

Open Enrollment for 2017 Health Benefits is underway and continues until November 30, 2016.

This newsletter contains updated information about:

- EyeMed, the new vision benefit provider effective January 1, 2017
- How the Individual and Family Deductible and Out-of-Pocket Limits are calculated under both the UPMC Health Plan PPO and HMO plans

Some FAQs (Frequently Asked Questions) from the District Meetings are included to help you understand changes to the medical benefit plan and assist you in making your benefit decision. A more comprehensive FAQ list will be emailed to members and will also be available on the Benefits page of the Conference website at www.wpaumc.org/benefits.



Vision Benefit Changes

The 2017 vision provider is EyeMed Vision Care, Insight Network. The highest level of benefits is available when you use in-network providers. To locate local providers, go to www.eyemed.com, click on "Find a Provider," then select *Insight* Network. Once you select *Insight* Network, enter your zip code. You will find national chain eye care retail stores like Target, Sears, JCPenney, Lenscrafters and Pearle Vision as well as local eye care providers.

In-network coverage is also available at on-line providers www.contactsdirect.com and www.glasses.com.

Out-of-network reimbursement is provided, based on a dollar allowance.

Frequency of Services/Benefits

Eye Examination	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frames	Once every 24 months

Please see the EyeMed Vision Care flyer included with this newsletter for more details about vision benefits and other discounts.

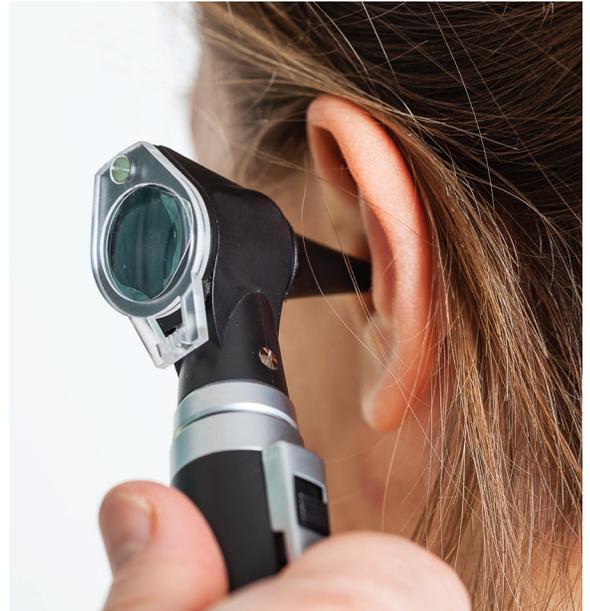
Hearing Care

As part of the EyeMed benefit, there is a 40% discount on hearing exams and a low price guarantee on discounted hearing aids.

EyeMed Enrollment Packet and ID Cards

Before January 1, 2017, you will receive a packet with personalized ID cards and additional information on the new EyeMed vision plan benefits. The packet will also include a list of in-network providers in your area.

Please note: you will not need to complete applications for this plan. Your WPAUMC benefits team will automatically enroll you and your family on your behalf.



Medical Benefit Deductible Payment and Out Of Pocket Limit Changes

One important change we would like to specify on the 2017 plans is the Deductible and Out-of-Pocket Limits. In 2016, the UPMC PPO Plan offered by the Conference was administered as an **Aggregate** Deductible. This meant that the entire Family Deductible had to be met by one or a combination of family members before covered benefits were paid for any member on the plan. The change for 2017 - regardless of whether you choose the HMO or PPO option- is that the Deductible and the Out-of-Pocket Limit (OOP Limit) are now **Embedded**. This is better for you and your family.

Both plans have an Embedded Deductible, which means the plan pays for covered benefits in these two scenarios- whichever comes first.

*When an individual within a family reaches his or her Individual Deductible. At this point, only that person is considered to have met the Deductible; OR

*When a combination of family members' expenses reaches the Family Deductible. At this point, all covered family members are considered to have met the Deductible.

What this means is if you have family coverage and one family member has a large amount of claims, that member only has to reach the Individual Level Deductible before their coinsurance period starts. If other family members have claims, once all claims added together reach the rest of the Family Level Deductible, their coinsurance period will start.

Both plans also have an embedded Out-of-Pocket Limit (OOP Limit), which means the Out-of-Pocket Limit is satisfied in one of two ways- whichever comes first:

*When an individual within a family reaches his or her Individual OOP Limit. At this point, only that person will have benefits covered at 100% for the remainder of the Benefit Period, OR

*When a combination of family members' expenses reaches the Family OOP Limit. At this point, all covered family members are considered to have met the OOP Limit and Covered Services will be paid at 100% for the remainder of the Benefit Period.

