COBRA PARTICIPANTS BENEFITS UPDATE

NOVEMBER 2024

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

In addition to the PPO Plan, Methodist Health System also offers a High Deductible Health Plan (HDHP). With this Plan, you – the consumer – are in charge of your health care spending and how to best use those dollars.

A High Deductible Health Plan is just as the name says – a high deductible plan. Here's how the HDHP works.

- **Full Calendar Year Deductible** is met before ***any*** reimbursement applies, except preventive care. Once the deductible has been met, covered charges are subject to coinsurance up to the out-of-pocket maximum.
- **Preventive Care** is reimbursed at 100%. Deductible does not apply toward these charges.
- **Prescription Drugs** – Charges are subject to deductible and coinsurance. Give the pharmacy your UMR ID card to obtain the discounts from our prescription benefit manager, OptumRx, and to ensure your out-of-pocket Rx costs are applied toward your deductible. After the full calendar year deductible is met, you pay a percentage of the cost of the drug, subject to the minimum and maximum payments.
- **Network Discounts** from PPO Providers still apply so you receive discounted charges by using network providers, even when the claim is subject to the deductible.

Please review the comparison chart included with this Open Enrollment communication. The chart shows how various services are covered by each of the two health plans offered in 2025.

PREMIUMS

Listed below are the premiums for the HDHP. The premiums for the PPO Plan are listed in the PPO communication posted on the bestcare.org/COBRA website. The monthly premiums, effective January 1, 2025, are:

High Deductible Health Plan Option	
Coverage Type	**Cost Of Coverage**
Employee	$ 681.36
Employee + Spouse	$1,472.88
Employee + Child	$1,293.36
Employee + Children	$1,293.36
Family	$2,295.00

IN-NETWORK BENEFITS	HIGH DEDUCTIBLE HEALTH PLAN		
COVERAGE TIER	**TIER 1**	**TIER 2**	**TIER 3**
CALENDAR YEAR DEDUCTIBLE*			
Employee Only	$2,000	$3,000	$5,000
Employee + 1	$4,000ˇ	$6,000ˇ	$10,000ˇ
Family	$4,000ˇ	$6,000ˇ	$10,000ˇ
OUT-OF-POCKET LIMIT*			
Employee Only	$6,000	$7,000	$7,400
Employee + 1	$12,000ˆ	$14,100ˆ	$15,000ˆ
Family	$12,000ˆ	$14,100ˆ	$15,000ˆ
PHYSICIAN SERVICES			
Preventive Care Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician Visit	15% after Ded.	20% after Ded.	60% after Ded.
Specialist Visit	15% after Ded.	20% after Ded.	60% after Ded.
Pathology	15% after Ded.	20% after Ded.	60% after Ded.
All Other	15% after Ded.	20% after Ded.	60% after Ded.
TELEHEALTH SERVICES			
Teladoc & MPC Providers Only	15% after Ded.	-----	-----
HOSPITAL & OTHER FACILITIES			
Emergency Department	15% after Ded.	20% after Ded.	60% after Ded.
All Other Hospital & Facility	15% after Ded.	20% after Ded.	60% after Ded.
MENTAL HEALTH CARE			
Office Visit/Med Check/Therapy	15% after Ded.	20% after Ded.	60% after Ded.
Virtual Visits	15% after Ded.	20% after Ded.	60% after Ded.
Inpatient & All Other Outpatient	15% after Ded.	20% after Ded.	60% after Ded.
ALL OTHER SERVICES	15% after Ded.	20% after Ded.	60% after Ded.

