



ascend

TO WHOLENESS
HEALTHCARE PLANS



**Ascend to Wholeness
Healthcare Plans**
2022 Plan Guide

What are your Health Goals?

The Ascend to Wholeness Healthcare Plans (the Plan) are designed to empower you to achieve your personal goals of complete, whole-person health through the mind, body, and spirit. This is accomplished through robust benefits provided by the plan that are designed 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.

Improving your health can have positive side effects such as improved self-confidence, greater feelings of happiness, and the potential to save you money.

Contents

Important Updates for You to Know!	4
What is Ascend to Wholeness?	5
Choosing The Right Plan	6
Accelerate Plan Eligibility Requirements	7
Register Now	9
Free Benefits	10
Where to go for What?	11
Lifestyle Programs	13
Q&A	14
Additional Benefits	15
Health Plan Service Providers	16

Important Updates

For You to Know

For 2022!

REHABILITATION SERVICES

- **Update:** Eliminate 90-visit combined limit of speech, occupational, and physical therapies. The yearly limits will be increased to 60 visits per rehabilitation category. Exceptions to visit limit are allowed per medical necessity review.
- **Why:** Simplify tracking the yearly limits of the benefit.

COVID-19 TREATMENT

- **Update:** Inpatient and Outpatient treatment for COVID-19 care returning to 80% benefit rate.
- **Why:** To remain in-line with other benefit programs because treatment options are widely available, as are preventive measures such as vaccinations.

MEMBER RESPONSIBILITIES

- **Update:** Deductible and Out-of-Pocket maximum increasing for individual and family for the Accelerate and Access Plans.

	2021		2022	
	Accelerate Plan	Access Plan	Accelerate Plan	Access Plan
Deductible Last changed in 2014	Individual: \$300 Family: \$600	Individual: \$600 Family: \$1,200	Individual: \$350 Family: \$700	Individual: \$700 Family: \$1,400
Out-of-Pocket Maximum Last changed in 2018	Individual: \$2,750 Family: \$5,500	Individual: \$5,600 Family: \$11,200	Individual: \$2,850 Family: \$5,700	Individual: \$5,700 Family: \$11,400

- **Why:** Based on market and plan analysis, minor healthcare plan updates were appropriate to balance the cost share between the employer and employee.

What is Ascend to Wholeness?

The Ascend to Wholeness Healthcare Plans are focused on whole-person health and invest in you through valuable services.

Ascend to Wholeness offers two health plan options: Accelerate and Access. Both plans provide integrated wellness and care-coordination benefits. The Plan encourages your engagement in wellness activities. Ascend to Wholeness provides access to biometric screenings, wellness assessments, personalized health coaching, a wellness portal, and many educational tools.

Register for an account at AscendtoWholeness.org to receive health plan updates and access to the Wellness Portal.



accelerate

The **Accelerate Plan** offers the best benefits at the best value in exchange for your engagement and accountability with your health and wellness. See "Enrollment" for eligibility requirements. This plan encourages active wellness program participation, plus offers reimbursement opportunities for the popular lifestyle programs including CHIP and Weight Watchers.



access

The **Access Plan** provides market-competitive, quality benefits. Participation in the activity-based wellness program is not required and members have a higher financial commitment.

Both Plans

Obtaining healthcare services within the AETNA Signature Administrators® Preferred Provider Organization (PPO) network is required by both Plans. This allows you to access the care you need whether at home or when travelling in the United States. When you receive services from an in-network provider, your claims will be processed as in-network and apply to your in-network deductible and out-of-pocket maximum responsibility. You are responsible for copays at the time of service. Typically, you will pay your deductible and/or co-insurance portion after the plan has paid its portion.

Choosing The Right Plan

Eligibility

If you work full-time or part-time for an employer participating in the Ascend to Wholeness Healthcare Plans, you (and your spouse and dependents under the age of 26) may be eligible for health plan benefits. Talk to your employer to learn if you and your dependents qualify for coverage.

Enrollment

You can explore the options available to you and your family each fall during open enrollment. Remember that both you and your covered spouse (not your children) must complete the requirement of 10,000 activity points to be eligible for the Accelerate Plan for the following year. If either of you does not complete the points, both of you will only be eligible for Access plan the following year.

