**RCAB Health Plan Frequently Asked Questions**
**Updated July 2025**

## Section A: RCAB Health Plans in General

### A1. What changes were made to the Health Plans effective July 1, 2025?

- Due to the steep increase in medical and pharmacy claim costs, which surpassed forecasts, the Trustees of the RCAB Health Benefit Trust raised Health Plan rates by 13.2% and increased some out-of-pocket costs under the Enhanced and Basic Plans. Please refer to the chart of increases here.
- The RCAB Health Plans eliminated coverage for GLP-1s prescribed for weight loss and other weight loss medications due to skyrocketing medical and pharmacy expenses, the majority of which pharmacy expenses were due to GLP-1s. For an FAQ document with more information, click here.
- The RCAB Health Benefit Trust Wellness Program provides employees with the opportunity to earn financial incentives of up to $1,000 per Plan Year (up to $500 per year for employees and spouses enrolled in the High Deductible Health Plan). These maximums decreased slightly for the new Plan Year as Wellness Rewards dollars are counted toward the Plan Year maximums. In addition, HRA participants must now earn a minimum of $500 in financial incentives before HRA dollars are awarded and deposited into their HealthEquity accounts.
- Employees and spouses enrolled in the RCAB Health Plans now have the opportunity participate in 12 monthly challenges (up from 11) per Plan Year.
- Continuation of Coverage (COC) participants' HRA accounts will no longer remain active through their last day of COC coverage. HRA accounts will terminate and COC participants will no longer be able to access any remaining HRA dollars.

### A2. What Health Plan design changes are being considered for the future?

Due to the significant and continual rise in medical and prescription costs, the Trustees are in the process of evaluating plan design changes. Options under consideration include excluding certain hospitals and related providers, such as Massachusetts General Hospital, Brigham & Women's Hospital, and related facilities that charge significantly more than other Boston-area providers, from Plan coverage (while still retaining other Plan options that offer the broad PPO network), charging employees/family members a sizeable additional fee if they use these providers, changing benefit eligibility criteria, and charging additional out-of-pocket costs for certain types of care. Should any of these changes be implemented, employees would receive as much notice as possible.

### A3. Does the Health Benefit Trust still offer the High Deductible Health Plan?

The Health Benefit Trust continues to offer a High Deductible Health Plan (HDHP), a lower premium/higher deductible plan option. The premiums and deductions are lower than both the Enhanced and Basic Plans. Employees enrolled in the HDHP will have a HealthEquity Health Savings

Account (HSA) automatically set up for them. Employees and their dependents enrolled in the HDHP can use the HSA to pay deductibles, co-insurance, and other qualified expenses. A high-level summary of the current Plans is available here. A detailed description of the RCAB HDHP is available here.

**A4. Is everyone eligible to enroll in the HDHP?**

No. The HDHP is only an option to employees who are (1) not also covered by any other health plan that is not an HDHP; and (2) not claimed as a dependent on another person's tax return. An employee who is age 65 or older and enrolled in any part of Medicare may be enrolled in the HDHP but cannot contribute to an HSA. An employee who is age 65 or older and not enrolled in Medicare may contribute to an HSA.

**A5. If I am enrolled in the Basic or Enhanced Plan and want to switch to the HDHP, what are the main differences between the Plans, and what will happen to my HRA dollars?**

- Health care deductions from your paycheck will be lower.
- Your deductible and out-of-pocket maximums (OOPM) with the HDHP will be significantly higher.
- You won't pay any co-pays with the HDHP; care is either covered at 100% (preventive only) or subject to the deductible and co-insurance, up to the annual OOPM.
- You will no longer be able to contribute to an HRA and an HSA will be automatically opened up for you.
- If you switch from the Enhanced or Basic Plan to the HDHP, the HealthEquity HRA account, into which Wellness Program incentives were deposited while you were enrolled, will not be available for any expenses you incur after the last day of your enrollment in the Enhanced or Basic Plan.
- Your HSA dollars are owned by you and are fully and immediately "vested." You may use HSA dollars, even if you disenroll from the HDHP or leave employment.
- The maximum number of incentive points you can earn differs between the HSA and the HRA. You can earn $500 (if enrolled in an individual plan) or $1,000 (if you and your spouse are enrolled in a family or individual +1 plan) in HSA contributions each Plan Year. For other differences between an HRA and HSA, please visit here.

**A6. What is a PPO Plan?**

With a PPO, there is no requirement that a Primary Care Provider (PCP) be on file, and there is also no requirement that a PCP make referrals to see specialists. To obtain the highest level of coverage, employees must see providers who are part of the Blue Cross PPO network, although there continues to be coverage for out-of-network care, with higher out-of-pocket costs.

