

Overview of the TAC Group Health Plan for 2024

All plan changes are effective 1/1/2024

We are pleased to announce an exciting new relationship with **UMR, UnitedHealthcare, and Apta Health for 2024!**

Effective 1/1/2024, UMR will replace Boon-Chapman as the third-party plan administrator (TPA) using the UnitedHealthcare (UHC) PPO network. UHC is the nation's largest provider network and Apta Health is the industry leader in care navigation and member services. Also adding a layer for Care Coordinators with Apta Health.

Our partnership with Apta Health has been instituted to deliver a best-in-class experience for member services, provider services and care navigation. **The Apta Health Care Coordinators** will be your personal "**Healthcare Warrior**" - a dedicated team of nurses, case managers, utilization management experts, health coaches, and disease management specialists that have backgrounds in hospitality and motivational customer service alongside their medical specialty. The dedicated team is there to support you, the member, in real-time with engagement and solutions.

Please see the Apta Health Welcome flyer in the packet for more information.

Medical Plans

Key Components:

Third Party Administrator (TPA): UMR

Network: UnitedHealthcare PPO (UHC)

Care Navigators: Apta Health

Pharmacy Benefit Manager: RxBenefits~Express Scripts

Specialty Medications: Accredo Specialty Pharmacy

Both Standard PPO and High Deductible PPO Plans utilize the same network and offer the same covered services. The difference is the cost-share (what you pay if you receive care) and the premiums you pay upfront. There are *no changes to deductibles or out-of-pocket maximum expense limits* for either the Standard PPO or High Deductible PPO Plans for 2024.

All deductibles and out-of-pocket maximum expense limits are effective January 1 each year.

Please see chart on the following page comparing what you would pay under each medical plan.

Visit [Standard PPO Plan / High Deductible PPO Plan](#) on our website for detailed information on each medical plan.

Plan Name	High Deductible PPO Plan	Standard PPO Plan
Eligible to open Health Savings Account (HSA)	Yes*	No
Individual Deductible	\$1,850 Combined Medical and Prescription deductible (in-network) / \$5,550 Combined Medical and Prescription deductible (out-of-network)	\$1,000 Medical deductible (in-network) / \$3,000 (out-of-network)
Family Deductible	\$3,700 Family (in-network) / \$11,100 Family (out-of-network)	\$3,000 Family (in-network) / \$9,000 (out-of-network)
Coinsurance (in-network)	20% coinsurance (in-network)	
Medical Out-of-Pocket Maximum (Includes medical deductibles, co-payments and co-insurance)	\$4,500 Individual In-Network \$10,000 Family In-Network	\$4,500 Individual In-Network \$10,000 Family In-Network
Can access Houston Methodist Hospital System in-network?	Yes	Yes
Eligible for Houston Methodist Hospital Write-Off of Deductibles and Co-Insurance?	No	Yes
Preventive care (in-network)	No charge, includes lab and X-rays performed outside doctor's office.	
Office Visit Co-Pay (in-network)	20% coinsurance after deductible	\$25 Primary Care (PCP) \$40 Specialist
Teladoc®	\$49 fee per visit until deductible is met, then 20% co-insurance	\$0 Co-Pay
All other covered expenses (in-network)	20% coinsurance after deductible	
Pharmacy Deductible	Combined medical/pharmacy deductible**	Pharmacy-only deductible: \$50 Individual/\$100 Family***
Pharmacy Retail Costs	20% coinsurance after deductible	
Pharmacy Out-of-Pocket Maximum	High deductible plan combines medical and prescription drug out-of-pocket expenses	\$2,000 Individual \$4,000 Family (applies only to prescription drug expenses)
Total Medical + Pharmacy Out-of-pocket	\$4,500 Individual In-Network \$10,000 Family In-Network	\$6,500 Individual In-Network \$14,000 Family In-Network
Out-of-Network	You pay 40% of maximum allowable charge after applicable deductible is met.	

*Enrolling in the High Deductible PPO Plan allows you to set up a **tax-advantaged Health Savings Account**.

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

***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.

Plan Benefit Changes

A. Marriage and Family Counseling

- Effective 1/1/2024, the standalone Supplemental Counseling Benefit will be discontinued, and these services will be **integrated into the health plan**. Cost sharing for all mental health counseling visits (including but not limited to marriage and family counseling) will be covered under the health plan as follows:
 - **Standard PPO Plan**
 - There will be a \$25 copay for all in-network mental health counseling visits (including marriage and family counseling) under the Standard PPO Plan.
 - Out-of-network mental health counseling visits (including marriage and family counseling) will be subject to applicable Standard PPO Plan out-of-network deductibles and co-insurance.
 - **High Deductible PPO Plan**
 - All mental health counseling visits (including marriage and family counseling) will be subject to in-network and out-of-network deductibles and coinsurance as applicable under the High Deductible PPO Plan.

Other mental health (non-counseling) office visits as well as all other mental health benefits under both the Standard PPO and High Deductible PPO Plans will be subject to applicable Standard PPO and High Deductible PPO Plan cost sharing (copays, deductibles, and coinsurance).

- This coincides with the termination of the standalone Supplemental Counseling Benefit on 12/31/23.