New qualifying employees must enroll within the first 30 days following their date of hire or wait until the next open enrollment period unless a qualifying life event occurs.

If you are hired after April 1 (or have a life changing event and the opportunity to move to the Accelerate Plan) there is a prorated points system to follow:

Employee and/or Spouse Joins the Plan	Activity Points needed for 2023 Accelerate Plan Eligibility
AUGUST 1, 2021 - MARCH 31, 2022	10,000
APRIL 1 - MAY 31, 2022	5,000
JUNE 1 - JUNE 30, 2022	2,500
JULY 1 - DECEMBER 31, 2022	0

Depending on your 2022 engagement level, you have a choice of two health plans for the plan year starting January 1. Both plans are highly competitive in the market and give you full access to whole-person health and wellness programs to help you avoid preventable illnesses or injuries and manage any pre-existing medical conditions.

Adding or Deleting

Spouse or Dependent

You may make changes during the plan year only when you experience a qualifying life event. Examples include marriage, divorce, birth or adoption of a child, or a spouse who loses or gains health coverage. For details, see the Summary Plan Document (SPD) at AscendtoWholeness.org



Accelerate Plan

Eligibility Requirements



Earn 10,000 Activity Points by July 31

To be eligible for the Accelerate Plan you must earn a minimum of 10,000 points by choosing activities and/or healthy habits you want to achieve or track on the wellness platform. There are options for everyone. As a Plan member, you and your covered spouse (if applicable), must each earn a minimum of 10,000 points to qualify for the Accelerate Plan for the following year. If you or your covered spouse (if applicable) does not reach the minimum of 10,000 points, your only plan option for the following year will be the Access Plan. See table 1 for point levels and rewards per level.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
POINT THRESHOLD	10,000	10,001 - 30,000	30,001 - 45,000	45,001 - 70,000
REWARD	Accelerate Plan Eligible for Following Year	2 Raffle Entry Tickets	4 Raffle Entry Tickets	8 Raffle Entry Tickets
<p>For newly hired employees only: You, your covered spouse, and dependents age 18 and over will be eligible to receive a FREE Max Buzz step tracker as a welcome gift after registration on the wellness platform (if product is unavailable the Plan reserves the right to provide a substitute welcome gift).</p>				

TABLE 1

The wellness platform has many opportunities for you to engage and earn points. Earning your points is simple and at your fingertips with the Virgin Pulse mobile app. Explore the different activities you can do to earn points on [the Wellness platform](#).

Here are just a few of the point earning activities on the wellness platform:

Activity	Points
Registration	100 points
First login to mobile app	250 points
5,000 Steps	50 points
30 min workout	100 points
Sleep tracker, >7 hours	50 points
Daily Cards	20 points per card
Attending Week of Prayer	200 points
Health Check Assessment	1,000 points
Track Healthy Habit	10 points per habit, up to 30 points per day

There are over 400 healthy habits you can track!

View the full list of ways you can earn more points by going to the [wellness platform](#), select Rewards under the Home tab, and click on *Learn How to Earn Points*. On the mobile app, simply select Rewards, then click *Learn how to earn more Points*.



Sync your fitness tracking device or application to the Virgin Pulse mobile app to begin logging your activity points within the wellness platform. The Virgin Pulse app is compatible with the following devices and applications:

- Virgin Pulse Max Buzz
- S Health
- Fitbit
- Garmin Connect
- iHealth
- Apple Watch
- MyFitnessPal
- Polar
- Misfit Wearables
- Runkeeper
- Mi Band
- Striiv
- Health Meter Nuyu
- Azumio
- Strava
- Under Armour Record
- Withings

Register NOW

The 1 - 2 - 3 of How to Get Started Earning Points

1 Register

Register on AscendToWholeness.org Members, covered spouses, and covered dependents* (18 and over) each need their own account with different emails.

Once registered, select **Login, Points, and Assessment**. You will need your member ID from your healthcare ID card. See your Human Resource representative if you don't have one yet.

*Only the member and covered spouse (if applicable) are required to earn the 10,000 activity points to be eligible for the Accelerate Plan the following plan year.

2 Create Profile

On the wellness platform, create your profile by clicking on the From the wellness platform, create your profile by clicking on the profile icon at the top right of the screen and enter your information. During your profile setup, you can also connect your fitness tracking device and apps if you choose.

