

***Overview of the TAC Group Health Plan for 2021***  
***(All plan changes are effective 1/1/2021 – please review carefully)***

***Standard PPO Medical Plan***

**No Change to Medical Deductible**

- Individual deductible remains at \$1,000
- Family deductible maximum remains at \$3,000

***Wellness Deductible Credit***

- *The \$200 Wellness deductible credit has been eliminated for all plan participants effective 1/1/2021.*

**No Change to Prescription Drug Deductible**

- Individual deductible remains at \$50; Family deductible maximum remains at \$100

**No Change to Medical Office Visit Co-Pays**

- Primary Care (PCP) – \$30; Specialist – \$40

***In-Network, Out-of-Pocket (OOP) Maximum***

- Individual remains at \$4,500 (separate prescription drug \$2,000 OOP Limit)
- *Family increases from \$9,600 to \$10,000 (separate prescription drug \$4,000 OOP Limit)*

***Out-of-Network, Out-of-Pocket (OOP) Maximum Decrease***

*Individual OOP maximum decreases from \$68,000 to \$50,000.  
(There is no Family Out-of-Network, Out-of-Pocket Maximum).*

***High Deductible PPO Medical Plan***

**No Deductible Increase**

- Individual combined medical/prescription drug deductible remains at \$1,850
- Family combined medical/prescription drug deductible remains at \$3,700

***Wellness Deductible Credit***

- *The \$200 Wellness deductible credit has been eliminated for all plan participants effective 1/1/2021.*

***In-Network, Out-of-Pocket (OOP) Maximum Decrease***

- *Individual combined medical/prescription drug OOP limit decreases from \$6,650 to \$4,500*
- *Family combined medical/prescription drug OOP limit decreases from \$13,300 to \$10,000*

***Out-of-Network, Out-of-Pocket (OOP) Maximum Decrease***

*Individual OOP maximum decreases from \$68,000 to \$50,000.  
(There is no Family Out-of-Network Out-of-Pocket Maximum).*

**Comparison Between Standard PPO Plan and High Deductible Health Plan**

(Go to [www.txcumc.org](http://www.txcumc.org) > Clergy > Benefits > 2021 Open Enrollment Information for additional Group Health Plan Benefits information)

	<b>Standard PPO Plan</b>	<b>High Deductible Health Plan</b>
Individual Deductible	\$1,000 Medical deductible	\$1,850 Combined Medical and Prescription drug deductible*
Family Maximum Deductible	\$3,000 Per Family	\$3,700 Per Family
Prescription Drug Deductible (Effective January 1 each year)	\$50 Individual/\$100 Family*	Must satisfy \$1,850 or \$3,700 deductible before any prescription drug benefits**
Out-of-Pocket Maximum Medical	\$4,500 Individual In-Network \$10,00 Family In-Network \$50,000 Out-of-Network (applies only to medical expenses)	\$4,500 Individual In-Network \$10,000 Family In-Network \$50,000 Out-of-Network (applies to medical and prescription drug expenses)
Out-of-Pocket Maximum Prescription Drug	\$2,000 Individual \$4,000 Family (applies only to prescription drug expenses)	High deductible plan combines medical and prescription drug out-of-pocket expenses
Houston Methodist Hospital Write-Off of Deductibles and Co-Insurance	Yes	No
Eligible to open Health Savings Account (HSA)	No	Yes***
Office Visit Co-Pay (In-network Only)	\$30 Primary Care (PCP) \$40 Specialist	None – Benefits are subject to deductible and then paid at 80% in-network or 60% of maximum eligible out-of-network
Teladoc®	\$0 Co-Pay	\$49/visit until deductible is met; Then 20% co-insurance

\*Under the Standard PPO Plan, certain **generic** prescriptions for the treatment of **asthma, high blood pressure, high cholesterol, diabetes, and proton pump inhibitors** are available at no charge.

\*\*Under the High Deductible Health Plan, certain **generic preventive** prescriptions for the treatment of **asthma, high blood pressure, high cholesterol, and diabetes** are available at no charge.

