Health Benefits Changes & Updates - Employee Connect

Annual Enrollment

- May 9, 2016 May 20, 2016
- Soft roll-out of eBenefits
 - o Employees can make updates to their benefits online or on paper

Coverage/Deduction Schedule

- The delivered coverage and deduction effective date configuration options in Benefits Administration, do not support the City's current practice of taking deductions approximately 1 month in advance.
- The Health Benefits Office and the Benefits Upgrade Team completed a scenario mapping exercise to identify the optimal coverage/deduction schedule with the following goals in mind:
 - Minimize financial risk
 - o Minimize retroactive adjustments
 - o Easy to understand
- Employees will shift to a "pay as you go" model. Payroll deductions will start/end when coverage starts/ends. See below for a summary of changes as a result of the modified coverage/deduction schedule:

Transaction Type	Current	New	
New Hire	60 days to enroll	30 days to enroll	
	Coverage begins 1-2 months after the application is received by Health Benefits	Coverage begins 1 st of the month following hire date	
	No email notification or confirmation is sent to the employee	Email notification, reminders and confirmation of enrollment will be sent to the employee	
Qualifying (Life) Events	30 days after qualifying event	30 days after qualifying event	
	Coverage effective date equals event date	Coverage effective date equals event date	
	Arrears/Refund must be manually calculated and applied by Health Benefits	Payroll deduction will be updated immediately. Retroben module will calculate any arrears/refund - no manual calculation required	
	No email notification or confirmation is sent to the employee	Confirmation of enrollment will be sent to the employee	
Termination	Coverage ends approximately 1 month after termination date	Coverage ends effective last pay period end date	
	Termination/COBRA notice is mailed to the employee	Termination/COBRA notice is mailed to the employee	

Deduction Holiday

- In order to transition existing employees from the current coverage/deduction schedule to the pay as you go model, a 1 month deduction holiday or deduction refund will be issued.
- The exact date of the deduction refund remains to TBD, but will likely take place in April or May.

Other Considerations

- Rate Setting / Deduction Schedule There will never be a pay period with "no deduction" as exists today. Every weekly and bi-weekly pay period will have a deduction. Rate setting methodology will have to change from annual rate/12 months to annual rate/# of pay periods.
- Employees paid over 10 months BPS employees paid across 10 months will continue to have double deductions withheld from their checks during the last 2 months of the school year. If an employee experiences a qualifying event during the 'double deduction' period, analysis will be conducted to ensure there is no adverse impact, and manual refunds or arrears may be required.

Opt-Out

- Opt-out eligibility and benefit amount vary by union.
- Currently, employees can apply to opt-out for the first time or renew their opt-out application during Annual Enrollment.
- The opt-out benefit is administered manually, and many employees are not aware of the benefit or forget to complete the application.
- Benefits Administration will be configured with an opt-out event that will automate the identification of eligible employees and send them an email notification with instructions for opting out via eBenefits.
- Rather than a lump-sum payment for opt-out, which must be repaid by the employee should they re-enroll during the year, a weekly/bi-weekly payroll credit will be applied. If an employee re-enrolls during the year, the credit will end and deductions will begin.

Opt-Out - 2015 Enrollment Stats

• 298 Employees completed the opt-out process, for a total of \$656,500

Union Code	Description	Group	Count	~		
ACW	AFSCME C93 Local 230	AFSCME		2		
AFE	AFSCME C93 Local 296 Parks	AFSCME		3	Group	Count 🔽
AFF	AFSCME C93 Local 703	AFSCME		3	AFSCME	33
AFG	AFSC Local 804 PW&PR,Tr,Pol,Fi	AFSCME		6	ВРРА	43
AFI	AFSCME C93 Local 944	AFSCME		1	BPS Custodians	7
AFK	AFSCME C93 Local 1892	AFSCME		5	BPSOF	10
AFL	AFSCME C93 Local 1631	AFSCME		2	BTU	63
AFM	AFSCME C93 Local 783	AFSCME		3	EXEMPT	20
AFP	AFSCME C93 Local 1526	AFSCME		4	IAFF	49
AFT	AFSCME C93 Local 445	AFSCME		4	OTHER	8
AGU	SEIU L888 BPS ADM GUILD UN13	SEIU		9	Police Det	10
BAS	BASAS (BPS)	OTHER		1	SEIU	35
BPP	Police Patrolmen's Assoc (BPD)	BPPA		43	SENA	20
BPS	Managerial (BPS)	EXEMPT		6		
BT1	Boston Teachers Union Paras	BTU		12		
BT2	Boston Teachers Union Subs	BTU		2		
ВТ3	Boston Teachers Union Teachers	BTU		49		
CCS	City Council Staff	EXEMPT		2		
EXM	Executive Managers (BCH)	EXEMPT		6		
НМР	Head Masters & Principal (BPS)	EXEMPT		4		
IFF	Intl Assn Fire Fighters L718ab	IAFF		49		
MPS	Muncipl Police Sup Ofc Asoc	OTHER		1		
MYG	Mayor's Office Clerical Empl	EXEMPT		1		
MYO	Mayor's Office Employees	EXEMPT		1		
OPE	OPEIU AFL-CIO LI6 (Hsg Inspt)	OTHER		2		
PDB	Boston Police Detectives	Police Det		7		
PDS	Supr Det. Ben. Society (BPD)	Police Det		3		
PSA	Professional Staff Assn (BPL)	OTHER		3		
PSO	Boston Police Superior Officer	BPSOF		10		
SCA	Custodian Assn (BPS)	BPS Custodians	5	7		
SE1	SENA L 9158 (Citywide)	SENA		20		
SPS	Sch Police Supr Ofc Assn (BPS)	OTHER		1		
SU2	SEIU L888 DND UN01B	SEIU		9		
SU4	SEIU L888 CWD UN01D	SEIU		14		
SU5	SEIU L888 BCYF UN01E	SEIU		1		
SU6	SEIU L888 ELD UN01F	SEIU		1		
SU7	SEIU L888 BPS P & E UN01G	SEIU		1		



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HEALTH INSURANCE OPT-OUT PROGRAM POLICY

The annual payment amount is either:

 \$1,000.00 for waiving Individual coverage or \$1,500.00 for waiving Family coverage.

Or, if stated in your collective bargaining agreement

 \$1,500.00 for waiving Individual coverage or \$2,500.00 for waiving Family coverage.

To participate, employees must either be:

 Currently enrolled in City medical coverage and drop the coverage during the Open Enrollment period for at least one year.

Or if stated in your collective bargaining agreement

- o You qualify if you were enrolled in a City of Boston health plan for at least one year at some point during your employment with the City and had previously dropped that coverage.
- Employees must provide written documentation of alternate medical coverage outside of the City's group plans on employer letterhead. This letter must include the dates of coverage and the names of all those covered by the plan. This documentation will be required on an annual basis to qualify for the opt-out benefit.
- The Health Insurance Waiver Form must be signed on an annual basis during the Open Enrollment period for plan year beginning July 1st.
- The level of opt-out benefit available to employees will be determined based on current eligibility. Therefore, all employees seeking to receive the family plan opt-out benefit for the first time must provide current proof of their dependents status, consistent with enrolling in a family plan (copy of your marriage certificate or birth certificate for one of your health insurance eligible dependents).
- If an employee who opts out of the City's coverage subsequently loses the alternate coverage, that employee may re-enroll in the City's coverage within 30 days of losing the alternative coverage.
- An employee rejoining the City's coverage within the year he/she receives an opt-out payment must refund the City a prorated amount of the opt-out payment.