ascend
TO WHOLENESS
HEALTHCARE PLANS

2020 Plan Comparison
SUMMARY

Your Healthcare Plans: Accelerate and Access Side by Side

The Ascend to Wholeness Healthcare Plans are designed to empower you to achieve your goals of complete whole person health through the mind, body and spirit. This is accomplished through robust benefits provided by the plans, geared to assist and educate you on your current health as well as provide a strong foundation for life-long changes to achieve a "wholistic" lifestyle.

Effective January 1, 2020, depending on your 2019 engagement level, you have two health plan choices which are highly competitive in the market. These plans give you full access to whole-person health and wellness programs to help you avoid preventable illnesses and manage pre-existing medical conditions.

Learn more in the 2020 Plan Guide and on www.AscendToWholeness.org.

The Plan Comparison Summary was created with the intent to help you compare both plans and see which one best fits your lifestyle, health concerns and out-of-pocket expenses..

Please note these important items are remaining the same:

- Medical benefit services are only covered in the Aetna Signature Administrators network. Out-of-network care—other than emergencies and urgent care—will require prior-authorization by the Plan. If specialized care is unavailable at an in-network facility, please contact member services for additional assistance. It is your responsibility to verify that your chosen medical provider is in the Aetna Signature Administrators Preferred Provider Organization. As outlined in the summary of benefits below, alternative therapies (massage, acupuncture, chiropractic), refractive eye surgery, hearing aids and infertility treatments do not require in-network providers
- Your Medical and Prescription benefits Maximum-Out-of-Pocket (OOP) accruals continue to include coinsurance, deductibles and co-payments. Once you reach this maximum the Plan pays 100%.
- Your Medical and Prescription benefits Maximum-Out-of-Pocket responsibilities are noted below. No combination of your medical and prescription benefits OOP will exceed the max allowable by the Affordable Care Act (ACA).
- The Accelerate Plan will reimburse members for participation in CHIP and Weight Watchers. See details below in the Schedule of Benefits section and in the full Plan document. See details below in the Schedule of Benefits section and in the full Plan document.

Out-of-Pocket Maximum

accelerate

		Individual			Family		
Year	*Plan*	*Medical*	*Pharmacy*	TOTAL	*Medical*	*Pharmacy*	TOTAL
2020	Accelerate	$2,750	$1,250	**$4,000**	$5,500	$2,500	**$8,000**

access

		Individual			Family		
Year	*Plan*	*Medical*	*Pharmacy*	TOTAL	*Medical*	*Pharmacy*	TOTAL
2020	Access	$5,600	$1,550	**$7,150**	$11,200	$3,100	**$14,300**

Schedule of Benefits

The Schedule of Benefits is only a summary. You should read the *full* Plan document for additional information about your benefits. The full Plan document will be available at **www.AscendToWholeness.org** no later than January 2020 on the Plan Documents page.

Medical Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
DEDUCTIBLE Individual / Family	$300/$600	$600/$1,200
CO-INSURANCE (after deductible)	20%	20%
OUT-OF-POCKET MAXIMUMS Individual / Family	$2,750/$5,500	$5,600/$11,200
PREVENTIVE SERVICES Paid at 100% of allowable charges in-network	$0	$0
OFFICE VISIT COPAYS • Copay applies only to office visit charge, based on contracted rate in-network; all other charges are paid at 80% of in-network allowable charge • Other charges apply to correlating Plan Year deductible and out-of-pocket maximum	$25	$50
URGENT CARE CENTERS • May be paid as an office visit or as an emergency room visit according to provider contract • Payment based on contracted in-network rate • Charges with no applicable copay apply to Plan Year deductible and out-of-pocket maximum • Facility fees for office visits are not paid	$25 or $100	$50 or $100
OUTPATIENT SERVICES • Paid at 80% of allowable charges in-network • Applies to correlating Plan Year deductible and out-of-pocket maximum. • Pre-certification required for some outpatient services (see the "Services Requiring Pre-Certification" section)	20%	20%