What this means, is that just like the Embedded Deductible, if one family member's claims reach the Individual OOP Limit, they will be capped at that point and further claims will be paid by UPMC.

The reason this is important

Families who have only one member with expensive prescriptions and/or medical claims will see that the individual will not need to reach the Family Level Deductible before the coinsurance period starts for his/her claims. Likewise, they will not need to reach the Family Level OOP Limit before their claims are capped. This is different than previous UPMC plan years which held an Aggregate Deductible and OOP Limit.

Please direct any questions to your Benefits Team or UPMC Health Plan directly.

Frequently Asked Questions

What is a PPO and an HMO?

A PPO is a Preferred Provider Organization and an HMO is a Health Maintenance Organization.

The most significant differences are:

- a PPO provides coverage outside the network
- an HMO does not provide out-of-network coverage
- an HMO requires the selection of a Primary Care Physician who coordinates referrals and specialist care

If my PCP is participating in the UPMC Standard Network HMO, can I go to any of his/her practice locations?

No. Provider participation is location-specific. Make sure the PCP you choose is participating in the location you will be using for care.

When do I need a referral?

If you enroll in the UPMC Standard Network HMO, you need a referral for all services except:

- Pediatric specialists
- OB-Gyn specialists
- Mental Health professionals
- Emergency Care
- MEMBERS UNDER AGE 21 DO NOT NEED REFERRALS

How do I know I have the referral?

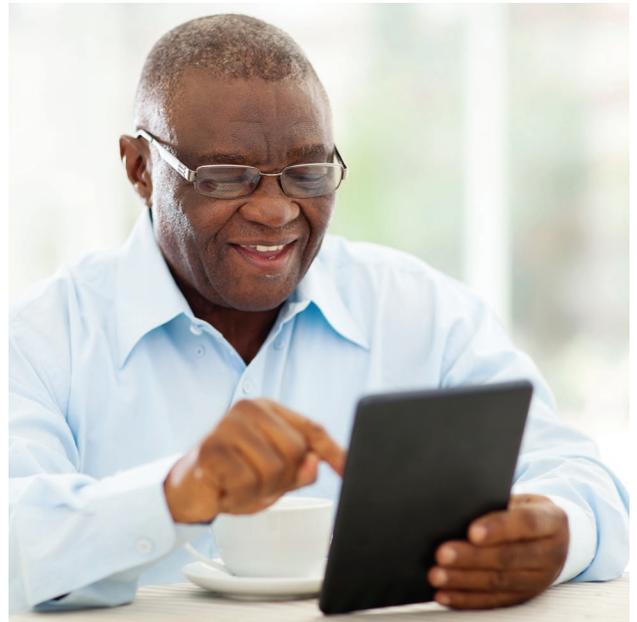
It is your responsibility to assure that you have the referral. You can access and view the referral in MyHealth online.

I have a specialist appointment in February. Do I have to get a referral?

There is a 60 day grace period and the referral penalty will be waived for the first 60 days of 2017 to allow for a smooth transition.

My surgeon has recommended physical therapy. Does this require a PCP referral?

Yes, the physical therapy requires referral from your PCP if you enroll in the Standard Network HMO. Physical therapy is subject to the deductible, then co-insurance applies.



Is there a printed list of specialists? I want to see if a particular surgeon is participating.

Printed lists are no longer available because it is not possible to keep them up to date. The UPMC Health Plan website is the best resource and you can also call the physician's office to inquire.

If I enroll in the Standard Network HMO and decide I do not like it, can I switch back to the PPO?

You are locked in for 2017; your next opportunity to change coverage will occur at Open Enrollment for 2018.

How do I enroll?

If you are enrolling in the Standard Network HMO, you need to complete the paper enrollment form, select a PCP and include the Practice # (found on the UPMC website upmchealthplan.com/find). Once your application is complete, send it to your Benefits Team at the email addresses or fax below. Keep in mind the deadline is November 30, 2016.

What if I do not want to change my medical plan and want to continue in the PPO?

If you are not changing, no application is needed but we need your selection in writing. You can email or fax the Benefits Office at the email address or fax below informing us that you wish to stay in your current plan. Keep in mind the deadline is November 30, 2016.

What happens if I don't send in an application or email Kathleen or Alexis?

If you do not send in an enrollment application or send notification in writing that you wish to remain on the PPO Plan you will automatically default to the PPO network with a Health Reimbursement Arrangement (HRA) managed through UPMC.

Benefits Contact Information and Plan Selections:

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

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

Fax: 724-776-4258 - Website: www.wpaumc.org/benefits

Please check your emails and the Benefits Page for a more comprehensive list of FAQ's and other information.