3 Earn Points

With your connected fitness tracking device or app, start earning your activity points by engaging in wellness activities. If you choose not to connect a fitness tracking device, you can manually enter activities to earn points. Points can be manually entered within fourteen days on the desktop and within seven days on the mobile app, so it is important to stay current if you choose to enter information manually. You can begin earning points August 1 for the following plan year.

Protecting your **privacy** in the wellness program.

As your health plan administrator, Adventist Risk Management, Inc. (ARM) and its partners adhere to HIPAA privacy regulations. We take your privacy and confidentiality seriously. No personally identifiable health information will be shared with your employer, including the Human Resources department, managers, supervisors, or other non-health plan employees. Your employer receives only aggregated statistics, which have been stripped of identifying information.

Free Benefits From Your Plan To You



Knowing Your Numbers

Biometric screenings help you know what your numbers are related to cholesterol, blood sugar, blood pressure, height, weight, and body mass index (BMI). Knowing your biometric values help you and your physician catch potential health issues.

There are several different ways you can find out what your numbers are. View the biometric screening options on the wellness platform, both desktop and mobile app, on the Benefits page and search for 'Biometric Screenings'.

Health Check Assessment

The 'Health Check' assessment on the wellness platform analyzes self-reported data about your lifestyle, behaviors, and demographics to give you a better understanding of your health and risk factors for illness. This annual survey usually takes about 15 minutes to complete but can be incredibly eye-opening for the member. The health check can bring awareness about your health and identify opportunities for vital preventive care. Complete your health check on the wellness platform, located on the Health page.

Health Coaching

Health coaching is available through the wellness platform to all plan members who are over the age of 18. Health coaching is designed to support you in your personal health goals. Make an appointment by going to the Health page on the wellness platform.



Care Management and Utilization Review

Adventist Health provides utilization review services and care management. Care management is a benefit to members who are experiencing a more serious health challenge or have a chronic condition. A care management representative is available to assist and be an advocate on behalf of the member. For more information on this benefit please contact Member Services at (888) 276-4732.

Prior-Authorization Required for Out-of-Network Care

Our preferred provider network for medical (Aetna Signature Administrators PPO) is not changing. However, please note all non-emergency, out-of-network care still requires prior authorization, except for outpatient behavioral health counseling sessions. If specialized care is unavailable in network, member services will help you initiate an out-of-network service request.

To get started, call 888-276-4732.

NOTE: It is your responsibility to confirm the facilities and providers you use are in-network. If you use an out-of-network facility and/or provider without prior authorization from the Plan, charges **will not be covered**. To search for an in-network provider, visit AscendToWholeness.org/providers.

Where to go for What?

When you're sick, it's difficult to function, much less try and decide where to see the doctor. **You have several options**—from your primary care physician to telehealth or urgent care clinics to the emergency room (ER)—but where should you go?

Let us help you make sense of all of this. It is important to note that the level of care is the main difference among your options; each has their benefits depending on your medical needs.

PRIMARY CARE

Reasons for having a primary care physician:

- Having a physician who knows your medical history
- They coordinate and oversee your care
- They can ensure your medications are not hurting you
- They know you best and can identify changes in your health
- They can recommend specialists, if necessary
- Primary care appointments are cost effective

TELEHEALTH

This is a simpler way for you and your family to see a doctor any time day or night from the comfort of your home. It gives you instant access to physicians and therapists right from your phone, tablet or computer, 24/7.

Your copay for telehealth is \$0, for both the Accelerate and Access Plans. This \$0 copay includes behavioral health/mental health counselling visits.

The Plans telehealth platform (Amwell) is available in all 50 states and D.C. Each family member covered on the Plan (18 and older) must create their own account.

Doctors available through this service (Amwell) have an average of 15 years of experience, are board certified, licensed and credentialed, and are rated by other patients.

Other In-network Providers

Your in-network provider may offer telehealth service as a substitute for an office visit. Your copay will remain \$0. Verify with your provider's office.

To find an in-network provider go to the [Ascend to Wholeness](#) website.

