ascend
TO WHOLENESS
HEALTHCARE PLANS

2022 Plan Comparison
SUMMARY

Your Healthcare Plans: Accelerate and Access Side by Side

The Ascend to Wholeness Healthcare Plans (the Plan) 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 Plan, 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" approach to a healthy lifestyle.

Effective January 1, 2022, you have two health plan choices, Accelerate and Access, depending on your 2021 engagement level. These plans include medical, dental, vision, and prescription benefits that are highly competitive in the market, and Affordable Care Act (ACA) compliant. Both plans also give you full access to whole-person health and wellness programs to help you avoid preventable illnesses and manage medical conditions.

Learn more in the 2022 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. For a copy of the full plan document please see the 2022 Summary Plan Document (SPD) at www.AscendtoWholeness.org. This document will be posted by November.

Please note these important items are remaining the same:

- Medical benefit services are only covered through the Preferred Provider Organization (PPO) Aetna Signature Administrators (ASA) network. Out-of-network care—other than emergencies, urgent care, and behavioral health counseling—will require prior authorization by the Plan. If specialized care is unavailable at an in-network facility, please contact member services (888) 276-4732 for additional assistance. It is your responsibility to verify that your chosen medical provider is in the Aetna Signature Administrators PPO. 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; please verify your plan includes these benefits before making an appointment.
- Verify your provider's **medical** and **dental** network status by clicking on the links or visit **www.AscendtoWholeness.org**. While the Plans do not require dental care to be provided by an in-network provider it is often less expensive to use a dental provider who is.
- Your medical deductible and Out-of-Pocket (OOP) maximum responsibilities for 2022 have been changed for both plans. See **table 1**.

TABLE 1

	2021		2022	
	Accelerate Plan	**Access Plan**	**Accelerate Plan**	**Access Plan**
Deductible (Last changed in 2014)	Individual: $300 Family: $600	Individual: $600 Family: $1,200	Individual: $350 Family: $700	Individual: $700 Family: $1,400
Out-of-Pocket Maximum (Last changed in 2018)	Individual: $2,750 Family: $5,500	Individual: $5,600 Family: $11,200	Individual: $2,850 Family: $5,700	Individual: $5,700 Family: $11,400

- Your medical and prescription benefits OOP maximum accruals include coinsurance, deductibles, and copayments. Once you reach this maximum the Plan pays 100% for covered services.
- Your prescription benefits OOP maximum responsibilities are noted below in **table 2**. No combination of your medical and prescription benefits OOP will exceed the max allowable by the Affordable Cares Act (ACA).

TABLE 2

	Individual	Family
Plan	***Pharmacy Out-of-Pocket***	***Pharmacy Out-of-Pocket***
Accelerate	$1,250	$2,500
Access	$1,550	$3,100

Schedule of Benefits

The Schedule of Benefits is only a summary. You should also read the full Summary Plan Document (SPD) for additional information about your benefits. The 2022 SPD will be available by November at **www.AscendtoWholeness.org** on the Plan Documents page.

Medical Benefits

Out-of-network services are generally not covered except in emergencies, for behavioral health counseling or approved unavailable services. You may be subject to balance billing. Refer to the SPD for more details.

Benefits	MEMBER RESPONSIBILITY	
	Accelerate	Access
DEDUCTIBLE Individual / Family	$350/$700	$700/$1,400
COINSURANCE (after deductible)	20%	20%
OUT-OF-POCKET MAXIMUMS Individual / Family	$2,850/$5,700	$5,700/$11,400
PREVENTIVE SERVICES Paid at 100% of allowable charges in-network	$0	$0
OFFICE VISIT • 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 during an office visit apply to plan year deductible and out-of-pocket maximum	$25	$50
FACILITY / AMBULATORY SERVICES		
OUTPATIENT SERVICES • Paid at 80% of allowable charges in-network • Applies to plan year deductible and out-of-pocket maximum • Pre-certification required for some outpatient services (see the "Services Requiring Pre-Certification" section in the SPD)	20%	20%
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 some outpatient/ambulatory procedures (see the "Services Requiring Pre-Certification" section in the SPD) • Applies to plan year deductible and out-of-pocket maximum	20%	20%
ORGAN/TISSUE TRANSPLANTS • Pre-certification required • Applies to plan year deductible and out-of-pocket maximum	20%	20%

