

2016 Program Changes: High Deductible Health Plans

Applies to Group Plans and Personal Plans Participants

Telemedicine service

Beginning January 1, 2016, all High Deductible Health Plan (HDHP) participants will have access to Teladoc, a 24/7 telephone and online video service offering non-emergency consultations with U.S. board-certified doctors in family practice, internal medicine, pediatrics and/or emergency medicine.

This service is not intended to replace your relationship with a primary care physician; however, it may be beneficial for non-emergency medical issues and could be used in place of a visit to an urgent care center. Calls placed to Teledoc are typically returned by a doctor within an average time of 30 minutes.

HDHP participants will be required to pay the full \$40 consultation fee until they have met their deductible/co-insurance requirements.

Participants will receive a welcome packet from Teledoc in late January with information for setting up a secure online account to utilize this service. Please refer to the plan documents for additional information.

Telemedicine availability subject to state regulations.

Maximum out-of-pocket

Beginning January 1, 2016, for those in the Health Saver 2800 or Health Saver 5000 who also have family coverage, one individual cannot be responsible for more than the 2016 HDHP out-of-pocket limit of \$6,850, according to the IRS. After meeting this limit, one individual moves to 100% co-insurance for covered services, and the rest of the family's medical costs aggregate toward the family deductible/co-insurance maximum.

There are no changes to employee-only coverage. If an employee does not have any dependents enrolled in these plans, they must meet the plan's individual deductible before any claims will be paid by GuideStone. After the deductible is met, participants will advance to the co-insurance phase until the maximum out-of-pocket is met. After the participant reaches the maximum out-of-pocket, the plan will pay 100% of the participant's covered claims.

Please refer to the [plan documents](#) for details about these benefit changes.

ID cards

Highmark – Employees will receive a new ID card for 2016, which will include details on how to access the telemedicine option.

Express Scripts – Employees will receive a new ID card only if they are changing medical plans.