Get Access to Amwell

1. Download the iOS or Android mobile app OR visit <http://webtpa.amwell.com>
2. Fill in the contact information form
3. Set up your username and password
4. In the "Do you have insurance?" drop down please select WebTPA
5. Enter Service Key: **WebTPA4**
6. The Subscriber ID is your Member # that is located on your healthcare ID card

Service Key Required for Registration is:

WebTPA4

■ When Should You Use Telehealth?

- Cough/sore throat
- Pink eye
- Bronchitis
- Cold & flu
- Fever
- Allergies and rash
- Mild abdominal pain
- Headache and migraine
- Sinus pain
- Ear pain
- Urinary tract infections

URGENT CARE

Urgent care centers are useful options when you don't have a primary care physician or when your doctor is unavailable because of short notice, it's after hours, or the weekend.

Urgent care visits can be utilized for a vast array of issues, view the urgent care services list below for examples. If you display more serious signs, it would be recommended to go to the ER.

While urgent care facilities are an excellent resource for medical issues that arise outside of regular business hours, you should still follow up with your doctor after your urgent care visit to ensure your health and wellbeing is restored.

■ When Should You Go to Urgent Care?

- Symptom onset is gradual
- You already know the diagnosis but are unable to get to a same-day appointment with your primary care physician
- Conditions that are not life—or limb—threatening, but require immediate care
- Sprains
- Mild asthma
- Rash
- Fever
- Broken bones of the wrist, hand, ankle or foot that have no obvious need to reset and have not broken the skin
- Moderate abdominal pain

EMERGENCY ROOM

The Emergency Room (ER) should only be used for life-threatening emergencies or acute complications that need advanced imaging. It's the best place to go when you are exhibiting signs or symptoms of a heart attack, stroke, or traumatic injury. If in doubt, go to the emergency room.

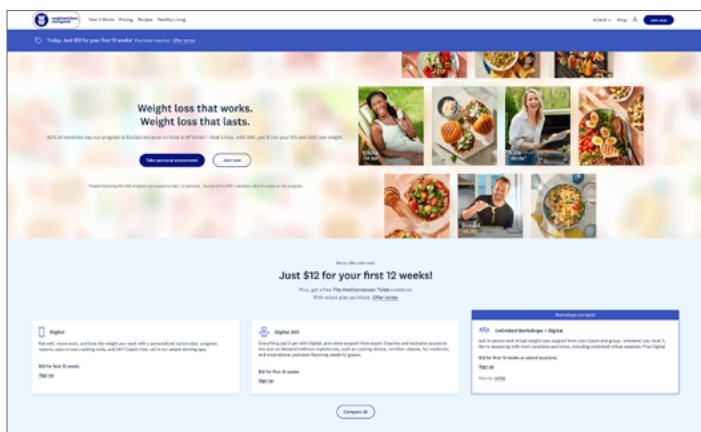
View the emergency room services list below for examples. In these more serious situations, the ER will be able to provide the advanced care you need.

■ When Should You Go to the Emergency Room?

- Broken bone and dislocated joint
- Deep cuts that require stitches
- Head or eye injuries
- Severe flu or cold symptoms
- Sudden change in mental state
- High fevers
- Fevers in infants
- Fainting or loss of consciousness
- Severe pain, particularly in the abdomen or starting halfway down the back
- Bleeding that won't stop or large open wound
- Vaginal bleeding with pregnancy
- Repeated vomiting
- Serious burns

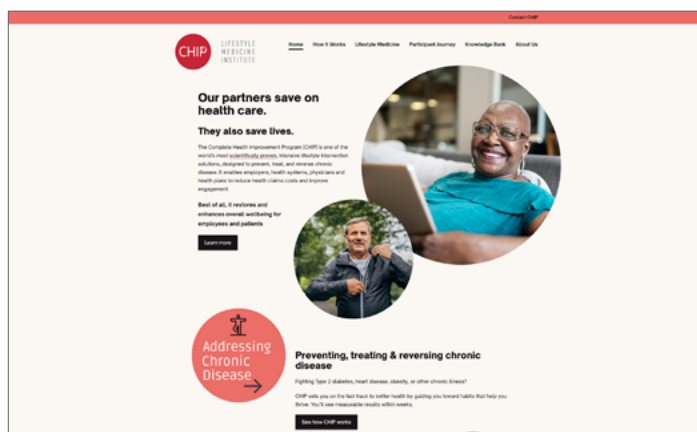
Lifestyle Programs

There are **two options available for Plan members** looking to participate in a health and wellness program:



WW (Weight Watchers)

WW offers both online and local meeting programs. A doctor's referral is required with the submission of your claim. Participants pay program costs directly to WW and the Plan will reimburse 100 percent of the program fees with proof of attendance attached to the claim once you have completed at least 80 percent of the sessions. (This benefit excludes WW program for diabetes).



