LeadingAge Texas
Health Plan, Inc. (HPI)













THE WESLEYAN
SENIOR Living AND HEALTHCARE

2027 Benefits at a Glance

Learn more about your benefits! Scan the QR codes here for the full legal notices and more benefit information on the microsite!

Legal Notices

Microsite

SCAN HERE

https://wesleyan.benefitsinfo.com/

Welcome to Your Benefits!

Benefit Eligibility

Full-Time employees working at least 30 Hours per week and have met your waiting period, which is first of the month following 60 days of full-time employment, is eligible to participate in the LeadingAge Texas Health Plan, Inc. plan.

Family Status Change

All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience qualified change in status such as marriage, divorce, birth, adoption, or loss of coverage.

You must change your benefits within 30 days of the event date. Documentation may be required to verify your change of status.

Spousal Exclusion

A spouse who is working and eligible for another employer-sponsored health plan is **NOT eligible** under LeadingAge Texas HPI.

Preventive Care

You and your family have access to a wide range of preventive services. **These services are 100% covered by your medical plan when using in-network providers.**

Finding a Provider

To find a provider in-network with BlueCross BlueShield of Texas, visit www.bcbstx.com. For Customer Service Inquiries, call directly 800-521-2227.

Medical Plan Overview

BlueCross BlueShield of Texas

	HMO 3500	Value HDHP 4500	Enhanced PPO 2000
	In Network ONLY	In Network	In Network
Need Referral?	**Yes - PCP Required**	No	No
Annual Deductible and Maximum Out-of-Pocket			
Deductible: Individual/Family	$3,500 / $10,500	$4,500 / $9,000	$2,000 / $6,000
Maximum OOP: Individual/Family	$8,750 / 17,500	$6,500 / $13,000	$4,000 / $12,000
Physician Office Visit			
Primary Care	$25 copay per visit	20% AD*	$30 copay per visit
Specialty Care	$50 copay per visit	20% AD*	$60 copay per visit
Telehealth (MDLive)	$0 Copay	$48 Consulting Fee	$0 Copay
Diagnostic Services			
Urgent Care Facility	$50 copay per visit	20% AD*	$75 copay per visit
Emergency Room	$500 copay + 20% AD*	20% AD*	$500 copay + 20% AD*
Hospital Charges	20% AD*	20% AD*	20% AD*
Complex Imaging	20% AD*	20% AD*	20% AD*
Pharmacy Coverage			
Generic **Brand** **Non-preferred Brand**	$10 Copay 50% up to $100 max 20% AD*	20% AD*	$10 Copay 50% up to $100 max 20% AD*

*AD=After Deductible

Per Pay Period (24)	HMO 3500	Value HDHP	Enhanced 2000
Employee Only	$81.80	$131.40	$143.10
Employee + Spouse	$263.85	$282.60	$307.65
Employee + Child(ren)	$259.05	$277.35	$301.80
Family	$400.20	$428.55	$466.35

Dental Plan Overview

The Wesleyan offers 2 dental programs through ***Mutual of Omaha.***

Both plan options offer in- and out-of-network benefits. It is highly recommended that you discuss billing with your provider prior to receiving services if the cost exceeds $300. This will give you peace of mind to know what your estimated portion of the bill will cost you. Please refer to the summary plan description for complete plan details.

Find an in-network provider:

Call (800) 927-9197

www.mutualofomaha.com

	Mutual of Omaha Dental PPO Low Plan	Mutual of Omaha Dental PPO High Plan
	In-Network	In-Network
Annual Deductible and Maximum		
Deductible: Individual/Family	$50 per individual $150 per family	$50 per individual $150 per family
Per Person / Family	$1,000 Preventive services apply	$2,000 Preventive services do not apply
Out of Network Claims	90th Percentile	90th Percentile
Services		
Preventive	100%	100%
Basic	80%	80%
Major	Not covered	50%
Orthodontia		
Dependent Child(ren)	Not covered	50% up to $1,000 (Children up to age 19)
Lifetime Maximum	N/A	$1,000

Employee Costs Per Pay Period (24)

	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Low Plan	$11.80	$24.76	$28.31	$43.05
High Plan	$19.80	$41.58	$52.47	$77.22

Vision Plan Overview

The Wesleyan provides Vision Insurance through ***Mutual of Omaha***.