\*\*\*Enrolling in the High Deductible Health Plan allows you to set up a tax-advantaged Health Savings Account. Please see additional information in this packet.

## **Plan Changes – Both Medical Plans**

### **Change in Pharmacy Benefit Manager to RxBenefits~Express Scripts**

Currently prescription drug benefits are provided to participants in both the Standard PPO and High Deductible medical plans through Script Care, the Pharmacy Benefit Manager (PBM) for the TAC GHB Plan. Due to significant annual increases in prescription drug costs as a percentage of total health care costs, the GHB Committee has sought alternatives to reduce the cost of prescription drug benefits as indicated in the 2020 GHB Report to Annual Conference.

Much of the cost of prescription drugs is related to the amount of rebates and discounts negotiated by the Pharmacy Benefit Manager (PBM) with pharmaceutical companies. Larger PBMs are able to negotiate deeper discounts and rebates for the same medications than smaller PBMs and thus can provide greater costs savings to the plan.

***The TAC GHB Plan has obtained the services of RxBenefits~Express Scripts to provide prescription drug benefits to our members effective January 1, 2021.***

***Participants will receive a welcome packet from RxBenefits in December*** with information about the new pharmacy program, and members will be notified of any formulary changes which may affect them.

***Participants will also be mailed a new Boon-Chapman / RxBenefits~Express Scripts ID card at the end of December.*** Please use your new ID cards starting January 1, 2021, as your old ID cards will no longer be valid for obtaining your prescription drug benefits effective January 1, 2021.

Under the Standard PPO Plan, certain ***generic*** prescriptions for the treatment of ***asthma, high blood pressure, high cholesterol, diabetes, and proton pump inhibitors*** are available at no charge.

Under the High Deductible Health Plan, certain ***generic preventive*** prescriptions for the treatment of ***asthma, high blood pressure, high cholesterol, and diabetes*** are available at no charge.

***Effective 1/1/2021, the \$10 per prescription co-pay that currently applies to all prescriptions filled at a Walgreens Pharmacy will be eliminated.***

### **Change in the Exclusive Provider Organization (EPO) Counseling Benefit to a Supplemental Counseling Benefit** (identified as the Out-of-Network Counseling Benefit in the 2020 GHB Report)

Currently participants in the TAC Group Health Plan are eligible to receive up to 50 counseling visits per calendar year at a \$25 co-pay by utilizing any of eight contracted Exclusive Provider Organization (EPO) providers. The EPO providers also receive a \$95 payment per visit from the TAC GHB Plan. All but one of the current EPO providers are located in the Houston area.

***In order to make this benefit available to participants throughout the TAC, the current EPO Counseling Benefit will be changed to a Supplemental Counseling Benefit effective January 1, 2021. Participants in the Standard PPO Plan only*** will be eligible to receive up to a maximum of 50 supplemental counseling office visits per calendar year by payment of a \$25 co-pay, the same benefit currently

provided under the EPO. This includes in-person and virtual (via audio, video, or other electronic media) office visits.

Appropriately licensed mental health providers can participate and will receive up to \$95 per office visit. Providers can choose to bill Boon-Chapman directly, or participants may pay the office visit fee out-of-pocket and submit receipts to Boon-Chapman for reimbursement. *Provider charges in excess of \$120 (\$25 participant co-pay and \$95 plan payment) per office visit will be the responsibility of the participant.*

***Marriage and family counseling are covered under this Supplemental Counseling Benefit and under the Employee Assistance Program (EAP). Marriage and family counseling are not covered under the TAC Standard PPO and High Deductible medical plans.***

The Supplemental Counseling Benefit is *in addition to* mental health benefits provided under the Employee Assistance Program (EAP) and under the Standard PPO and High Deductible medical plans.

