



Diocese of South Carolina • Post Office Box 20127 • Charleston, South Carolina 29413  
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## The Diocese of South Carolina Healthcare Renewal 2017

The Diocese of South Carolina's group health plan through Blue Cross Blue Shield is set to renew on October 1, 2017. This renewal has been particularly challenging as we strive to maintain effective as well as affordable coverage. In order to sustain our current self insurance plan we would be forced to increase premiums well beyond what we feel is reasonable and affordable. The good news is that our new affiliation with the Anglican Church in North America allows us to enroll on the ACNA employer group health plan. The ACNA plan is a fully insured plan covered through United Healthcare. The ACNA plan is covered through United Healthcare with a nationally recognized network of physicians and facilities. We are very pleased to announce that the premium rates with United Healthcare HSA plan are below what we would have experienced had we renewed on the Blue Cross Blue Shield plan.

**All currently covered members will be automatically enrolled into the United Healthcare HSA plan to be effective 10/1/2017. You will not need to submit any forms in order to roll over into the new coverage.**

### **ID CARDS**

Permanent ID cards will be sent to you in the mail within 7 to 10 days. However, if you need to use your benefits right away, you may print a paper copy of your ID card by registering with UHC membership services at [www.myuhc.com](http://www.myuhc.com). This service will not be available to you until your policy is effective on 10/1/2017. Please see the attached welcome brochure for instructions as to how to register. For purposes of registration the group name is, "Anglican Church in North America", group #752202. Please select, "Do not have an ID card". This will allow you to enter your SSN in lieu of your ID number.

### **WHAT IF I NEED TO GO TO THE DOCTOR BEFORE I GET MY ID CARD?**

Teri Stephenson is the group administrator for the ACNA health and dental benefits. She handles all billing, enrollments, terminations and helps with claims issues. She works for the ACNA group and is the liaison between our members and UHC. She will have a listing of all member ID numbers along with billing information. She can be reached by calling 703-999-0143 or by email at [tsolomongroup@verizon.net](mailto:tsolomongroup@verizon.net).

Verification of coverage may also be done by calling UHC member services at 866-633-2446.

Please provide them with the following information:

Group name: The Anglican Church in North America (ACNA)

Group number: 752202

Your social security number

Your date of birth

## **PLAN INFORMATION**

Group Name: The Anglican Church in North America (ACNA)

Group Number: 752202

UHC medical claims address:

PO Box 740800, Atlanta GA 30374-0800

Medical Providers may call: 877-842-3210 or visit [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com)

Optum RX Pharmacy claims address:

OptumRX PO Box 29044 Hot Springs, AR 71903

Pharmacists may call: 888-290-5416

RX Bin: 610279

RX PCN: 9999

RX Grp: UHEALTH

Members- for questions relating to all aspects of plan and benefits

Web: [www.myuhc.com](http://www.myuhc.com)

Email: [Advocate4Me@uhc.com](mailto:Advocate4Me@uhc.com)

Phone: 866-633-2446

### **IS MY DOCTOR IN-NETWORK?**

In order to attain the highest level of benefit from your new UHC policy it is necessary to ensure you are seen by an in-network provider. We suggest that you first call your doctor's billing office and ask them if they participate in the UHC Choice Plus Network of providers. You may also look up your doctor or find a new provider by following the instructions located on page 6 of your welcome brochure. On-line database of providers is not kept in real time so we suggest that you follow up with the provider when making your next appointment to ensure they are still an in-network provider or facility.

In your welcome brochure you will find a host of valuable information to familiarize yourself with your new health plan.

### **HSA CONTRIBUTIONS ROLLOVER**

United Healthcare is partnered with Optum Bank which is an online bank that supports your HSA health plan. Persons who open a health savings account through Optum Bank have the benefit of seamless processing of your deductible medical expenses. When you pay for your medical expense using your Optum Bank debit card the payment is automatically applied to your United Healthcare deductible and out of pocket maximum. Of course, you should keep all your receipts for tax purposes but you will not have to send them in to UHC for processing. You are not required to move your HSA funds from their current location. We provide this information only for your consideration.

More information regarding Optum Bank, opening an account, making contributions and moving funds will be sent by email to each member. For now you may continue to use your current health savings account debit card. Just keep in mind that you will need to submit a copy of your receipts to UHC so they can be applied to your new policy deductible. You cannot have more than one health savings account so once you open your Optum Bank account you will need to close your old account and roll your balance over to Optum Bank.

## Option to Change Plans:

The ACNA healthcare plan through United Healthcare went into renewal on September 1, 2017 and runs until August 31, 2018. Your plan deductibles and out of pocket maximums are set to the plan year and will renew on September 1, 2017.