**A7. Is the requirement that employees work 1,000+ hours/year still in place? Will this change in the future?**

The minimum 1,000 hour per year requirement (sometimes expressed as minimum 20 hours per week for employees who work year-round/24 hours per week for employees who work 10 months per year) will remain in effect through at least June 30, 2025. The Trustees may decide to increase the required annual hours in future Plan years, consistent with applicable laws. Any changes made by the Trustees will be

communicated in advance so that employees have an opportunity to make decisions about health plan coverage well in advance of an effective date.

## Section B: Enrollment

**B1. How do I sign up for one of the RCAB Health Plans?**
Most employees should plan to handle enrollment themselves through the secure online portal, myenroll.com. Check with your location's benefits contact to confirm whether you should use MyEnroll or should work with that person on the enrollment process.

**B2. I will be enrolling in one of the Plans. Will I receive ID cards from Blue Cross and CVS/Caremark? When will they arrive?**
Yes. ID cards are typically issued by Blue Cross and CVS/Caremark within 10 business days of enrollment. If care is scheduled before an ID card is received, please contact the Benefits Department at (617) 746-5640 or benefits@rcab.org to obtain your Blue Cross ID or CVS/Caremark ID number.

**B3. How much will I pay on a per paycheck basis for the Enhanced Plan? For the Basic Plan? For the HDHP?**
Payroll deductions for Enhanced and Basic Plans are set by each location. The deductions for the HDHP are set at 5% of the premium for Individual and 25% for Individual +1 and Family coverage. You can log in to MyEnroll during your Open Enrollment period each year to see the deduction amounts for each Plan. Your location payroll administrator should also have the per paycheck costs.

**B3. I will be getting married in a few months and intend to enroll in the one of the Blue Cross Plans at that time. Will the rules about changing coverage, known as "life events," be any different in the future?**
No, the rules for changing coverage due to "life events," also sometimes known as "qualifying events," will remain unchanged. Specifically, an employee must make a request for a change in coverage (adding or dropping dependents, adding or dropping coverage, etc.) within 30 days of a "life event," such as marriage, birth of a child, loss of other coverage, etc. These requests are handled through the MyEnroll system – myenroll.com. Instructions on how to enter a Life Event are posted here.

## Section C: Physicians, Hospitals, Other Providers, and Treatment in Process

**C1. How can I determine if the physician/hospital/other providers my family and I currently see are part of the Blue Cross network?**
The best way to determine if a provider is part of the Blue Cross network is to search the provider database at bluecrossma.com/findadoctor. Choose EPO/PPO from the network drop-down menu before entering a provider name into the Search box. The Blue Cross PPO network is a national network and is not limited to New England.

**C2. I am in process with treatment while on my current insurance. What will happen once I enroll in one of the Blue Cross Plans?**
If you are in the hospital prior to and through the date of your new RCAB Health Plan coverage, then your prior insurance carrier would be responsible for the cost of the entire hospitalization. Any medical care once you are released from the hospital would be billed to the RCAB Health Plan. In addition, if

you had prior authorizations for services (such as for inpatient surgery or an MRI) in place with your prior carrier, your health care provider will need to submit a new authorization with Blue Cross.

## Section D: Co-Pays, Deductibles, and Co-Insurance

**D1. How does the deductible work with the Blue Cross Plans?**
A deductible means that enrolled employees will be responsible for the first dollar of claims for certain non-preventive services received, up to the stated limit, at which point the Health Plan will begin paying claims. This is similar to a deductible with other insurance, such as auto or homeowner's insurance. A comprehensive list of services subject to the deductible is available here. Note that even after the deductible is satisfied, co-pays under the Enhanced and Basic Plans are still due for services for which there is a co-pay (ex: sick visits (except sick visits through a Virtual Primary Care provider), specialist visits, physical therapy, ER services). Under the HDHP, enrolled employees and dependents do not have co-pays for any services.

**D2. What is "co-insurance"? There are references to a range of numbers on this line in the Plan Summaries.**
Co-insurance is the amount of medical expenses an enrolled employee or family member will be responsible for after a deductible is satisfied, for services to which the deductible and co-insurance apply. For example, an employee enrolled in the individual Enhanced Plan receiving an MRI that costs $1,150 will be responsible for the $1,000 deductible, and then 20% of the remaining balance ($1,150 - $1,000 = $150). The 20% co-insurance cost is $30. Co-insurance will be owed for amounts that do not exceed the annual out-of-pocket maximum. A comprehensive list of services subject to co-insurance is available here.

**D3. What is the purpose of an annual "out-of-pocket maximum"?**
The "out-of-pocket maximum" (OOPM) serves as a cap on all payments an employee or family member makes to pay for health care during a Plan Year. This includes deductibles, co-insurance, and co-payments (except in the case of the HDHP, which does not have co-pays). It does not include payroll deductions. Our Plan Year is July 1 to June 30 each year.