***Note: Due to recent regulations regarding the eligibility of High Deductible Health Plans (HDHP) to qualify for a Health Savings Account (HSA), the Supplemental Counseling Benefit will not be available to HDHP participants as originally stated in the 2020 GHB Report to Annual Conference in order for the TAC HDHP to remain HSA eligible.***

#### **Elimination of Houston Methodist Hospital Non-Utilization Co-Pay**

Currently, for plan participants who live within certain zip codes near any of the Houston Methodist Hospital facilities, admission to a hospital other than one of the Houston Methodist Hospital facilities (Texas Medical Center-Fannin, Baytown, Clear Lake, Katy-West Houston, Sugar Land, Willowbrook, and the Woodlands), has a per occurrence co-pay of \$2,000 for all *inpatient non-emergency hospital admissions* for services that can be performed at a Houston Methodist Hospital facility. ***Effective January 1, 2021, this non-utilization co-pay will be eliminated.***

#### **Decrease in the Out-of-Network, Out-of-Pocket Maximum Expense Limit**

Effective January 1, 2021, the out-of-network, out-of-pocket maximum expense limit under the Standard PPO and High Deductible plans will be decreased from the current \$68,000 to \$50,000.

#### **Wellness Medical Benefits Covered at 100% for In-Network Providers only**

Currently, wellness medical benefits under both the Standard PPO and High Deductible Plans are covered at a 100% for both in-network (PPO) and out-of-network (non-PPO) providers. Effective January 1, 2021, wellness medical benefits under the Standard PPO and High Deductible Plans will be covered at 100% for in-network (PPO) providers only. Wellness medical benefits for out-of-network (non-PPO) providers will be subject to applicable deductibles and co-insurance.

#### **Dialysis Program**

Effective January 1, 2021, participants who need outpatient dialysis will participate in Boon-Chapman's Dialysis Program through Prime Dx. Under this program, the GHB plan pays 100% of the cost of dialysis treatment for the member. Prime Dx nurses assist the member with enrolling in Medicare Part B when eligible, and the member is reimbursed for the cost of the Medicare Part B premium.

## Wellness Program

The following Wellness Program benefits will remain the same in 2021:

- The Wellness Program Annual Maintenance Incentive for maintaining a BMI of 25 or less remains at \$1,000 (cannot be earned sooner than 6 months from the previous annual maintenance incentive).
- The 5% and 10% Weight Loss Incentives (losing 5% or 10% of your weight at the Day of Wellness) remain at \$200 each.
- The total Wellness Program weight loss and annual maintenance incentives that can be earned in a calendar year is limited to \$2,000. This does not include quarterly incentives earned under the Walking Program.

*The following Wellness Program benefit changes will be effective 1/1/2021:*

- ***The \$200 Wellness deductible credit has been eliminated for all plan participants.***
- *The 50% Weight Loss Incentive (losing half the weight to reach a BMI of 25 or less – \$600) is eliminated.*
- *The 100% Weight Loss Incentive (losing all the weight to reach a BMI of 25 or less) is reduced from \$1,000 to \$600.*
- *The Weight Loss Incentive total that can be earned (excluding the Pregnancy Weight Loss Incentive) is reduced from \$2,000 to \$1,000.*
- *The Pregnancy Weight Loss Incentive is reduced from \$2,000 to \$1,000.*
- *The Incentive for Weight Loss Before Attending the Day of Wellness is eliminated.*

<b>2021 Weight Loss Incentives</b>	<b>Amount</b>
5% of weight at the Day of Wellness	\$200
10% of weight at the Day of Wellness	\$200
100% of weight to reach a BMI of 25 or less	\$600
Total Weight Loss Incentives	\$1,000
Pregnancy Weight Loss Incentive	\$1,000
Annual Maintenance Incentive	\$1,000

Visit the TAC website at <http://www.txcumc.org/wellnesswalkingprograms> for further information about the Wellness Program.