As a new enrollee on the ACNA group health insurance you have the option of moving off of the HSA plan on to one of the other two PPO plans. Plan changes must be made by submitting a UHC Enrollment/Change Form to Teri Stephenson at the address below. **Members have until Friday, October 27, 2017 to send in a plan change.**

## Healthcare Plans in the 2017/2018 plan year:

The ACNA employee group health plan will offer two Choice Plus PPO plans and one Choice Plus HSA plan. The PPO plans are different in three major areas, the premiums, the deductibles, and the coinsurance amounts. The variations of these three plans allow you to decide what type of plan works best with your budget and your coverage needs. All plans are passive PPOs and allow the member the flexibility of using either in-network or out-of-network services and providers. Keep in mind that staying with an in-network provider will give you the highest level of benefit.

## Plans:

### Choice Plus PPO Silver-

The PPO Silver plan replaces the PPO plan we currently have. The deductible was increased over the last plan year but the coinsurance was changed from 80% to a full 100%. This means that once your deductible is met the plan pays 100% of eligible covered claims. The major diagnostic charge on this plan was cut in half and went from \$300 to \$150. The other major cost savings in this plan is with in-patient or out-patient hospital stays. There is a co-pay of \$250 per occurrence for out-patient hospital stays until the deductible is met. There is a co-pay of \$500 per occurrence for in-patient hospital stays until the deductible is met. There is no coinsurance attached to hospital stays. All this means that, if you are admitted to the hospital, you will be charged only \$500 and, if your deductible has already been met, then your stay will be covered 100%. Your stay will not be subject to max out-of-pocket charges. That can mean significant savings when the cost of a typical hospital stay can be in the thousands.

Deductible:	\$2000(individual)/\$4000(family)
Coinsurance:	100% once deductible is met
Max out-of-pocket:	\$5000(individual)/\$10000(family) In-Network

### Additional plan benefits-

Specialist co-pay	\$50.00
Lab/X-Ray/Major Diag. co-pay	\$150.00
RX co-pays	\$10/\$35/\$70

## Choice Plus PPO Bronze (NEW)-

The PPO Bronze Plan was selected in order to provide an option to those employees looking to have less of an impact on their monthly premium costs while remaining on a standard PPO plan. It differs from the Silver plan in that the deductibles are higher and the coinsurance percent is lower. However, this plan had no changes to the RX benefit from the prior PPO plan and the cost for ER visits and the major diagnostic co-pay went down.

Deductible:	\$2500(individual)/\$5000(family)
Coinsurance:	70% once deductible is met
Max out-of-pocket:	\$6250(individual)/\$12500(family) In-Network
RX co-pays:	\$10/\$35/\$60

### Additional plan benefits-

Specialist co-pay	\$60.00
Lab/X-Ray/Major Diag. co-pay	\$150.00
ER co-pay	\$150

## Choice Plus HSA-

The Choice Plus HSA has not been changed over the last plan year. Deductibles, coinsurance and integrated RX all remained the same. Members on the HSA find that their health savings account grows as they continue to make contributions. Contributions belong to the person just as any other money deposited into a personal savings account would. As those funds grow they help to offset the high deductible going into subsequent plan years. Contributions made to a health saving account are also pre-tax which lowers your taxable income. HSA plans also tend to have lower premium costs giving the church the ability to contribute funds to their employee's health savings account.

Deductible:	\$3500(individual)/\$7000(family)
Coinsurance:	80% once deductible is met
Max out-of-pocket:	\$5000(individual)/\$10000(family) In-Network
RX co-pays:	\$10/\$35/\$60 once deductible is met

## **Pricing:**

	PPO Silver	PPO Bronze	Choice Plus HSA
Employee Only	\$897.23	\$840.35	\$660.90
Employee/Spouse	\$2,108.04	\$1,974.37	\$1,552.67
Employee/Child(ren)	\$1,705.32	\$1,597.25	\$1,256.30
Family	\$2,467.84	\$2,311.42	\$1,817.23

## Vision Coverage:

There are two vision benefits available. United Healthcare supplies Standard Vision to all enrolled members and offers an optional upgrade to Vision Plus Materials. United Healthcare Vision is supplied through Spectera. **Providers need to verify UHC Vision coverage through the Spectera provider portal.** All vision coverage includes a yearly vision exam with a \$10.00 co-pay. Please refer to the documents attached to see the available savings.

**Vision exams submitted for payment through United Healthcare should be sent to the address below.**

Vision claims sent to the address for medical claims will be processed as a medical service and will be subject to medical co-pays and deductibles.

### United Healthcare Vision (Spectera)

P O Box 30978

Salt Lake City, UT 84130

Member Number: 1-800-638-3120

Provider Number: 1-800-839-3242

**Standard Vision is included** on all plans and allows the member one comprehensive vision exam every 12 months with a \$10 co-pay. The premium cost for the Standard Vision has already been added to the monthly health premium.