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Medical Benefits *continued from page 2...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
TELEHEALTH • General medical care • General pediatric care • Behavioral health therapy (for ages 10 and older) • Psychiatry (for ages 18 and older) • Lactation consultations Benefits exclusively available via the Plan's telehealth vendor and only for services offered by Plan's telehealth vendor that are also covered services under the terms of the Plan. Telehealth is not available for physical therapy, occupational therapy, speech therapy, or vision therapy.	$0	$0
INPATIENT/OUTPATIENT HOSPITAL STAYS: *Office/Ambulatory Surgical Procedures* • Pre-certification required for all inpatient surgeries/stays (except for observation only and normal child delivery in a PPO facility by a PPO provider) • Pre-certification required for most outpatient/ambulatory procedures (see the "Services Requiring Pre-Certification" section) • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
EMERGENCY ROOM (Copays and Co-Insurance) • Paid at 80% of allowable charges after copay per occurrence • Copay waived if admitted	$100 + 20%	$100 + 20%
EMERGENT IN-PATIENT HOSPITAL ADMISSION • Out-of-network services are only covered until the patient's medical condition is stable, at which point the patient must consent to a transfer to an in-network facility	20%	20%
AMBULANCE SERVICES • Pre-certification required for non-emergency ground transportation and for any air transportation (unless the utilization review manager determines that ground transportation would have endangered the life of the enrollee) • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
MATERNITY & OBSTETRICS • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
DURABLE MEDICAL EQUIPMENT • Pre-certification required for any CPM devices/machines and Dynasplints. • Pre-certification required for other durable medical equipment or repair with billed charges of $2,000 or more • Pre-certification required for any custom orthotics and for orthotics/prosthetics with billed charges of $2,000 or more • Pre-certification required for all rentals • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
MENTAL HEALTH COUNSELING SESSIONS	$25	$50

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Medical Benefits *continued from page 3...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
MENTAL HEALTH OUTPATIENT SERVICES/PARTIAL HOSPITALIZATION • Pre-certification required for intensive outpatient programs and some other outpatient services (see the "Services Requiring Pre-Certification" section) • Pre-certification required for partial hospitalization • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
MENTAL HEALTH INPATIENT SERVICES • Paid at 80% of allowable charges in-network • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
RESIDENTIAL CARE AND TREATMENT • Pre-certification required • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY COUNSELING SESSIONS	$25	$50
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY ***Outpatient/Partial Facility Visits*** • Pre-certification required for intensive outpatient programs and some other outpatient services (see the "Services Requiring Pre-Certification" section) • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY ***Inpatient Treatment*** • Pre-certification required • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
HEARING CARE ***Professional Testing/Screening*** • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
HOME HEALTH CARE • Maximum of 120 visits per Plan Year • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
SKILLED NURSING FACILITY • Pre-certification required • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
HOSPICE CARE • Paid at 100% of allowable charges • Pre-certification required to receive full Plan benefits	$0	$0

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Medical Benefits *continued from page 4...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
ORGAN/TISSUE TRANSPLANTS • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
THERAPEUTIC SERVICES Physical Therapy Occupational Therapy Speech Therapy • Maximum of 60 visits for any therapeutic category • Maximum of 90 visits collectively for all therapeutic categories • Pre-certification required after 12 visits per condition/incident • Applies to correlating Plan Year deductible and out-of-pocket maximum **May require pre-certification. Please refer to full Plan document for specifics.**	20%	20%
VISION THERAPY • Maximum of 30 visits per Plan Year • Pre-certification required	20%	20%
OUTPATIENT DIABETES SELF-MANAGEMENT TRAINING (DSMT) • Up to 10 hours (1 hour private and 9 hours group) training from a certified DSMT provider in the first Plan Year and then up to 2 hours of follow-up training in subsequent Plan Years	0%	0%
NUTRITIONAL COUNSELING • 5 visits per Plan year • Additional visits may be authorized through Care Management • Paid at 100% less member copay	$0	$10
BREAST PUMP • Pre-certification required for breast pump expenses of $2,000 or more	0%	0%
WIG AS A RESULT OF CHEMO TREATMENT BENEFIT • Plan year maximum benefit $1,000 • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
UNAVAILABLE SERVICES ***(when in-network medical services are not available)*** • Only covered with approved Unavailable Service Request Form 20% if approved; otherwise not covered	N/A	N/A

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Medical Benefits—No PPO Network Utilization Required

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
ALTERNATIVE THERAPIES • Have a collective limit of 45 alternative therapy visits per Plan Year; no single therapy category to exceed 30 visits per Plan Year • Does not apply to Plan Year deductible or out-of-pocket maximum		
ALTERNATIVE THERAPIES I CHIROPRACTIC SERVICES • Limited to spinal manipulation after annual office visit and X-ray • Must be age 10 or older	20%	50%
ALTERNATIVE THERAPIES I ACUPUNCTURE THERAPY • Must be age 18 or older	50%	100% Not Covered
ALTERNATIVE THERAPIES I MASSAGE THERAPY • Maximum allowable charge is $90 per visit • Minimum of a 30-minute visit • Must be age 18 or older	50%	100% Not Covered
REFRACTIVE EYE SURGERY • Lifetime maximum payable benefit of $2,400 • Does not apply to Plan Year deductible or out-of-pocket maximum	20%	50%
HEARING AIDS • Paid at 80% of allowable charges • Plan Year maximum payable benefit of $3,200 • Does not apply to Plan year deductible or out-of-pocket maximum	20%	20%
INFERTILITY TREATMENT • Lifetime maximum benefit $16,000 • Does not apply to Plan Year deductible or out-of-pocket maximum	20%	50%
LIFESTYLE PROGRAM I WEIGHT WATCHERS ***Group Meetings Only*** • 1 program per plan year • Physician's prescription is required with the submission of the first month's claim.	0% with proof of 80% completion	100% Not Covered
LIFESTYLE PROGRAM I CHIP • 1 program per plan year • Physician's prescription is required with the submission of the first month's claim.	0% with proof of 80% completion	0% With proof of 80% completion