**D4. Are there deductibles for prescriptions? Are there separate annual "out-of-pocket maximums" for medical services and prescriptions?**
There are no deductibles for prescriptions under either the Enhanced or the Basic Plans. There are separate OOPMs for medical services and prescriptions for both the Enhanced and the Basic Plans. Under the HDHP, if the prescriptions are preventive, there is no charge. Otherwise, non-preventive prescriptions are subject to the deductible and co-insurance.

**D5. For families who are enrolled in the Health Plan, does each family member need to pay the full deductible each Plan Year?**
The deductible can work in two ways: (1) two individuals in a family plan can each satisfy the full deductible for the year, which means that there are no deductibles for additional family members for the remainder of the Plan Year; or (2) more than two members in a family can pay towards a deductible, and although none has paid in her/his full deductible, as a family, the family deductible limit is reached, which means that NO family members have any further deductibles for the Plan Year.

**D6. For families who are enrolled in the Health Plan, does each family member need to satisfy the OOPM each Plan Year before costs are capped for other family members?**
Similar to the deductible question in D5, the OOPM can work in two ways: (1) two individuals in a family plan can each reach his/her individual OOPM for the year, which means that there are no out-of-pocket costs (e.g., co-payments (not in the HDHP, in which there are no co-pays), deductibles, co-insurance) for additional family members for the remainder of the Plan Year; or (2) more than two members in a family can pay towards the OOPM, and although none has met the individual OOPM, as a family, the family deductible limit is reached, which means that NO family members have any further out-of-pocket costs for the Plan Year.

**D7. Could the deductible, co-insurance and OOPM amounts increase in future Plan Years?**
Yes, these amounts could increase or decrease in future Plan Years. Any changes will be described in the applicable Summary of Benefits & Coverage, distributed each year with Open Enrollment materials.

## Section E: Prescription Services

**E1. Is there a separate ID card for prescription services?**
Yes, you will receive a new CVS/Caremark ID card upon enrollment in any of the RCAB Health Plans.

**E2. Do I need to use a CVS pharmacy for my prescriptions?**
No. You are not required to use a CVS pharmacy. You can use any pharmacy within the Caremark network, which includes many national chains and local pharmacies. You can determine which pharmacies are in the Caremark network by visiting CVS pharmacy locator.

**E3. Is mail order an option under the RCAB Health Plans? Will I have to pay extra if I fill long-term maintenance medications on a 30-day basis at local pharmacy?**
The Plans encourage use of mail order or a CVS retail pharmacy for maintenance medications. Please visit Maintenance Choice FAQs for details on the financial benefits of filling maintenance prescriptions with 90-day fills through mail order or from a CVS retail pharmacy.

**E4. Is the CVS Minute Clinic $5 co-pay still in place?**
Yes.

**E5. What is the PrudentRx program referenced in the Summaries of Benefits and Coverage? Does it apply to all Blue Cross Health Plans?**
This program, only applicable to the Enhanced and Basic Plans, allows you to lower your out-of-pocket costs by assisting you with enrolling in drug manufacturers' discount copay cards/assistance programs. Any specialty medications that are included in the Plan's Exclusive Specialty Drug List will cost $0 out-of-pocket when you fill the prescription at CVS Specialty. PrudentRx invites employees/spouses enrolled in the Enhanced and Basic Plans who are taking specialty medications to participate in the program. If you are taking specialty medications, you should receive a phone call and/or a letter (if you don't register during the phone invitation) from PrudentRx. If you are eligible but don't register with PrudentRx, you will be deemed to have opted out of the program and will be responsible for 30% coinsurance for Prudent Rx-eligible specialty prescriptions. To access the Exclusive Specialty Drug List, visit PrudentRx Specialty Drug List. If have any questions about the program, please call PrudentRx at 1-800-578-4403, Monday through Friday, from 8 a.m. to 8 p.m.

## Section F: Wellness

**F1. What are the annual HRA maximum amounts? Are they the same as the 2024-2025 Plan Year? ($1,150 per year per enrolled employee + $1,150 per year per enrolled spouse, which includes Wellness Rewards reimbursements)?**

The Blue Cross Plans offer a robust Wellness Program called *ahealthyme*. Registering in *ahealthyme* is a prerequisite to earning HRA dollars through participation in the *ahealthyme* program. You can register in *ahealthyme* by accessing your MyBlue account at member.bluecrossma.com/login, clicking on **My Care**, and selecting ***ahealthyme***. In addition to these *ahealthyme* activities, enrolled employees and spouses may earn HRA dollars by participating in the MoveSpring Challenge Program. Employees and spouses earn HRA dollars for completing wellness activities and these funds are deposited into an HRA account with HealthEquity. The annual maximum amounts are $1,000 per Plan Year per enrolled employee and spouse, until at least June 30, 2026. The maximums include Wellness Reward HRA dollars that enrolled employees and spouses may earn ($150 each). See F10 below. More information about the RCAB Health Benefit Trust Wellness Program is available here.