**Vision Plus Materials** is an optional coverage and provides additional benefits for things such as frames and contacts. The premium cost for the Vision Plus Materials will be added as a separate line item at billing. Please see plan summary for complete details.

### PRICING

	Standard Vision (Included in premium)	Vision Plus Materials (added as a separate billing item)
Employee	1.33	6.50
Emp/Child(ren)	3.14	14.50
Emp/Spouse	2.68	12.50
Family	4.10	19.50

## Your plan change option will run until Friday, October 27, 2017

### If you are currently covered on the HSA plan-

Your plan will automatically roll into the United Healthcare HSA plan **UNLESS A CHANGE FORM IS RECEIVED REQUESTING A MOVE TO ONE OF THE OTHER TWO PLAN OPTIONS. NO ACTION IS NECESSARY IF YOU DO NOT WANT TO CHANGE OUT OF THE UNITED HEALTHCARE HSA PLAN.**

A change form would also be necessary if you wish to add or remove a dependent or change your vision coverage.

Members wishing to make changes to their plan will have until October 27, 2017. Members wishing to make a change will need to submit an enrollment/change form by October 27. Any forms submitted after that date will not be accepted. Requested changes will be retroactive to October 1, 2017. Members may choose to change health plans, add dependents that had not

been previously enrolled, or add the Vision Plus Materials benefit (see below). Qualifying full time employees who had not previously enrolled may also do so at this time.

**Please see attached “UHC Rates and Plan Designs” for plan details and pricing.**

**To change your current United Healthcare plan please fill out the attached “UHC Enrollment/Change Form” and return by October 27, 2017.**

**Forms may be returned by:**

FAX- 352-765-4242

Scan and Email- [tsolomongroup@verizon.net](mailto:tsolomongroup@verizon.net)

USPS- ACNA Benefits

PO Box 357

Homosassa Springs, FL 34447

**DENTAL:**

Our dental coverage had been included on the Blue Cross Blue Shield plan. The ACNA dental is covered through MetLife dental. You will be enrolled onto the ACNA MetLife dental plan with an effective date of 10/1/2017. We appreciate everyone’s patience as we migrate to this new plan. We will be sending out your new dental information in a separate communication. We feel the most urgent issue is to ensure everyone is covered and active with their health policy. Please look for complete dental information early next week. If you need to go to the dentist prior to receiving your information you may call or email Teri Stephenson at 703-999-0143, [tsolomongroup@verizon.net](mailto:tsolomongroup@verizon.net).

**Billing:**

The statement will be distributed by email through The Solomon Benefits Group, the administrator on the ACNA account. Statements are sent directly to each church administrator and premiums are made payable to ACNA Benefits. Statements are sent to churches in advance of the coverage month and are due by the 25<sup>th</sup> of the month in which they were sent. Statements will arrive on or before the 15<sup>nd</sup> of every month and are due by the 25th of the same month. Billing for October premiums were already sent to the rest of the membership on 9/13. The statement you receive in October will reflect the retroactive premiums for October and the upcoming month of November. In November your statement will only reflect the premiums for December. Please understand that the ACNA **does not** hold funds in reserve for paying past due premiums. The continuation of coverage for the entire group rests on the ability of all our members to get the premium payments in on time. Failure to do so will jeopardize the continuation of coverage for your members as the ACNA will have no option but to terminate coverage on your individual account. Please let us know if you have changes to your email contacts so your account can be updated and statements can be sent to the proper billing parties.

\*Administration Fee- The ACNA account holds only those funds collected for the payment of premiums due. The administration fee covers all normal and regular monthly administration costs on the account. This monthly fee is based on the number of line entries on your statement.  
\$3.50 per line entry; minimum fee of \$5.00; maximum fee of \$35.00.

### **ACNA Benefits Payment Policy:**

Payments not received within 30 days of the bill date will put the account into pre-cancellation status. Payments not received within 60 days of the original bill date will terminate the coverage on all policies listed on the account. Once the account has moved to pre-cancellation status the account must be paid in full in order to continue coverage. Partial payments of past due balances will not be accepted. The individual church will be responsible for paying the premiums for any month that the carrier will not cancel retroactively.

### **Questions:**

For questions relating to plans and benefits please contact:

Rev. Gray Stephenson

703-220-2217

[gsolomongroup@verizon.net](mailto:gsolomongroup@verizon.net)

For questions relating to enrollment, terminations, and billing please contact:

Teri Stephenson

703-999-0143

[tsolomongroup@verizon.net](mailto:tsolomongroup@verizon.net)