Complete Health Improvement Program (CHIP)

CHIP is a lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and appropriate lifestyle modifications. The cost of this program is available for reimbursement through the Plan with a doctor's referral and may be completed online. The Plan reimburses 100 percent of fees upon completion of 80 percent of the sessions with proof of attendance attached to the claim form.

For Plan eligibility check the Schedule of Benefits in your [Summary Plan Document \(SPD\)](#) here. For the Doctor's Referral Form as well as the reimbursement form, [click here](#).



Q&A

You Ask, We Answer

What is a deductible?

The specified amount of money you must pay for covered services before the plan will pay a claim.

What is a copay?

The pre-determined amount you pay for covered services each time you visit a provider or facility. Your copay does not apply toward your annual deductible but does accrue to your out-of-pocket maximum.

What is co-insurance?

The percentage you pay for care after meeting your deductible.

What is included in the medical out-of-pocket?

Your deductible, co-insurance and copays are included in the medical out-of-pocket (OOP) maximum.

What if I am physically unable to participate in wellness activities?

There are many ways to earn points including tracking healthy habits, tracking sleep, reading daily cards, and volunteering. We encourage you to choose the activities that work best for you. If you need accommodations for points, contact the Virgin Pulse Member Services through the wellness platform.

What does self-funded mean and why is that important to me?

The Ascend to Wholeness Healthcare Plan is self-funded. This means your employer pays the actual cost of your healthcare expenses. Stewardship is a key element of the health plan. Controlling costs for coverage while continuing to provide valuable healthcare benefits requires accountability and participation from each of us. The Plan gives you choices and invests in your long-term health while simultaneously saving you money.

How are my activity points tracked?

Earn a minimum of 10,000 activity points on the wellness platform by recording exercise, nutrition, helping your community, vaccinations, sleep hours, viewing your daily cards, and other activities.

Tracking your points is easy when you sync a device or application such as Max Buzz, Fitbit, Apple Watch, and Garmin, and more. Check your accrued points and learn more at AscendtoWholeness.org under **Login, Points, and Assessment.**

Can my spouse be on a different plan? May I choose the Accelerate Plan and my spouse the Access Plan?

No. All family members must be on the same plan unless you and your spouse are both employees enrolled individually under your own coverage.

Do my children need to meet the wellness requirements for the Accelerate Plan?

No. Only you and your covered spouse (if applicable) are required to complete the Accelerate Plan requirements. However, many of the activities are enjoyable for the entire family and can establish healthy habits for your children, ages 18 and over.

Can I go to any hospital or doctor I want?

Our healthcare plans only cover providers in our preferred provider organization (PPO) network. Exceptions are emergency/urgent care, specialized unavailable care, and behavioral health counseling sessions. If specialized care is unavailable at an in-network facility, member services (888-276-4732) will help you initiate an out-of-network service request which, upon approval, allows coverage at an out-of-network facility.

PLEASE NOTE: It is your responsibility to confirm the facilities and providers you see are in-network. If you go out of network without prior authorization from the Plan, charges will not be covered. Find a PPO provider in your area at AscendToWholeness.org/providers.

What do I do after I have met my requirements to be eligible for the Accelerate plan in the following Open Enrollment?

If you have fulfilled the minimum points requirement, we encourage you to continue to engage on the wellness platform, keep up your good habits, and reach your personal health goals. Don't forget to enroll in a healthcare plan during Open Enrollment.

Additional Benefits



Pharmacy

Both health plans (Accelerate and Access) include pharmacy coverage administered by our pharmacy benefit manager Express Scripts (ESI). The Plans pay 100 percent of certain medications as preventive care. The Plan covers most of the cost of prescription drugs, while you are required to pay a smaller portion. For your member copay amounts please refer to the Schedule of Benefits in the Summary Plan Document (SPD) at AscendtoWholeness.org. For information on certain medications that the Plan pays 100 percent please call ESI at 800-841-5396.