**F2. Are the annual maximum amounts I can earn as incentives the same for an HSA? Can I earn both HRA and HSA dollars at the same time through a Wellness Program with Blue Cross?**

If you enroll in the RCAB HDHP, you can earn up to $500 (if enrolled in an individual plan) or $1,000 (if enrolled with a spouse in a family or individual +1 plan) in HSA contributions each Plan Year. You cannot earn both HRA and HSA dollars at the same time.

**F3. What happens to my HRA funds if I switch from the Enhanced or Basic Plan to a HDHP?**

If you enroll in the HDHP, you cannot maintain both an HSA and an HRA. Any employee with an existing HRA balance who switches to an HDHP will forfeit any unused HRA dollars.

**F4. How do I use the HRA or HSA dollars once I have incurred out-of-pocket medical expenses?**

Within approximately two weeks after you earn points through the RCAB Health Benefit Trust Wellness Program, your points will appear in your HealthEquity account. HealthyEquity issues a Visa credit card so you can use these funds to pay for deductibles, co-insurance, co-pays and for other qualified expenses (see F8 below). You can also pay qualified expenses up front and then submit receipts to HealthEquity for reimbursement.

**F5. How can I find out my HRA or HSA account balance?**

You can log in to your HealthEquity account – myhealthequity.com – to check your balance. You can also call them at (866) 346-5800 24/7/365.

**F6. If I earn HRA dollars in one Plan Year but do not use them, will I be able to use those HRA dollars in future years? If I am enrolled in the HDHP and earn HSA dollars in one year, will I be able to use the HSA dollars in future years?**

Employees and spouses who have earned HRA dollars can use them for co-pays for medical services (co-pays, deductibles, co-insurance) and prescriptions and other services (see F8) for themselves and any enrolled family members, as long as those members remain enrolled in one of the RCAB Health Plans (unless they are enrolled under the COC Program). The rules are different for HSA dollars. In addition to deductibles and co-insurance for medical services, prescriptions, qualified dental and vision services,

and qualified over-the-counter items, HSA funds can be used to pay for COBRA premiums (not Continuation of Coverage premiums), long-term care, and Medicare Parts B and D. Unlike HRA funds which are owned by the employer, HSA funds are owned by the employee and are fully and immediately "vested." They roll over from year to year and can be used even after an employee disenrolls from the HDHP or leaves employment. More information is available here.

**F7. What happens to my HRA balance if I disenroll from the Health Plan or leave my job through which I have RCAB Health Plan coverage?**
Your HRA dollars can only be used for qualified expenses incurred through your last date of coverage (which is the last calendar day of the month in which your employment or eligibility ends). After that date, your HealthEquity credit card will no longer work. Note that you are permitted to submit receipts up to 90 days after your coverage end date for expenses incurred through that date. You cannot use HealthEquity HRA dollars to pay for any services you receive after your coverage end date.

**F8. Can I use HRA or HSA dollars to pay for dental, vision, and other expenses?**
Employees and spouses who have earned HRA or HSA dollars can use them to pay for medical services, prescriptions, dental and vision care, and certain qualified over-the-counter medical expenses. Additional information about what additional expenses are "qualified" is available here.

**F9. Can HRA or HSA dollars be used for medical and other qualified expenses for family members who are enrolled in the Health Plans, even if that family member was not the one who earned the dollars?**
Yes, as long as the spouse or dependent child is enrolled in the employee's RCAB Health Plan, HRA or HSA dollars earned by the enrolled employee and/or spouse can be used to pay for the enrolled spouse's or enrolled dependent's qualified expenses.

**F10. Is the Wellness Rewards Program (reimbursements for wellness expenses such as gym memberships, fitness tracker purchases, etc., funds deposited into HRA or HSA accounts) still available?**
Yes, the Wellness Rewards Program will continue to be available. For more information on the Wellness Rewards program, visit catholicbenefits.org/wellness-rewards.

## Section G: Miscellaneous

**G1. Will there be any change to the exclusion of services that are considered in conflict with Catholic teachings?**
No. All current exclusions of services that conflict with Catholic teachings will continue to be excluded under the RCAB Health Plans. For information about these services, please review the Summaries of Benefits & Coverage currently in effect at catholicbenefits.org/health.

**G2. I have a very specific question about a provider or a health condition for which I am seeking treatment. How can I contact someone at Blue Cross to obtain an answer?**
Blue Cross Member Services will be available by phone to answer questions about specific providers, treatment plans, coverage, and benefits at (800) 832-3871.

**G3. How can I learn more about making a decision that is right for me?**

You are encouraged to review all material posted online at catholicbenefits.org/health. You may contact the Benefits Department at (617) 746-5640 or benefits@rcab.org if you have any questions.