



July 29, 2020

FY 21 Group Health Insurance Changes

With July 1st marking the beginning of the new plan year for the State Employee Group Insurance Program (SEGIP), we wanted to remind you of the changes that will be implemented in your health insurance under the terms of our current AFSCME collective bargaining agreement.

Employee Premium Increases

Employee contributions increased by a composite of \$13/month for employee-only coverage and \$18/month for dependent coverage effective July 1.

The increases were distributed across the salary bands to maintain the progressive structure of employee premium contributions, as well as across the health plans based on the relative cost of the plans. As a result, more expensive health plans and higher earners could have premium increases greater than \$13/month and \$18/month, whereas other less costly plans and lower earners saw increases less than the composite amounts.

As a reminder, the employee premium contribution increases that were scheduled for January 1, 2020 were deferred for six months due to a favorable union grievance settlement reached in the matter involving the State's contract with Morneau Shepell. Therefore, please note that the premium contributions that went into effect on July 1st included both the scheduled July increase and the delayed January increase.

Increases to Co-pays

For FY 21 (effective July 1) out-of-pocket costs increased by amounts consistent with health care cost trends.

New Savings Initiatives

Over the past year AFSCME has worked through the Joint Labor Management Committee on Healthcare to implement a number of health care initiatives, including telemedicine, a preferred CVS prescription network, and a reduced HMO Tier 1 copay that will allow access to doctors, specialists and prescription drugs at lower co-payment amounts.

- **Telemedicine:** Telemedicine is now available under the HMO and OAP plans at a reduced copayment amount in comparison to a regular physician or specialist office visit. Telemedicine is also available under the QCHP and CDHP plans at a savings in comparison as well. Telemedicine provides quick access to a doctor over the phone, email or video call and could

replace a traditional visit to your primary care physician, specialist, urgent care center or emergency room.

- Preferred CVS Prescription Network: This benefit is available under the OAP, QCHP and CDHP plans and allows a covered member to obtain specified maintenance medications in a 90-day supply from a CVS Caremark pharmacy or through the CVS Caremark Mail Service pharmacy for half of the normal copayment amount.
- HMO Reduced Tier 1 Copay: The reduced Tier 1 copay is available through the HMO carriers. The reduced Tier 1 copay allows members to obtain certain medications in either a 30 or 90 day supply for a reduced copay amount. Participants should contact their HMO to determine medications that qualify for this reduced copay.

New Health Plan Option

During the May Benefit Choice period, a high deductible health plan option was offered as part of the group insurance benefit. High deductible plans have a lower employee premium contribution. However, in a high deductible health plan the member is responsible for 100% of most health care and pharmacy costs until the deductible is met. The state will make a contribution to a health savings account (HSA) in an amount equal to 1/3 of the deductible to help the employee pay for these higher out-of-pocket expenses.

COVID-19 Related Health Care

All state health plans are currently waiving all co-pays and other out-of-pocket expenses for COVID-19 testing and treatment for plan participants and their family members.

Please feel free to reach out to Martha Merrill, Council 31 Director of Research and Employee Benefits, at 312-641-6060 if you have any questions related to the FY 21 health plan changes or any other issues related to the State's Group Insurance Program.