 1 All Plans = \$50 Copay Year 2-5 Limited HMO = No Copay Broad HMO & PPO = \$100 Copay
Copay for Out-Patient Services	No Copay	Year 1 All Plans = \$50 Copay Year 2-5 Limited HMO = No Copay Broad HMO & PPO = \$100 Copay
Pharmacy Copays <i>[Active, Non-Medicare]</i>	Retail Tier 1 \$10 Copay Tier 2 \$25 Copay Tier 3 \$45 Copay  Mail Tier 1 \$20 Copay Tier 2 \$50 Copay Tier 3 \$100 Copay	Retail Tier 1 \$10 Copay Tier 2 \$30 Copay Tier 3 \$55 Copay  Mail Tier 1 \$20 Copay Tier 2 \$60 Copay Tier 3 \$135 Copay
Pharmacy Copays - Medicare	Varies by plan	Retail Tier 1 \$10 Tier 2 \$25 Tier 3 \$45 Mail Tier 1 \$20 Tier 2 \$50 Tier 3 \$115
Premium Contribution Splits for Active & Non-Medicare Participants	19.5% = Limited HMO & Broad HMO; 29.5% = PPO	<b><u>Increase Contributions by 2%</u></b>  Active/Non-Medicare premiums [+2%] FY21 = +.5%; FY22 = +.5%; FY23 =+1% shift;
Premium Contribution Splits for Medicare Participants	12%	<b><u>Increase Contributions by 2.5%</u></b>  FY21 =+.5%; FY22 =+.5%; FY23 =+.5%; FY24=+1%