IN-NETWORK BENEFITS	HIGH DEDUCTIBLE HEALTH PLAN	
COVERAGE TIER	**RETAIL°**	**MAIL ORDER**
PRESCRIPTION DRUGS*	Tier 1 Deductible +	Tier 1 Deductible +
Generic Brand	35%; $10 min.$100 max	35%; $20 min, $200 max
Formulary Name Brand	35%; $40 min, $120 max	35%; $70 min, $230 max
Non-Formulary Name Brand	50%; $60 min, $150 max	50%; $120 min, $250 max
Specialty Mail Order 30-Day Supply	-----	35%; $100 min, $200 max

* Deductible and Out-of-Pocket Limit expenses cross accumulate for Tier I and Tier II only. For the PPO plan, medical copays and prescription drug co-insurance do not apply toward the Calendar Year Deductible, but do apply toward the Out-of-Pocket limit. For the High Deductible Health Plan (HDHP), prescription drug co-insurance applies toward the Deductible and Out-of-Pocket limit for Tier 1 and Tier 2 only. For the HDHP, prescription drug costs do not apply to Tier 3 Deductible and Out-of-Pocket limit.

Please review the Comparison Chart for Health Plan Options online under the Health Care Plan heading. The chart shows how various services are covered by both of the health plan options offered in 2025.

This is a brief summary of the Methodist Health System Employee Health Care Plan options. It does not describe every situation and is not intended to replace the plan document. If there is any conflict between this summary and the plan document, the plan document will govern the resolution.

PPO HEALTH NETWORK
Tier 1: Methodist Health System Facilities, Midwest Surgical Hospital and Methodist Provider Hospital Organization (PHO)
Tier 2: Nebraska Medicine, Nebraska Health Partners, Children's Hospital and Medical Center, Bryan Health, Montgomery County Memorial Hospital
Tier 3: United Healthcare Choice Plus

www.umr.com | Click *Find a Provider* and type *Nebraska Methodist* into the search bar.

Telehealth Services Website: www.Teladoc.com

PRESCRIPTION DRUG COVERAGE

Although a co-pay drug card benefit is not permissible with a HDHP, your prescriptions are filled through OptumRx, our Pharmacy Benefit Manager, to take advantage of the discounts. You can use either the Mail Service or the retail pharmacy.

OptumRx has an extensive, nationwide network of over 61,000 retail pharmacy providers. Check with your local pharmacy to see if they participate in the OptumRx pharmacy network.

PRESCRIPTION DRUG PAYMENT

Remember, with the HDHP, you pay the cost of the drug. Be sure to give your UMR ID card to the pharmacy. OptumRx will automatically submit charges to the plan. Once you meet the deductible, you pay a percentage of the cost of the drug, subject to the minimum and maximum payments.

FORMULARY DRUGS, PRIOR AUTHORIZATIONS AND QUANTITY LIMITS

Formulary drugs are brand name drugs that are on a preferred list – and are less expensive than non-formulary drugs – brand name drugs that are not on the preferred list. Contact OptumRx at 1-800-826-9781 for information regarding formulary drugs on the Select formulary.

Some prescriptions require a **Prior Authorization.** A prior authorization is like utilization management on prescription drugs. The OptumRx pharmacist works with the prescribing physician to understand the medical diagnosis and the best medication based on their combined clinical judgment, current medical literature, and the drug manufacturers' use guidelines. **Please Note:** If you or a dependent under the plan are taking a prescription that requires prior authorization, this process will need to be repeated upon renewals.

Quantity Limits are another form of utilization and quality management. Certain drugs have limits on the number of pills/units dispensed over a specific period of time. These limits are generally set by the drug manufacturer and the U.S. Drug Administration.

For more information on the Prior Authorization process or Quantity Limits, contact OptumRx at 1-800-826-9781.

Thank you for your attention to this information.

HEALTH CARE PLAN ENROLLMENT

Default Elections
If you do not complete an election form and you continue to make premium payments, effective January 1, 2025, your current Health Care Coverage will continue.

Changes in Covered Family Members
If you have any changes to your family members covered on the Plan, you will need to complete an enrollment form.

Changes in Health Care Plan Option
If you choose to enroll in a different plan option, you must complete the enrollment form.

Health Care Plan Questions
For questions about the health care plans and coverage for each option, call UMR at 800-207-1824.

Enrollment forms are due back to UMR by December 9, 2024.