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Prescription Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
PRESCRIPTION DRUG Out-of-Pocket Maximums: Individual/Family	$1,250/$2,500	$1,550/$3,100
PRESCRIPTION DRUG Prescription co-payment responsibility* RETAIL—30-DAY SUPPLY • Generic • Brand • Non-Formulary	 $10 $20 $40	 $10 $50 $100
PRESCRIPTION DRUG Prescription co-payment responsibility* MAIL ORDER—90-DAY SUPPLY/Walgreen's Smart 90 Retail • Generic • Brand • Non-Formulary	 $20 $40 $80	 $20 $100 $200
PRESCRIPTION DRUG SaveOn Specialty Program • Filled through Accredo - specialty drug mail-order pharmacy. • Copayments vary based on the specific drug, but will be $0 if you sign up for the SaveonSP Program. Any copayment will not apply to your out-of-pocket limi (but copayment will be $0 if you use the SaveonSP program). • If you qualify for this program, you will be contacted by SaveonSP, otherwise for further details please call SaveonSP at 1-800-683-1074.	$0	$0

NOTES:

- ***This benefit only covers services/supplies received from Express Scripts (ESI) or from a pharmacy contracted with ESI***
- *Co-payments apply to the prescription benefit out-of-pocket maximum, except as noted for the SaveOn Specialty Program.*
- *Penalties for non-compliance do not apply toward Plan Year out-of-pocket maximum.*
- *The Plan pays 100% (and Members pay $0) for preventive prescription drugs. Please verify the current covered prescriptions by calling Express Scripts at 1-800-841-5396.*
- *Out-of-pocket for prescription benefits will be tracked by the Prescription Benefit Manager. Your pharmacy will be notified if you reach the Plan Year out-of-pocket maximum.*
- *Any adjudication, pre-certification, Plan provision or requirement of the Plan's designated Pre-certification office will take precedence over those documented in the Plan.*

*The listed 30-day retail supply copayments do not apply to the following employers: Kansas-Nebraska Conference, Minnesota Conference, and Pacific Press. Rather, for employees of these employers only, there is a 20% coinsurance for a 30-day retail supply instead of a flat dollar copayment.

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Dental Benefits

Benefits	Accelerate		Access	
	MEMBER RESPONSIBILITY			
	In-Network	Out-of-Network	In-Network	Out-of-Network
PLAN YEAR DEDUCTIBLE Individual/Family	$100/$300	$150/$450	$250/$750	$500/$1,500
CO-INSURANCE After Deductible	20%	25%	20%	50%
MAXIMUM PAYABLE BENEFIT PER PLAN YEAR Individual/Family	$2,500/$7,500	$2,500/$7,500	$2,500/$7,500	$2,500/$7,500
DENTAL CARE I PREVENTIVE CARE • Paid at 100% • Does not apply to Plan Year deductible • Does apply to Plan Year maximum payable benefit	0%	0%	0%	0%
DENTAL CARE I RESTORATIVE CARE • Paid at 80% of allowable charges in-network; 75% of Usual & Customary charges out-of-network • Applies to correlating Plan Year deductible • Predetermination may be required	20%	25%	20%	50%
ORTHODONTIC CARE • Paid at 50% of allowable charges • $2,300 maximum lifetime payable • Eligible up to age 26 (through age 25)	50%	50%	50%	50%

Vision Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
VISION CARE • Paid at 80% of allowable charges • Plan Year maximum payable benefit $450 per member (Accelerate Plan) and $225 per member (Access Plan) • Does not apply to Plan Year deductibles • Does not apply to Plan Year out-of-pocket maximums	20%	20%

This Plan Comparison Guide is a summary and briefly describes some of the benefits and member responsibilities of the Access and Accelerate Plans. This summary does not provide coverage of any kind, nor does it modify the terms of the Plans. Please refer to the Summary Plan document at **www.AscendToWholeness.org** on the Plan Documents page for a complete description of your benefits.

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