## Walking Program

*The total Virgin Pulse Walking Program Incentive that can be earned each quarter in 2021 is reduced from \$150 to \$75 as indicated in the following chart:*

<b>Points Reached</b>	<b>Incentive Earned</b>	<b>Cumulative Total per Quarter</b>
1,000	\$5	\$5
5,000	\$15	\$20
10,000	\$25	\$45
15,000	\$30	\$75

Visit the TAC website at <http://www.txcumc.org/wellnesswalkingprograms> for further information about the Walking Program.

**Early Retiree (Age 62 to 65) 50% Rate Subsidy Eliminated**

Currently, clergy Group Health Plan participants who retire between the ages of 62 and 65, or with 30+ years of service, are eligible to continue their coverage in the TAC Group Health Plan (Boon-Chapman) until reaching age 65 and becoming eligible for Medicare. Early retirees in this age group receive a 50% subsidy of the cost of their retiree health insurance. Due to the current and projected GHB Plan operating deficits, the Early Retiree 50% rate subsidy will be eliminated for all future retirees effective January 1, 2021. Early retirees currently receiving the 50% rate subsidy will be grandfathered and will continue to receive the subsidy until reaching their Medicare eligibility date.

**Medical Leave (non-CPP Disability) (Group Health Benefits Policy 136)**

Effective January 1, 2021, Clergy appointed to Medical Leave (non-CPP Disability) will be eligible to *continue* their TAC Group Health Benefits coverage for up to a maximum of twelve (12) months. Currently, the Group Health Benefits Plan stipulates that Clergy appointed to Medical Leave (non-CPP Disability) will be eligible for TAC Group Health Benefits coverage for up to a maximum of twelve (12) months.

**2021 Group Health Contribution Rates**

**Church Group Health Contribution Rate Increase**

*Effective 1/1/2021, the church Group Health contribution rate will increase from 7.8% to 9.8% of the clergy's Total Health Benefits compensation as specified on the clergy's salary sheet for 2021 and 2022. This is the first increase since January 1, 2014.*

This increase is to offset the reduction in the total Group Health apportionment by \$500,000 in 2021 and \$1M in 2022 and is part of a 4-year plan to eliminate the current \$2M Group Health apportionment and go to 100% monthly direct billing (EFT) by 2024.

**Clergy Group Health Contribution Rates**

Clergy Group Health Contribution rates will increase under the Standard PPO Plan and decrease under the High Deductible Health Plan in 2021 as specified below. The following percentages are applied to the clergy's Total Health Benefits compensation as specified on the clergy's salary sheet. The following Clergy rates are already uploaded into the Individual Summary Page in the 2021 salary sheet system:

<u>2021 Clergy Rates</u>	<u>Standard PPO Plan</u>	<u>High Deductible Plan</u>
Clergy Only	6.75%	4.65%
Clergy & Spouse	8.20%	5.90%
Clergy & Child(ren)	7.40%	5.45%
Clergy & Family	9.25%	6.65%

### Clergy Medical Leave Group Health Contribution Rates

The TAC Sustentation Fund pays 60% of the direct billing rate for Group Health coverage for clergy appointed to Medical Leave. The clergy pays 40% as per the charts below.

The monthly Group Health contributions for **Clergy appointed to Medical Leave (on Boon-Chapman)** are as follows:

<u>2021 Clergy Rates</u>	<u>Standard PPO Plan</u>	<u>High Deductible Plan</u>
Clergy Only	\$256.00	\$180.00
Clergy & Spouse	\$526.00	\$368.00
Clergy & Child(ren)	\$362.00	\$254.00
Clergy & Family	\$592.00	\$414.00

The monthly Group Health contributions for **Clergy appointed to Medical Leave (Medicare primary, Boon-Chapman secondary)** are as follows:

<u>2021 Clergy Rates</u>	<u>Standard PPO Plan</u>	<u>High Deductible Plan</u>
Clergy Only	\$128.00	\$90.00
Clergy & Spouse	\$263.00	\$184.00
Clergy & Child(ren)	\$181.00	\$127.00
Clergy & Family	\$296.00	\$207.00

### TAC Fiscal Office Lay Employee Group Health Contribution Rates

TAC Fiscal Office Lay Employee Group Health Contribution rates will increase under the Standard PPO Plan and decrease under the High Deductible Health Plan in 2021 as specified below:

<u>2021 Lay Employee Rates</u>	<u>Standard PPO Plan</u>	<u>High Deductible Plan</u>
Employee Only	\$ 0.00	\$ 0.00
Employee & Spouse	\$675.00	\$470.00
Employee & Child(ren)	\$265.00	\$185.00
Employee & Family	\$840.00	\$585.00

Note: The above amounts exclude the employer-paid portion of the monthly contribution which is \$640.00 for the Standard PPO Plan and \$450.00 for the High Deductible Health Plan.

### High Deductible Health Plan (HDHP) and a Health Savings Account (HSA)

In order to encourage participation in the High Deductible Health Plan (HDHP), monthly contribution rates for the HDHP are decreasing in 2021 as indicated in the rate charts above.

Enrollment in the High Deductible Health Plan allows you to set up a tax-advantaged Health Savings Account (HSA) to help pay for eligible healthcare expenses today and down the road. Funds in the HSA account can be used to pay for your deductible and any eligible medical expense, even if the expense is not covered by the medical plan. Eligible dental and vision expenses may be reimbursed through an HSA account as well.

Your HSA contributions accumulate in your account, earning interest, until you need them. The funds contributed to the account are not subject to federal income tax, thus reducing your taxable income, and interest you earn on your HSA balance is tax-free. Unused HSA funds roll over from year-to-year, allowing your balance to grow over time.

An HSA is opened like a typical bank account at your preferred bank or financial institution. Another option is to use the online HSA Bank. Go to <https://ioe.hsabank.com/home> for further information. HSA Bank provides you with a debit card to use when paying for qualified healthcare expenses. You can deposit one lump sum for the year (up to the IRS contribution limit), or make smaller deposits throughout the year.

Additional information can be found in the brochure in this packet and on the TAC website at <https://www.txcumc.org/hsa>.

*Note: You cannot be enrolled in Medicare or Tricare and make contributions to an HSA. Also, the Houston Methodist Hospital write-off of deductibles and co-insurance is not available to TAC High Deductible Health Plan participants due to HSA rules.*

### **Optional Dental/Vision Plans**

*No Change in Dental PPO or Dental HMO Plan Rates for 2021*

*No Change in Vision Plan Rates for 2021*

In 2021, The Texas Annual Conference Group Health Benefits Plan continues to offer optional Dental and Vision Coverage through **Humana**:

- 1) **Humana Dental HMO Plan** with no deductible and no annual maximum
- 2) **Humana Dental PPO Plan** with no deductible and an annual maximum benefit of \$1,500 per person
- 3) **Humana Vision 130 Plan**

Following are the eligibility requirements:

1. Employee must be a participant of the Group Health Plan of the Texas Annual Conference. *Eligible dependents do not have to participate in the medical plan to participate in the Dental and/or Vision plans.*
2. Your salary-paying unit (e.g., your local church) will be drafted for your optional dental/vision coverage along with your medical contributions each month.

<i>Humana Dental / Vision 2021 Monthly Premiums</i>			
	<i>Dental HMO</i>	<i>Dental PPO</i>	<i>Vision 130</i>
<b>Employee Only</b>	<b>\$14.58</b>	<b>\$30.83</b>	<b>\$7.28</b>
<b>Employee &amp; Spouse</b>	<b>\$26.65</b>	<b>\$68.75</b>	<b>\$14.53</b>
<b>Employee &amp; Child(ren)</b>	<b>\$28.63</b>	<b>\$65.90</b>	<b>\$13.82</b>
<b>Employee &amp; Family</b>	<b>\$38.02</b>	<b>\$105.75</b>	<b>\$21.73</b>

There are no changes to the benefits for the Humana Dental PPO, Dental HMO or Vision plans for 2021. Go to [www.txcumc.org](http://www.txcumc.org) > **Clergy > Benefits > 2021 Open Enrollment Information** for details about these plans.