

Optional Dental/Vision Plans

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

No Change in Humana Vision 130 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** with benefits for eye exams, glasses and contact lenses

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>
Employee Only	\$14.58	\$30.83	\$7.28
Employee & Spouse	\$26.65	\$68.75	\$14.53
Employee & Child(ren)	\$28.63	\$65.90	\$13.82
Employee & Family	\$38.02	\$105.75	\$21.73

Humana Dental PPO and Dental HMO Plans

There are no changes to the benefits for the Humana Dental PPO or Vision plans for 2021.

Go to www.txcumc.org > **Clergy** > **Benefits** > **2021 Open Enrollment Information** for details about these plans.

Dental PPO

The dental PPO has an extensive list of in-network providers, including primary care and specialty dentists. You're covered regardless of what dentist you use, although you'll pay less for a participating one. You do not have to pre-select a primary care dentist in order to enroll as required to enroll in the Dental HMO plan.

- You're covered up to \$1,500 a year in benefits per participant.
- There is an additional \$1,500 lifetime orthodontia maximum benefit per participant following a 12-month waiting period. The waiting period may be reduced or waived for prior orthodontic coverage.
- There's no charge for preventive care. You pay a percentage (co-insurance) for other services.

Dental HMO

- The Dental HMO (DHMO) requires you to select a participating primary care dentist and receive *all* primary care from that dentist in order to receive benefits. The plan pays no benefits if you go to a non-participating dentist. Certain locations in the TAC may have limited or no access to participating DHMO providers, so check for providers in your area if you are interested in enrolling.
- ***You must pre-select and identify a participating dentist (with the dentist's ID number and address) on your enrollment form in order to enroll in the dental HMO.*** Your coverage is not effective until you have a participating primary care dentist indicated on your ID card.
- After enrollment, you can change your primary care dentist at any time, but you need to allow 4 to 6 weeks for the change to take effect.
- ***If you are enrolling your children in the dental HMO, check with the primary care dentist you are selecting in advance to verify if the dentist treats children and at what ages.***
- If you need a specialty dentist, you'll receive a 25% discount by using an *in-network* specialist. *Specialty dentists are very limited in the dental HMO, so if you or your family members need a lot of specialist care, the dental PPO may be a better option for you.*
- There is no limit to the number of visits per year (preventive care is covered every six months).
- There is no annual maximum limit to benefits.
- There's no charge for preventive care. You pay a \$5 office visit fee per visit and a co-pay for other services.

Frequently Asked Questions:

	Dental HMO	Dental PPO
Are benefits available from any dentist?	No. Only participating dentists are paid. <i>To receive benefits, you must select and have your PCD (Primary Care Dentist) listed on your ID card.</i>	Yes. But the greatest benefits are obtained from using a participating PPO dentist.
Is orthodontia covered?	Yes	Yes
Is there any waiting period for benefits?	No	Only for orthodontia benefits which have a 12 month waiting period.
How are benefits paid?	The participant pays the co-pay listed on the benefit information form.	If you use a PPO dentist, then the percentage indicated on the benefit information form is paid. If you use a non-participating dentist, then an allowance will be paid to your dentist based on what is typically paid to a participating dentist.
Is there a deductible?	No	No

What is the maximum amount of benefits available?	Unlimited	\$1,500/year
If I have specific questions, who can I call?	1-800-979-4760	1-800-233-4013

To enroll in any of the optional dental/vision plans, review the dental /vision plan summaries online and make the appropriate selections on the Group Health Benefits Enrollment Form in this packet. Your dependent coverages can be different for each plan in which you enroll.

1. To enroll in the **Dental HMO (DHMO) plan**, you must select a participating Dentist in the dental HMO and **indicate the Dentist’s name, ID number, and address on the TAC enrollment form**. The name and ID number of the dentist you select will be identified on your dental ID card. *We cannot enroll you in the dental HMO without your indicating a participating DHMO dentist on your enrollment form.*
2. To enroll in the **Dental PPO plan**, you do not have to select a dentist prior to enrollment, nor do you have to identify a dentist on your ID card.
3. *To find a participating dentist in either dental plan:*
 - Go to www.humana.com and put your cursor over “Shop for Plans” at the top of the page. Under Dental, click on “Find a Dentist.”
 - Select the purple “Find a Dentist” box.
 - On the next page, scroll down and make sure you’re under the “Dentist” tab.
 - Enter your zip code. You can select the number of miles of radius for your search.
 - Select the box under “Select a lookup method” to search by a Humana Dental plan. If you have a Humana Dental ID card, you can enter your member ID card and search for a participating dentist that way.
 - If you do not know your ID number, under “Coverage type,” select either the DHMO or PPO option depending on which plan you are interested in.
 - A “Network” box will appear after you’ve selected a plan. Choose “**HD DHMO Prepaid C250**” for the **Dental HMO** or “**PPO/Traditional Preferred**” for the **Dental PPO** and click the purple “Select” button.
 - In the “Search Category” use the drop-down menu to select “Specialty” and enter the text “General” in the box next to it. Underneath, you will see the text “Dentist – General Practice” appear. Click on it to search for your Primary Care Dentist.
 - If you have a particular dentist you are looking for, select “Name” and search for that dentist. Please note, if the dentist’s name does not display underneath, the dentist is not a participating dentist in your plan.
 - Click the purple “Search” button.
 - You can refine your location by adjusting the radius of your search to the left of your search list.
 - You can also filter your results by gender, languages spoken, board certification, and practice group affiliation.

Humana Vision 130 Plan

The Human Vision 130 Plan provides the following vision care services:

- Examination Once every 12 months
- Lenses or contact lenses Once every 12 months
- Frames Once every 24 months

Additional features of the Humana Vision 130 Plan include:

1. Retinal imaging covered with eye exam
2. Contact lens exam options
3. Diabetic eye care and testing
4. Increased lens options including progressive lenses
5. Online purchase of glasses through www.Glasses.com
6. Online purchase of contact lenses through www.contactsdirect.com

To check for providers, go to <https://www.humana.com/vision/ad/provider-finder> and select Humana Vision (Humana Insight Network).

Go to www.txcumc.org > Clergy > Benefits > 2021 Open Enrollment Information for a brochure regarding benefits under the Humana Vision 130 Plan.

For further information about the TAC Humana dental or vision plans, contact Barbara Kilby, TAC Benefits Administrator, at 713-533-3702, 1-800-606-0350, or bkilby@txcumc.org; or Marianela China, Group Health Benefits Enrollment Specialist, at 713-533-3721 or mchina@txcumc.org.