

## Your Healthcare Plans: Accelerate and Access Side by Side

**The Ascend to Wholeness Healthcare Plans** are designed to empower you to achieve your goals of complete whole person health through the mind, body and spirit. This is accomplished through robust benefits provided by the plans, geared to assist and educate you on your current health as well as provide a strong foundation for life-long changes to achieve a “wholistic” lifestyle.

Effective January 1, 2019, depending on your 2018 engagement level, you have two health plan choices which are highly competitive in the market. These plans give you full access to whole-person health and wellness programs to help you avoid preventable illnesses and manage pre-existing medical conditions.

Learn more in the 2019 Plan Guide and on [www.AscendToWholeness.org](http://www.AscendToWholeness.org).

The Plan Comparison Summary was created with the intent to help you compare both plans and see which one best fits your lifestyle, health concerns and pocket.

### Improving Member Experience in 2019

1. **New Third-Party Administrator (TPA).** We are moving from Healthscope to WebTPA. WebTPA will provide Members Services and process claims. You will still call the same toll-free number 888-276-4732. WebTPA offers a number of enhancements to customer experience, including:
  - a. Additional dedicated team members
  - b. Additional business hours: open 7:00 am–9:00 pm CST
  - c. Faster processing time for claim reimbursements
2. **Labcorp will be part of the Aetna Signature Administrators network.** This is in addition to the Quest labs that are already in network.
3. **Points for 2020 Accelerate Plan eligibility can be accrued starting September 2018:**

#### Activity Points

Start earning Activity Points in the wellness portal September 1, 2018 and continue through July 31, 2019.

#### Biometric Screenings

- Physician and LabCorp options will begin January 1, 2019 through July 31, 2019.
- On-site events will be held April 1, 2019 through July 31, 2019.
- Wellness assessment can be done beginning January 1, 2019 through July 31, 2019.

4. **Cardiac Centers of Excellence**—The Plan has partnered with the Cleveland Clinic to provide services for non-emergency cardiac procedures. The Cleveland Clinic is a leader in providing best outcomes for cardiac procedures.
5. **Telehealth**—with **24/7/365** availability, you can now connect with in-network board-certified doctors without ever leaving your home. Through a partnership with Amwell, you can consult with a doctor via video or phone. Examples of available services are, behavioral health, urgent care, and lactation consulting.

Please note these important items are remaining the same:

- Medical benefit services are only covered in the Aetna Signature Administrators network. Out-of-network care—other than emergencies and urgent care—will require prior-authorization by the Plan. If specialized care is unavailable at an in-network facility, please contact member services for additional assistance. It is your responsibility to verify that your chosen medical provider is in the Aetna Signature Administrators Preferred Provider Organization. As outlined in the summary of benefits below, alternative therapies (massage, acupuncture, chiropractic), refractive eye surgery, hearing aids and infertility treatments do not require in-network providers.
- Your Medical and Prescription benefits Maximum-Out-of-Pocket (OOP) accruals continue to include coinsurance, deductibles and co-payments. Once you reach this maximum the Plan pays 100%.
- Your Medical and Prescription benefits Maximum-Out-of-Pocket responsibilities are noted below. No combination of your medical and prescription benefits OOP will exceed the max allowable by the Affordable Care Act (ACA).
- The Accelerate Plan will reimburse members for participation in CHIP, Weight Watchers, and Full Plate Living. See details below in the Schedule of Benefits section and in the full Plan document.

## Out-of-Pocket Maximum

accelerate		INDIVIDUAL			FAMILY		
Year	Plan	Medical	Pharmacy	TOTAL	Medical	Pharmacy	TOTAL
2019	Accelerate	\$2,750	\$1,250	<b>\$4,000</b>	\$5,500	\$2,500	<b>\$8,000</b>

access		INDIVIDUAL			FAMILY		
Year	Plan	Medical	Pharmacy	TOTAL	Medical	Pharmacy	TOTAL
2019	Access	\$5,600	\$1,550	<b>\$7,150</b>	\$11,200	\$3,100	<b>\$14,300</b>

## Schedule of Benefits

**The Schedule of Benefits is only a summary.** You should read the *full* Plan document for additional information about your benefits. The full Plan document will be available at [www.AscendToWholeness.org](http://www.AscendToWholeness.org) no later than January 2019.

