

**HOUSE . . . . . No. 2509**

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**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Nine**  
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An Act regarding municipal health insurance plans..

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           Section 1. Chapter 32B of the general laws is hereby amended by adding the following  
2 new section:

3           Section 20. Effective July 1, 2009, a governmental unit is authorized to include, as part  
4 of the health plans (HMOs, PPOs, indemnity plans) that it offers to its employees and retirees,  
5 co-payments, deductibles and tiered provider network co-payments (or other plan design  
6 features) that are no greater in dollar amount than the highest co-payments, deductibles and  
7 tiered provider network co-payments (or other plan design features) provided in any of the same  
8 class (HMOs, PPOs, indemnity plans) of health plans offered by the Group Insurance  
9 Commission pursuant to G.L. c. 32A. For purposes of this section, a “Point of Service” plan  
10 offered by a governmental unit shall be considered to fall within the PPO class.

11           The above authorized dollar amounts for co-payments, deductibles and tiered provider  
12 network co-payments (or other plan design features) shall be increased whenever the Group  
13 Insurance Commission increases the dollar amount of co-payments and/or deductibles and/or

14 tiered provider network co-payments (or other plan design features) on the health plans that it  
15 offers.

16 A governmental unit may include in its health plans co-payments, deductibles and tiered  
17 provider network co-payments (or other plan design features) up to the above-referenced  
18 amounts without bargaining pursuant to either Chapter 150E or Section 19 of Chapter 32B  
19 concerning the decision to do so or the impact of the decision.

20 Nothing herein shall prohibit a governmental unit from including in its health plans  
21 higher co-payments, deductibles or tiered provider network co-payments (or other plan design  
22 features) than those authorized by the preceding paragraphs of this section; but such higher co-  
23 payments, deductibles or tiered provider network co-payments (or other plan design features)  
24 may be included only after the governmental unit has satisfied any bargaining obligations  
25 pursuant to either Chapter 150E or Section 19 of Chapter 32B.