When you enroll in this plan, you will receive access to care from great eye doctors, quality eye wear and the affordability you deserve, all at the lowest cost.

To access a listing of providers (private practice and retail centers) logon www.eyemed.com or call (800) 655-5142.

Vision Summary	
Routine Exams	$10 Copay
Materials Copay	$10 Copay
Frames	$130 Allowance, 20% off balance
Contacts (Elective/Medically Necessary)	$130 Allowance / Covered in Full
Frequency (Lenses/Frames/Contacts)	Every 12 months/24 months/12 months

Employee Contributions Cost Per Pay Period (24)

Employee	Employee & Spouse	Employee & Child(ren)	Family
$3.66	$6.88	$8.14	$10.83

Employer Paid Life and AD&D

The Wesleyan provides you with a ***Basic Life and AD&D*** policy in the amount of $30,000 at no cost to you. There is an age reduction that occurs at age 65 and again at age 70.

You are automatically enrolled in these benefits when you become eligible.

Voluntary Life and AD&D Insurance

In addition to the Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance for yourself, your spouse and children through Mutual of Omaha Insurance Company.

Your contributions will depend on your age and the amount of coverage you elect, taken on a post-tax basis.

Voluntary Short-Term Disability (STD)

This benefit covers 60% of your weekly base salary up to $1,500 per week. The benefit begins after 7 days of injury or illness and lasts up to 12 weeks. **Pre-Ex Clause**: 3 months look back, could be denied in first 6 months of policy being active. **Your contributions will depend on your weekly salary and your age, taken on a post-tax basis.**

Voluntary Long-Term Disability (LTD)

This benefit covers 60% up to $6,000 of your monthly base salary. Benefit payments begin after 90 days of disability. **Pre-ex clause**: 12 months look back, could be denied in first 12 months of policy being active. **Your contributions will depend on your monthly covered payroll and your age, taken on a post tax basis.**

Voluntary Hospital Indemnity

Hospital Indemnity Benefit pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. This benefit is only payable once per period of confinement.

Cost Per Pay Period (24)	Employee	Employee & Spouse	Employee & Child(ren)	Family
	$13.00	$30.00	$17.50	$35.00

Voluntary Accident Insurance

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose.

Cost Per Pay Period (24)	Employee	Employee & Spouse	Employee & Child(ren)	Family
	$6.32	$9.96	$12.62	$16.70

Voluntary Critical Illness

For many, a critical illness can expose an individual to an unexpected gap in financial protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, childcare, travel to and from treatment; high deductibles and co-pays may quickly diminish savings. **Your contributions will depend on your age and the amount of coverage you elect, taken on a post-tax basis.**

- **Employee:** Increments of $10,000 to $50,000 *Guarantee issue is $50,000*.
- **Spouse:** Increments of $10,000 to $50,000, not to exceed 100% of employee's amount. *Guarantee issue is $50,000.*
- **Dependent Child(ren):** 50% of teammate election to $10,000 max. Child(ren) covered at NO additional cost.

Additional Benefits Available

- Virtual Telehealth through MDLive for general medical needs. (Behavioral Health services not included)
- EAP services through Mutual of Omaha for behavioral health needs, Legal Services, Financial Support
- *NEW* GO Wellbeing Wellness Program with BCBSTX
- **All Ancillary Benefits are covered through Mutual of Omaha**

USI Benefit Resource Center

Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance.

Call: 855-874-0110
Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

Email: BRCSouthwest@usi.com
Response generally within one business day



This brochure summarizes the benefit plans that are available to LeadingAge Texas Health Plan, Inc. eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.
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