### Medical Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Preventive Services</b> Paid at 100% of allowable charges in-network	\$0	\$0
<b>Deductible</b> Individual/Family	\$300/\$600	\$600/\$1,200
<b>Co-Insurance</b> (after deductible)	20%	20%
<b>Out-of-Pocket Maximums</b> Individual/Family	\$2,750/\$5,500	\$5,600/\$11,200
<b>Office Visit Copays</b> <ul style="list-style-type: none"> <li>Copay applies only to office visit charge, based on contracted rate in-network; all other charges are paid at 80% of in-network allowable</li> <li>Other charges apply to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	\$25	\$50
<b>Urgent Care Centers</b> <ul style="list-style-type: none"> <li>May be paid as an office visit or as an emergency room visit according to provider contract</li> <li>Payment based on contracted in-network rate</li> <li>Charges with no applicable copay apply to Plan Year deductible and out-of-pocket maximum</li> <li>Facility fees for office visits are not paid</li> </ul>	\$25 or \$100	\$50 or \$100
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>Paid at 80% of allowable charges in-network</li> <li>Applies to correlating Plan Year deductible and out-of-pocket maximum.</li> </ul>	20%	20%
<b>Telehealth</b> <ul style="list-style-type: none"> <li>Urgent Care</li> <li>Behavioral Health</li> <li>Lactation Consulting</li> </ul>	\$15	\$30

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Medical Benefits *continued from page 3...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Inpatient/Outpatient Hospital Stays:</b> <b>Office/Ambulatory Surgical Procedures</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Emergency Room (Copays and Co-Insurance)</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges after copay per occurrence</li> <li>• Copay waived if admitted</li> </ul>	\$100 + 20%	\$100 + 20%
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• \$8,000 maximum payment per Plan Year</li> <li>• Charges above \$1,500 require pre-certification</li> <li>• All rentals require pre-certification</li> <li>• Applies to Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Mental Health Outpatient Services/Partial Hospitalization</b> <ul style="list-style-type: none"> <li>• Copay applies only to counseling session charge, based on contracted in-network rate</li> <li>• All other charges are paid at 80% of in-network allowable</li> <li>• Other charges apply to correlating Plan Year deductible and out-of-pocket maximum</li> <li>• Some services may require pre-certification to receive full Plan benefits</li> </ul>	\$25	\$50
<b>Mental Health Inpatient Services</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Substance Abuse/Chemical Dependency</b> <b>Outpatient/Partial Facility Visits</b> <ul style="list-style-type: none"> <li>• Copay applies only to counseling session charge, based on contracted in-network rate</li> <li>• All other charges are paid at 80% of in-network allowable</li> <li>• Other charges apply to correlating Plan Year deductible and out-of-pocket maximum</li> <li>• Some services may require pre-certification to receive full Plan benefits</li> </ul>	\$25	\$50

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Medical Benefits *continued from page 4...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Substance Abuse/Chemical Dependency</b> <b>Inpatient Treatment</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Hearing Care</b> <b>Professional Testing/Screening</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Home Health Care</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Maximum of 120 visits per Plan Year</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Hospice Care</b> <ul style="list-style-type: none"> <li>• Paid at 100% of allowable charges</li> <li>• Pre-certification required to receive full Plan benefits</li> </ul>	\$0	\$0
<b>Organ/Tissue Transplants</b> <ul style="list-style-type: none"> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Therapeutic Services</b> <ul style="list-style-type: none"> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> <li>• Vision Therapy</li> </ul> <b>May require pre-certification. Please refer to full Plan document for specifics.</b>	20%	20%

