

On January 1, 2017, the medical benefit plan for active clergy, retirees and spouses under age 65 and lay employees will include the option to choose either the UPMC Health Plan Premium Network PPO (the current plan) or the UPMC Health Plan Standard Network HMO. The Standard Network HMO is a new plan with a more restricted network of providers and facilities and requires a primary care physician (PCP) be selected to coordinate care and referrals.



Both plan options have deductibles and out-of-pocket limits that are increasing from 2016 levels.

Both plan options have a Health Savings Account (HSA) available, administered by Keystone United Methodist Federal Credit Union (KUMFCU) for eligible participants. For those participants not eligible for or not enrolling in the HSA, a Health Reimbursement Account is provided and administered by UPMC Health Plan.

Wellness incentive funding of \$500 individual or \$1,000 family will be made by the Conference on January 1, 2017 for those participants and spouses completing *Take a Healthy Step* requirements by October 31, 2016.

Detailed plan grids will be available at District meetings and posted at wpaumc.org/benefits. The PPO will have changes in the deductible and out-of-pocket limits. The HMO is a new option.

District Meeting Schedule

Spouses are encouraged to attend.

September 12	Kane	Olmsted Manor	10 a.m.
September 14	Pittsburgh	Calvary Northside	10 a.m.
September 14	Greensburg	Circleville UMC	2 p.m.
September 20	Butler	Chippewa UMC	10 a.m.
September 21	Connellsville	Uniontown Asbury UMC	10 a.m.
September 21	Johnstown	Belmont UMC	2 p.m.
September 26	Washington	First UMC Washington	10 a.m.
September 28	Indiana	Punxsutawney First UMC	10 a.m.
September 29	Franklin	Christ Church Franklin	10 a.m.
September 30	Erie	Edinboro UMC	2 p.m.

Make-up Meeting

October 5		Conference Center	2 p.m.
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See the chart below for an overview comparison of major differences between the two plans. Official benefit plan documents will contain full descriptions of plan coverage, limits and exclusions.

UPMC Health Plan Premium Network PPO and Standard Network HMO Comparison

Plan Design	2017 Premium Network PPO	2017 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
Primary Care Physician Required and Selected by Member	Not required but encouraged	Yes Required
Participating Providers	See upmchealthplan.com/find and search providers under the Coverage Type "Coverage through your employer" and Plan Name "Premium Network Plans- PPO and EPO Plans"	Fewer participating providers than the Premium Network PPO; see upmchealthplan.com/find and search providers under the Coverage Type "Coverage through your employer" and Plan Name "Standard Network HMO"
Referrals Needed	No	Yes In-network specialist, diagnostic or treatment services are not covered unless PCP provides referral
Preventive Care	100%	100%

HSA Limits 2017

The IRS has made a slight increase to the HSA individual contribution limit for 2017. The individual contribution limit will be \$3,400, an increase of \$50 from 2016. The family contribution limit is \$6,750, unchanged from 2016.

The 2017 catch-up annual contribution limit for participants 55 years or older as of December 31, 2017 remains \$1,000. Catch-up contributions can be made any time during the year in which the HSA participant turns 55.



Dental Plan Changes on Basic Restorative Services

The MetLife Dental Plan currently offered will continue in 2017, with one change to the plan design. **Basic Restorative Type B services**, now paid at 100% in-network will be paid at 80%, subject to the deductible and annual maximum benefit limit.

Basic Restorative Type B services include:

- Fillings
- Simple Extractions
- Crown, Denture and Bridge Repair
- General Anesthesia (deemed dentally necessary)
- Periodontics (scaling and root planning)
- Endodontics (root canal treatment)
- Denture repair (relining and rebasing)

See the MetLife detailed dental benefit grid at wpaumc.org/benefits for more information about benefit limits and Basic Restorative Type B services.



October 31, 2016 is the deadline for completing Take a Healthy Step wellness requirements to earn the \$500 individual or \$1,000 family wellness incentive payment for 2017. This incentive payment is made into the HSA or HRA accounts on January 1, 2017.

A good first step is to visit the UPMC Health Plan website at upmchealthplan.com/find to determine if your current primary care physician is participating in the Standard Network HMO. You can also call UPMC Health Plan Member Services at the number listed on the back of your member card.

The screenshot shows the UPMC Health Plan website's search interface. At the top, there are navigation links for Shop, Doctors, Hospitals/Rt, Contact, and Search. Below this is a navigation bar with links for Individuals, Medicare, Employers, Members, and Producers, along with a 'LOG IN / REGISTER' button. The main content area features a 'Find' section with a 'Log in Now' button and a search bar. Below the search bar are tabs for 'Doctor or Provider', 'Hospital / Urgent Care / Services', 'Pharmacy', and 'Medication'. The 'Doctor or Provider' tab is selected, leading to a search page titled 'Find a doctor or health care provider'. This page includes a 'HELP' button, a question about provider selection, and a 'Choose type of care' section with options for Medical, Dental, Routine Vision, and Behavioral Health. The search form includes fields for 'Provider Last Name/Practice Name', 'City', and 'ZIP Code', along with a 'Know Your Plan Name?' section. At the bottom, there are 'Optional Filters' for 'Type of Provider', 'Specialty', 'Hospital Privileges', 'Languages', 'Gender', and 'Medical Homes', along with checkboxes for 'Handicap Accessible', 'Open Evenings & Weekends', and 'Accepting New Patients'.

Frequently Asked Questions

When is Open Enrollment?

Open Enrollment for 2017 begins on October 1, 2016 and ends on December 1, 2016. Details about the enrollment process will be provided in mid-September.

How do I determine if the Standard Network HMO Option is a good choice for me?

At the upcoming District meetings, you will have the opportunity to learn more about both plans and to ask questions.

The Standard Network HMO has a lower deductible than the PPO. If you are willing to work closely with your PCP to coordinate your care and are satisfied to use the providers in the more limited Standard Network HMO, this can be a more cost-effective choice.

It is important to understand that the HMO option is more restrictive than the PPO option and coverage of health services is limited to services provided in-network. There is no coverage for out-of-network care (unless it is deemed an emergency) and for services accessed without having the required PCP referrals. The HMO option requires the member to select a participating primary care physician (PCP).

Why is there both an HSA and an HRA?

Not all members are eligible to have an HSA because the IRS restricts eligibility for HSA accounts. Eligibility is limited to: those covered under a High Deductible Health Plan, have no other coverage, are not enrolled in Medicare and are not claimed as a dependent on someone else's tax return.

What happens if I do not enroll by the December 1 deadline?

The default enrollment for someone who does not complete the enrollment will be the UPMC Health Plan Premium Network PPO with HRA.

Visit wpaumc.org/benefits for more information.