

COBRA PARTICIPANTS – PPO HEALTH CARE PLAN



\$1200 Deductible PPO Health Care Plan Option

For 2024, you will have a choice of two plans. This communication describes the PPO plan for your consideration – the PPO Plan. The other plan, the High Deductible Health Plan is described in a separate posted on the bestcare.org/COBRA website.

The chart on page 2 provides a summary of the PPO Plan option.

\$1,200 DEDUCTIBLE PPO PLAN

The monthly premiums effective January 1, 2024 are:

Coverage Type	Cost of Coverage
Employee	\$ 781.32
Employee + Spouse	\$ 1,676.88
Employee + Child	\$ 1,489.20
Employee + Children	\$ 1,489.20
Family	\$ 2,537.76

The premiums for the High Deductible Health Plan are listed in the communication for that plan.

COMPARISON CHART FOR HEALTH PLAN OPTIONS	\$1,200 DEDUCTIBLE PPO PLAN		
	TIER 1	TIER 2	TIER 3
PLAN MAXIMUMS			
*Calendar Year Deductible	\$1,200 Per Individual \$2,400 EE + 1 \$3,600 Family	\$1,200 Per Individual \$2,400 EE + 1 \$3,600 Family	\$3,600 per Individual \$6,000 EE + 1 \$9,000 Family
*Out-Of-Pocket Limit	\$4,800 Per Individual \$7,800 EE + 1 \$10,800 Family	\$4,800 Per Individual \$7,800 EE + 1 \$10,800 Family	\$7,000 per Individual \$10,000 EE + 1 \$14,000 Family
PHYSICIAN SERVICES			
Preventive Care Visit	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
Primary Care Physician Visit	\$25 Copay	\$25 Copay	60% after Deductible
Specialist Visit	\$50 Copay	\$50 Copay	60% after Deductible
Pathology	Included in Copay	Included in Copay	60% after Deductible
All Other	15% after Deductible	20% after Deductible	60% after Deductible
TELEHEALTH SERVICES			
Teladoc & MPC Providers Only:	\$15 Copay	-----	-----
**HOSPITAL & OTHER FACILITIES			
Emergency Department	\$300 Copay then 15% after Deductible	\$300 Copay then 20% after Deductible	\$300 Copay then 20% after Deductible
All Other Hospital & Facility	15% after Deductible	20% after Deductible	60% after Deductible
MENTAL HEALTH CARE			
Office Visit/Med Check/Grp Therapy	\$25 Copay	\$25 Copay	60% after Deductible
Virtual Visits	\$15 Copay	\$15 Copay	60% after Deductible
Inpatient & All Other Outpatient	15% after Deductible	20% after Deductible	60% after Deductible
ALL OTHER SERVICES	15% after Deductible	20% after Deductible	60% after Deductible
*PRESCRIPTION DRUGS			
Generic Brand	Retail 35%, \$10 min, \$100 max	Mail Order 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	
	Retail 90 Day Supply – 3X 30-day co-pay, min/max applies		

****NON-NETWORK BENEFITS: No Coverage except Medical Emergency, Covered at Tier 2**

* 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 2024.

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

Telehealth Services Website: www.Teladoc.com

PRESCRIPTION DRUG COVERAGE

Optum Rx is the Pharmacy Benefit Manager for the health plans. You can choose either the Mail Service or the retail pharmacy. Optum Rx has an extensive, nationwide network of over 61,000 retail pharmacy providers. Check with your local pharmacy to see if they participate in the Optum Rx pharmacy network.

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 Optum Rx at 1-800-826-9781 for information regarding formulary drugs on the Premium PDL formulary.

Some prescriptions require a **Prior Authorization**. A prior authorization is like utilization management on prescription drugs. The Optum Rx 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 Optum Rx at 1-800-826-9781.

Health Care Plan Enrollment

Default Elections

If you do not complete an election form and you continue to make premium payments, effective January 1, 2023, 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.

Thank you for your attention to this information.