Medical Benefits continued on page 4

ascend
TO WHOLENESS
HEALTHCARE PLANS

2022 Plan Comparison
SUMMARY

Out-of-network services are generally not covered except in emergencies, for behavioral health counseling or approved unavailable services. You may be subject to balance billing. Refer to the SPD for more details.

Benefits	MEMBER RESPONSIBILITY	
	Accelerate	Access
PHYSICIAN/PROVIDER SERVICES		
THERAPEUTIC SERVICES Physical Therapy Occupational Therapy Speech Therapy • Maximum of 60 visits for any therapeutic category • Pre-certification required after 12 visits per condition/incident • Applies to plan year deductible and out-of-pocket maximum May require pre-certification. Please refer to SPD for specifics.	20%	20%
VISION THERAPY • Maximum of 30 visits per plan year • Pre-certification required	20%	20%
TELEHEALTH Including, but not limited to: • General medical care • General pediatric care • Behavioral health therapy (for ages 10 and older) • Psychiatry (for ages 18 and older) • Lactation consultations Telehealth may be accessed through the Plan's telehealth vendor (Amwell) or from a PPO provider if available.	$0	$0
MATERNITY & OBSTETRICS • Applies to plan year deductible and out-of-pocket maximum	20%	20%
EMERGENCY CARE		
EMERGENCY ROOM (Copays and Coinsurance) • Paid at 80% of allowable charges after copay per occurrence • Copay waived if admitted • Paid at Usual and Customary for out-of-network	$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 plan year deductible and out-of-pocket maximum	20%	20%
URGENT CARE CENTERS • May be paid as an office visit or as an emergency room visit according to provider contract • Deductible does not apply regardless of how billed • Facility fees for office visits are not paid	$25 – Office Visit/Urgent Care Place of Service $100 + 20% - Emergency Room	$50 – Office Visit/Urgent Care Place of Service $100 + 20% - Emergency Room

Medical Benefits continued on page 5

ascend
TO WHOLENESS
HEALTHCARE PLANS

2022 Plan Comparison
SUMMARY

Out-of-network services are generally not covered except in emergencies, for behavioral health counseling or approved unavailable services. You may be subject to balance billing. Refer to the SPD for more details.

Benefits	MEMBER RESPONSIBILITY	
	Accelerate	Access
EQUIPMENT / SUPPLIES		
DURABLE MEDICAL EQUIPMENT • Pre-certification required for any CPM (Continuous passive motion) 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 plan year deductible and out-of-pocket maximum	20%	20%
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 plan year deductible and out-of-pocket maximum	20%	20%
MENTAL HEALTH / SUBSTANCE ABUSE		
MENTAL HEALTH COUNSELING SESSIONS • Out-of-network behavioral practitioner care covered at usual and customary rates, member may be balance billed	$25	$50
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 in the SPD) • Pre-certification required for partial hospitalization • Out-of-network behavioral health practitioner care covered at usual and customary rates • Applies to 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 • Applies to plan year deductible and out-of-pocket maximum	20%	20%
RESIDENTIAL CARE AND TREATMENT • Pre-certification required • Applies to plan year deductible and out-of-pocket maximum	20%	20%
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY COUNSELING SESSIONS • Out-of-network behavioral health practitioner care covered at usual and customary rates	$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 in the SPD) • Applies to plan year deductible and out-of-pocket maximum	20%	20%

Medical Benefits continued on page 6

ascend
TO WHOLENESS
HEALTHCARE PLANS

2022 Plan Comparison
SUMMARY

Out-of-network services are generally not covered except in emergencies, for behavioral health counseling or approved unavailable services. You may be subject to balance billing. Refer to the SPD for more details.