B. Hearing Aids

- Effective 1/1/2024, the standalone hearing aid will be discontinued, and these services will be **integrated into the health plan** as follows:
 - Hearing aid(s) will be covered **once every three years** for each ear if required. Applicable Standard PPO and High Deductible PPO Plan in-network and out-of-network deductibles, coinsurance and maximum out-of-pocket expense limits will apply.

Covered benefits include:

1. a hearing aid instrument, monaural or binaural, including ear mold(s).
2. visit for fitting, counseling, and adjustments;
3. the initial battery;
4. cords;
5. other ancillary equipment.
6. surgically implanted hearing devices.

The following are **not** covered:

1. purchase of batteries or other ancillary equipment except those covered under the terms of the initial hearing aid purchase;
2. charges for a hearing aid that exceed the specifications prescribed for correction of a hearing loss;

3. replacement parts for hearing aids, repair of a hearing aid after the covered warranty period, and replacement of a hearing aid more than once in any 36-month period.

- This coincides with the termination of the standalone Hearing Aid Out-of-Pocket Reimbursement Benefit 12/31/23.

C. Houston Methodist Hospital Deductible & Coinsurance Write-off

- The Houston Methodist Hospital Deductible & Coinsurance Write-off (Non-collection Agreement) will continue in 2024; however, Deductible and co-insurance amounts waived at Houston Methodist (and related facilities) will not be applied toward your deductible and out-of-pocket maximums should you visit non Houston Methodist facilities subsequently.

TAC Wellness Program

There are no changes to Wellness Program Benefits for 2024. Wellness Program Incentives remain as follows:

2024 Weight Loss Incentives	Amount
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 25.0 or less	\$600
Total Weight Loss Incentives	\$1,000
Pregnancy Weight Loss Incentive	\$1,000
Annual Maintenance Incentive	\$1,000

TAC Walking Program

There are no changes to Virgin Pulse Walking Program Benefits for 2024. Walking Program Incentives remain as follows:

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

Wellness (Preventive Care) Benefits Covered at 100% for In-Network Providers only

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

For an informational flyer go to www.txcumc.org > Connectional Resources > Benefits > 2024 Open Enrollment Materials.

2024 Group Health Benefits Contribution Rates

Effective 1/1/2024, direct billing rates for early retiree, surviving spouse, and dependents of Medicare eligible participants will be adjusted upwards accordingly for both the Standard PPO and the High Deductible PPO Plans as specified below.

Early Retiree (Enrolled in Apta Health)

Early Retiree (retired prior to age 65 – rate until date of Medicare Eligibility)	Standard PPO Plan	High Deductible Plan
Retiree Only	\$650.00	\$450.00
Retiree & Spouse	\$1,500.00	\$1,050.00
Retiree & Child(ren)	\$950.00	\$650.00
Retiree & Family	\$1,800.00	\$1,250.00

Early Retiree (retired prior to 1/1/2021 and between ages 62 and 65 or with 30+ years of service eff. 1/1/2019 – 50% subsidy until date of Eligibility)	Standard PPO Plan	High Deductible Plan
Retiree Only	\$325.00	\$225.00
Retiree & Spouse	\$750.00	\$525.00
Retiree & Child(ren)	\$475.00	\$325.00
Retiree & Family	\$900.00	\$625.00

Under Age 65 Dependents of Medicare Primary Retiree or Surviving Spouse on Via Benefits (Under age 65 Dependents Enrolled in Apta Health)

	Standard PPO Plan	High Deductible Plan
Under age 65 Retiree Spouse or Adult Disabled Dependent on Apta Health	\$650.00	\$450.00
Under age 65 Retiree Spouse and under age 26 child(ren) on Apta Health	\$950.00	\$650.00
Under age 26 child(ren) on Apta Health	\$300.00	\$200.00
Under age 65 Spouse or Adult Disabled Dependent – Medicare Primary / Apta Health Secondary	\$325.00	\$225.00

Under Age 65 Surviving Spouse (Enrolled in Apta Health)

	Standard PPO Plan	High Deductible Plan
Under age 65 Surviving Spouse only	\$650.00	\$450.00
Under age 65 Surviving Spouse and under age 26 child(ren)	\$950.00	\$650.00

Optional Humana Dental/Vision Plans

The Texas Annual Conference Group Health Benefits Plan will continue to offer optional **Dental PPO** and **Vision** Coverage through **Humana in 2024**:

Following are the eligibility requirements to enroll in optional dental and or vision coverage:

1. Employee must be a participant of the Group Health Benefits Plan of the Texas Annual Conference.
2. You will be drafted for your optional dental/vision coverage along with your medical contributions each month.

There are no increases in the Humana Dental PPO rates or Humana Vision Plan rates for 2024 nor any changes to the benefits:

	Dental PPO	Vision 130
Employee Only	\$29.29	\$ 7.28
Employee & Spouse	\$65.31	\$14.53
Employee & Child(ren)	\$62.61	\$13.82
Employee & Family	\$100.46	\$21.73

High Deductible PPO Plan and a Health Savings Account (HSA)

Enrollment in the High Deductible PPO 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.**

We are also hosting **a High Deductible PPO Health Plan Webinar on Tuesday, October 31, 2023, from 2:00 to 3:00 pm**. This webinar will go in depth on the High Deductible PPO Health Plan giving participants the opportunity for Q&A. Details and the link to the webinar have been emailed.

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.