Dental Plan

The Dental Plan encourages regular dental visits for preventive care covered at 100 percent. Aetna Dental is the preferred provider organization (PPO) for all dental benefit services. By utilizing providers participating in the dental PPO network, dental costs will be lower. The Plan will pay at a reduced rate for out-of-network dental services. For restorative care and orthodontia, please see the Dental Plan information in the SPD at AscendtoWholeness.org. Click [Dental Provider Search](#) under the Providers and Prescriptions tab to find a dental provider.



Vision Plan

The Vision Plan pays 80 percent of the cost of exams, lenses, frames, and contact lenses up to a maximum of \$450 for the Accelerate Plan and \$225 for the Access Plan (Affordable Care Act guidelines apply). For more information about your vision plan go to the SPD at AscendtoWholeness.org



Other Benefits

No PPO network is required for: hearing aids; refractive eye surgery; infertility treatment; and chiropractic services. Acupuncture and massage therapy benefits are only offered on the Accelerate plan. See the Summary Plan Document (SPD) for benefit information.

Health Plan Service Providers

Member Services and Claims Processing



WebTPA provides claims processing for all member health services including medical, dental, and vision. In the WebTPA member services portal, you can:

- Submit member paid claims online
- Sign up for member direct deposit – electronic funds transfer (EFT)
- Check your claims status
- Review your benefits
- Order an ID card
- View your Explanation of Benefits (EOB)

Member Login:

[Ascend to Wholeness - Claim Status Login](#)

Member Services: 888-276-4732

You can also submit member paid claims by fax or mail:

Fax: 469-417-1960
Mail: WebTPA
PO Box 99906
Grapevine, TX 76099-9706

Payor ID: #75261



The WebTPA mobile app enables members to access information about their plan benefits and claim information.

- View eligibility information.
- Print/order your ID card.
- View claim status and history information.
- Communicate with Member Services.



Scan the QR Code to be directed to the WebTPA website.

Preferred Provider Network – Medical and Dental

Aetna Signature Administrators® PPO

By **aetna**

The AETNA Signature Administrators® Preferred Provider Organization (PPO) network is the network of providers that the Ascend to Wholeness Healthcare Plans utilizes.

Here is how you can find a Medical Provider:

1. Click the link to find a **Medical Provider**
2. Start the search by adding in the zip code and preferred distance to access providers
3. Click Search, then select the category of provider type you are looking for

Here is how you can find a Dental Provider:

1. Click the link to find a **Dental Provider**
2. Start the search by adding in the zip code and preferred distance to access providers
3. Click Search, then select the category of provider type you are looking for

Virgin Pulse - Wellness Platform



Virgin Pulse (VP) is the wellness platform for the Ascend to Wholeness Healthcare Plans.

VP Member Login:

[Ascend to Wholeness - Login, Points, and Assessment](#)

VP Member Support:

- Chat button – talk to a live person on the platform
- Email: Support@virginpulse.com
- Call: (888) 671-9395

Pharmacy Services



Express Scripts is your pharmacy benefit manager (PBM). Check the status of your order, search for a pharmacy or medication information, and more.

Visit the Express Scripts website by:

1. Go to the [Ascend to Wholeness - Prescriptions Services](#) page
2. Select "Enter Express Scripts"
3. Sign in with your Ascend to Wholeness credentials
4. Find a pharmacy by clicking "Pharmacy" in the menu then "Find a Pharmacy"
5. Enter your zip code then click on search

Express Scripts Member Services: 800-841-5396

Care Management



Adventist Health provides members personalized care coordination to help you navigate the complexities of acute care, utilization review, behavioral health services, and case management. Member services will help direct you with prior authorizations for out-of-network requests and utilization review for medically necessary procedures and services.

Member Services: 888-276-4732

For more information about the Ascend to Wholeness Healthcare Plans, see the [Summary Plan Document \(SPD\)](#).



Administered by Adventist Risk Management,[®] Inc.
12501 Old Columbia Pike
Silver Spring, MD 20904

© 2021 Ascend to Wholeness Healthcare Plans.