Benefits	MEMBER RESPONSIBILITY	
	Accelerate	Access
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY *Inpatient Treatment* • Pre-certification required • Applies to plan year deductible and out-of-pocket maximum	20%	20%
TELEHEALTH • Telehealth counseling sessions for mental health and substance abuse/chemical dependency may be accessed through the Plan's telehealth vendor (Amwell) or from a PPO provider or an out-of-network provider if available • Out-of-network telehealth counseling sessions are covered at usual and customary rates • Member may be balance billed by OON (Out-of-network) providers	$0 copay	$0 copay
OTHER SERVICES		
HEARING CARE *Professional Testing/Screening* • Applies to plan year deductible and out-of-pocket maximum	20%	20%
HOME HEALTH CARE • Maximum of 120 visits per plan year • Pre-certification required • Home health care plan submission required • Applies to plan year deductible and out-of-pocket maximum	20%	20%
SKILLED NURSING FACILITY • Pre-certification required • Applies to plan year deductible and out-of-pocket maximum	20%	20%
HOSPICE CARE • Paid at 100% of allowable charges • Pre-certification required	$0	$0
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 by the *utilization review manager* • Paid at 100% less member copay	$0	$10
UNAVAILABLE SERVICES		
UNAVAILABLE SERVICES *(when in-network medical services are not available)* • Only covered with approved Unavailable Service Request Form • 20% Member responsibility if approved; otherwise not covered • Applies to plan year deductible and out-of-pocket maximum	N/A	N/A

Medical Benefits – No PPO Network Utilization Required

Benefits	MEMBER RESPONSIBILITY	
	Accelerate	Access
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 WW *Weight Watchers* • 1 program per plan year • Physician's referral is required with the submission of the first month's claim	0% with proof of 80% completion	100% Not Covered
LIFESTYLE PROGRAM I CHIP *Complete Health Improvement Program* • 1 program per plan year • Physician's referral is required with the submission of the first month's claim	0% with proof of 80% completion	Only CHIP is covered (with 0% member cost-sharing with proof of 80% completion) No other lifestyle programs are covered

Prescription Benefits

Prescription benefits are only covered through Express Scripts. Refer to the *Notes* sections for more information.

Benefits	MEMBER RESPONSIBILITY	
	Accelerate	Access
PRESCRIPTION DRUG Out-of-pocket maximums: Individual/Family	$1,250/$2,500	$1,550/$3,100
PRESCRIPTION DRUG Prescription copayment responsibility* RETAIL — 30-DAY SUPPLY • Generic • Brand • Non-Formulary	 $10 $20 $40	 $10 $50 $100
PRESCRIPTION DRUG Prescription copayment 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 copay will not apply to your out-of-pocket limit (but copay 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.
- Copayments 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 Pharmacy Benefit Manager (PBM). 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.

ascend
TO WHOLENESS
HEALTHCARE PLANS

2022 Plan Comparison
SUMMARY

Dental Benefits

Benefits	MEMBER RESPONSIBILITY			
	Accelerate		Access	
	In-Network	Out-of-Network	In-Network	Out-of-Network
PLAN YEAR DEDUCTIBLE Individual/Family	$100/$300	$150/$450	$250/$750	$500/$1,500
COINSURANCE 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% • Plan year deductible does not apply • Applies to plan year maximum payable benefit	0%	0%	0%	0%
DENTAL CARE I RESTORATIVE CARE • Paid at 80% of allowable charges in-network Usual & Customary charges apply to out-of-network providers • Applies to plan year deductible	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	MEMBER RESPONSIBILITY	
	Accelerate	Access
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 deductible and medical out-of-pocket maximums	20%	20%

This Plan Comparison is a summary and briefly describes some of the benefits and member responsibilities of the Accelerate and Access 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 (SPD) at **www.AscendtoWholeness.org** on the Plan Documents page for a complete description of your benefits.

Administered by Adventist Risk Management,® Inc. | 12501 Old Columbia Pike, Silver Spring, MD 20904