**Medical Benefits—No PPO Network Utilization Required**

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Chiropractic Services</b> <ul style="list-style-type: none"> <li>• 30 Visits per plan year</li> <li>• Limited to spinal manipulation after annual office visit and x-ray</li> <li>• Must be age 10 or older</li> </ul>	20%	50%
<b>Refractive Eye Surgery</b> <ul style="list-style-type: none"> <li>• Lifetime maximum payable benefit of \$2,400</li> <li>• Does not apply to Plan Year deductible or out-of-pocket maximum</li> </ul>	20%	50%
<b>Hearing Aids</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges</li> <li>• Plan Year maximum payable benefit of \$3,200</li> <li>• Does not apply to Plan year deductible or out-of-pocket maximum</li> </ul>	20%	20%
<b>Infertility Treatment</b> <ul style="list-style-type: none"> <li>• Lifetime maximum benefit \$16,000</li> <li>• Does not apply to Plan Year deductible or out-of-pocket maximum</li> </ul>	20%	50%
<b>Lifestyle Program   Weight Watchers</b> <b>Group Meetings Only</b> <ul style="list-style-type: none"> <li>• Lifetime maximum 12 months</li> <li>• Physician's prescription is required with the submission of the first month's claim.</li> <li>• Member Reimbursement</li> </ul>	0% with proof of 80% completion	100% <i>Not Covered</i>
<b>Lifestyle Program   CHIP</b> <ul style="list-style-type: none"> <li>• Lifetime maximum 2 CHIP programs</li> <li>• Physician's prescription is required with the submission of the first month's claim.</li> <li>• Member Reimbursement</li> </ul>	0% with proof of 80% completion	100% <i>Not Covered</i>
<b>Lifestyle Program   Full Plate</b> <ul style="list-style-type: none"> <li>• Plan Year Maximum 1 Full Plate program</li> <li>• Member Reimbursement</li> </ul>	0% with proof of 80% completion	100% <i>Not Covered</i>

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### Prescription Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Prescription Drug</b> Out-of-Pocket Maximums: Individual/Family	\$1,250/\$2,500	\$1,550/\$3,100
<b>Prescription Drug</b> Prescription co-payment responsibility* RETAIL—30-DAY SUPPLY		
• Generic	\$10	\$10
• Brand	\$20	\$50
• Non-Formulary	\$40	\$100
<b>Prescription Drug</b> Prescription co-payment responsibility* MAIL ORDER—90-DAY SUPPLY/Walgreen's Smart 90 Retail		
• Generic	\$20	\$20
• Brand	\$40	\$100
• Non-Formulary	\$80	\$200
<b>Notes:</b> <ul style="list-style-type: none"> <li>• Co-payments apply to the prescription benefit out-of-pocket maximum.</li> <li>• Penalties for non-compliance do not apply toward Plan Year out-of-pocket maximum.</li> <li>• The Plan pays 100% (and Members pay \$0) for preventive prescription drugs as described in the section of this document entitled PREVENTIVE CARE SERVICES—PRESCRIPTION.</li> <li>• Out-of-pocket for prescription benefits will be tracked by the Prescription Benefit Manager. Your pharmacy will be notified if you reach the Plan Year out-of-pocket maximum.</li> <li>• Any adjudication, pre-certification, Plan provision or requirement of the Plan's designated Pre-certification office will take precedence over those documented in the Plan.</li> </ul>		

\*Your employer may apply a 20% copayment rather than a flat-dollar copayment.

#### DENTAL SERVICES ARE ADMINISTERED BY DELTA DENTAL

Please contact your HR office for any questions.

#### VISION BENEFITS SERVICES ARE ADMINISTERED BY SOUTHEASTERN CALIFORNIA CONFERENCE

Please contact your HR office for any questions.

This Plan Comparison Guide is a summary and briefly describes some of the benefits and member responsibilities of the Access and Accelerate plans. This summary does not provide coverage of any kind, nor does it modify the terms of the plans. Please refer to the Plan document at [www.AscendToWholeness.org](http://www.AscendToWholeness.org) for a complete description of your benefits.