



October 2018

Open Enrollment for 2019 Medical Benefits is underway and continues until November 30, 2018.

We are happy to provide an update on your healthcare package for 2019. This update is all good news! No changes will be made to your plans or your employee cost-share amounts for 2019. Even better, we are delighted to add a valuable benefit to your health and wellness package by introducing a free & confidential Employee Assistance program! Read on for more information.

Important Information:

- There are no changes to the design of the UPMC Health Plan medical benefit plans. You will continue to have the choice of the Premium Network PPO or Standard Network HMO. We encourage you to consider the HMO. While this plan has a slightly narrower network, we have found the majority of local UPMC providers (90% or more) accept the plan. UPMC has also minimized the amount of specialties requiring referrals and the HMO has a lower deductible—meaning it pays sooner than the PPO. The more participants we have on HMO the more of a cost-savings we will see as a connection. *See grid on page 3.*
- There are no changes to the EyeMed Vision plan or the MetLife Dental plan for 2019.
- Member cost sharing into the premiums will continue in 2019. The amounts will remain unchanged. Please remember, only the contract holder with UPMC pays the cost-share. For clergy couples this means only the subscriber (the employee who signs the UPMC application, thereby authorizing the deductions) is to contribute.

The monthly, pre-tax payroll deductions are as follows:

Participant only: \$20

Participant + 1: \$35

Family: \$70

- UPMC *Work Partners* Employee Assistance Program will launch 1/1/2019 and is free to any person living under your roof (not just dependents on your health plan). The confidential services include counseling sessions (in person, via phone or virtual appointment), wellness coaching, financial, and legal and/or community resources and more! Be on the lookout for more information to follow!

To Do:

- **Complete the UPMC Health Plan Application**

You are required to submit your annual UPMC Health Plan application to Alexis at the Benefits Office by November 30, 2018 in order to have coverage effective January 1, 2019. Your completed application will not only enroll you and your designated covered dependents onto the UPMC Medical plan, but also the MetLife Dental and EyeMed Vision plans (subject to eligibility). **You must complete the application even if you are not electing any changes to your plan.** See page 4.

- **Complete the 2018 TAHS Requirements by October 31, 2018**

Take a Healthy Step completers will receive funding (\$500 for single contract/\$1,000 for family) into their HSA or HRA accounts on January 1, 2019 if the following is finished by 10/31/2018:

Employee/Subscriber must:

- ✓ Complete Biometric Screening
- ✓ Complete or update the MyHealth Questionnaire
- ✓ Earn 350 TAHS Points

Covered Spouse must:

- ✓ Complete Biometric Screening
- ✓ Complete or update the MyHealth Questionnaire
- ✓ Earn 200 TAHS Points



*Have you already finished your requirements? Great work! Keep in mind we will continue the *Take a Healthy Step* program in 2019. Activities completed November 1, 2018 or after will credit to your account in 2019. Keep on the lookout for 2019 TAHS information soon!*

Medical Benefit Plans:

Medical plans have no design changes for 2019. Both plans will offer a Health Savings Account (HSA) for eligible members administered by Keystone UM Federal Credit Union. For those who are ineligible for an HSA, UPMC Health Plan administers a Health Reimbursement Arrangement (HRA). Detailed plan grids are always available at www.wpaumc.org/ActiveHealthcare. Please see below for the snapshot comparison. For more information please view the official benefit plan documents, which contain full descriptions of plan coverage, limits, and exclusions.

UPMC Health Plan Premium Network PPO and Standard Network HMO Comparison

Plan Design	2019 Premium Network PPO	2019 Standard Network HMO
Deductible	\$4,500 individual \$9,000 family	\$3,000 individual \$6,000 family
Out-of-Pocket Maximum	\$6,450 individual \$12,900 family	\$6,450 individual \$12,900 family
Out-of-Network Coverage	Yes	No (Emergency services are covered)
Primary Care Physician	Not required but encouraged	Yes Required
Participating Providers	See upmchealthplan.com/find and search providers in Employer-Provided Premium Network PPO	Slightly fewer participating providers than the Premium Network PPO; see upmchealthplan.com/find and search providers in Employer-Provided Standard Network HMO
Referrals Needed	No	For the below listed specialist visits only, a PCP referral is required. Acupuncture, Chiropractic, Gastroenterology, Neurology, Pain Management, Podiatry, Pulmonary, Reproductive, Rheumatology, Sleep Medicine, Sports Medicine, Physical Therapy, Occupational Therapy, Speech Therapy Pediatric referrals are not required.
Preventive Care	100%	
Wellness and other services	Both plans offer <i>Take a Healthy Step</i> wellness incentive platform, Work Partners Employee Assistance Program and Assist America global emergency travel assistance services.	
Preventive Medication Benefit	<p>Certain preventive medications are not subject to your deductible, only a co-payment. Copayment for 30-day supply: \$8 Generic \$38 Preferred brand \$76 Non Preferred brand.</p> <p>A List of preventive medications covered by this benefit are available at www.wpaumc.org/activehealthcare then click on preventive medication lists.</p>	

Health Savings Accounts: NEW HSA Limits for 2019

Individual Contribution Limit for HSA is \$3,500. Family Contribution Limit is \$7,000. There is an annual catch-up amount of \$1,000 for those who are 55 years of age or older as of 12/31/2019. Please note: Conference Board of Pensions incentive funding, if earned, must be included in these amounts.

Contributions and earnings from interest in an HSA are tax-free. Distributions to pay for Qualified Medical Expenses are also tax-free. Individuals enrolled in Medicare are not eligible for an HSA. However, if you are eligible for Medicare Part A, but have not enrolled you can still have an HSA Account. For questions on your HSA, please contact Keystone Federal UM Credit union at 724-252-3200 or info@keystoneumfcu.org.

Completing Your Enrollment Application

Please find your application enclosed. Electronic versions are available on the benefits page at www.wpaumc.org/activehealthcare. Please remember if you are selecting the HMO option, you and any family members must include your Primary Care Physicians' names and provider numbers. The provider numbers can be found at www.upmchealthplan.com/find or by calling your UPMC concierge at 1-844-875-3828. All eligible dependents must be listed to remain covered. You only need to include social security numbers on the application for any family member who is not currently on the plan (as of October 2018). Please remember to update your church so they can withhold the proper amount from your payroll for your cost-share.

When you complete your application, please return it to Alexis Soohy at the Benefits Office, by November 30, 2018:

- Mail: United Methodist Center, Attn: Alexis Soohy, 1204 Freedom Road PO BOX 5002, Cranberry Twp. PA 16066
- Email: Alexis.Soohy@wpaumc.org
- Fax: 724-776-4358

We look forward to another year of supporting your personal wellness goals. Please keep up to date on benefit plan information by regularly checking the benefits page and reading our weekly emails.

Do you have questions or need assistance? Please contact your Benefits Team.

Alexis Soohy – Alexis.Soohy@wpaumc.org - 724-776-2300 x 278

Kathleen Lasky – Kathleen.Lasky@wpaumc.org - 724-776-2300 x 274

Dependent Eligibility:

Medical: up to age 26 with no other coverage

Vision: up to age 26 with no other coverage

Dental: up to age 19, unless enrolled in school fulltime, then eligible to age 25

