



# Wespath

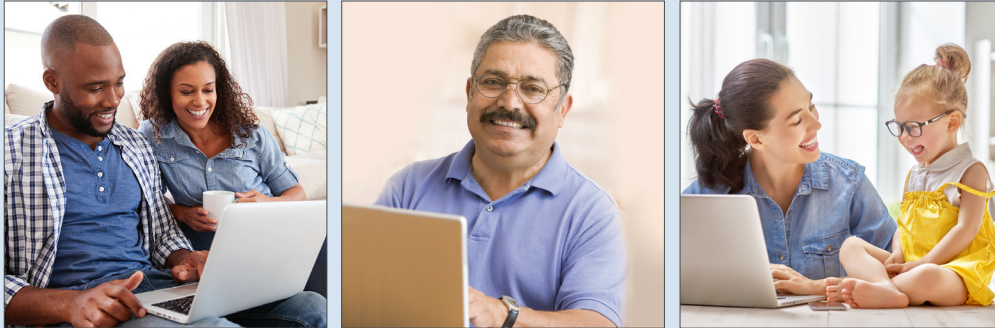
BENEFITS | INVESTMENTS



HEALTHFLEX

## Guide to Accessing Your HealthFlex Benefits

a general agency of The United Methodist Church



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### Welcome to HealthFlex

HealthFlex is an integrated, wellness-driven health program offered by Wespath Benefits and Investments (Wespath) and focused on you. Just as John Wesley encouraged healthy living, HealthFlex supports participants like you to improve the quality of your well-being. HealthFlex is more than just a health insurance plan—it's a comprehensive approach to healthier living.

This guide can make it easy to access HealthFlex-related resources and to make informed use of health care services available through HealthFlex. Many of these resources are available to you and your family (if covered by HealthFlex) at no additional cost or at a low out-of-pocket cost.

### Health and Wellness Team

For questions about your HealthFlex benefits contact the Wespath Health and Wellness Team at **1-800-851-2201**.

Health and Wellness Team representatives are available **Monday through Friday, 8:00 a.m. to 6:00 p.m., Central time**.

If you need help logging into the HealthFlex/WebMD website, contact WebMD at **1-866-302-5742**.



## HealthFlex/WebMD Website— Your Portal to Information About HealthFlex and Well-Being

Almost all of the information you need about HealthFlex benefits and services can be accessed through the **HealthFlex/WebMD** website. Go to [wspath.org](https://wspath.org) and select “Log In.”

**You must already be enrolled in HealthFlex to access the HealthFlex/WebMD website.** If you have questions about your enrollment in HealthFlex, please contact your plan sponsor (typically your conference office or human resources department).

Visiting the HealthFlex/WebMD website is the best way to stay up-to-date on information about HealthFlex. On the website, you can:

- access details about HealthFlex benefits and well-being programs,
- calculate your out-of-pocket costs for medical services or prescription drugs,
- make benefit elections, and
- learn about health conditions.

The HealthFlex/WebMD website offers extensive health information and direct links to websites for the HealthFlex vendors that provide your medical, pharmacy, behavioral health and other benefits, including Blue Cross and Blue Shield of Illinois (BCBSIL) or UnitedHealthcare (UHC) and OptumRx.



**Make the HealthFlex/WebMD website your first stop for answers to all your health-related questions.**

Visit the website regularly for updated announcements about relevant health topics and HealthFlex benefits and programs.

### How to Log Into HealthFlex/WebMD

Follow these steps to log into the **HealthFlex/WebMD** website. You can use any Internet-accessible device.

1. Start at [wspath.org](https://wspath.org) and select “Log in”
2. Click “HealthFlex/WebMD”
3. Enter your **username** and **password**.

#### First Time on the Website

1. Click on “First Time Here? Register” to create a username and password.
2. Follow the steps outlined on the **WebMD registration page**.

## Learning About Your Benefit Details

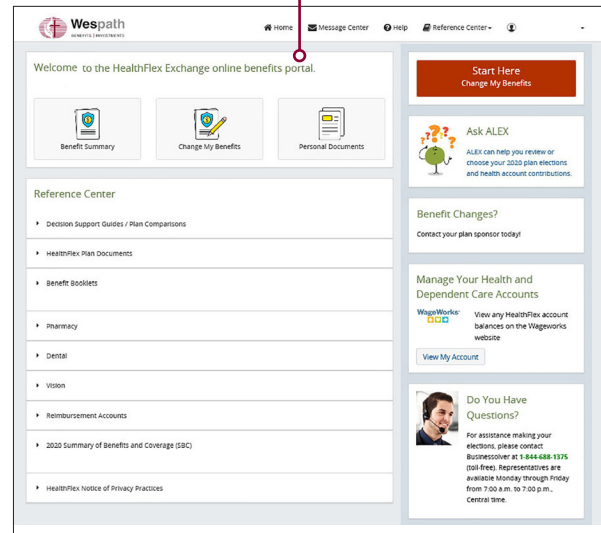
Details about your HealthFlex benefits and plan options are available through the HealthFlex/WebMD website. (See website instructions on page 3.)

After you log into HealthFlex/WebMD and reach the WebMD home page, select **“Plan Coverage/Changes/Information”** in the gray bar in the middle of the page. This will take you to the online benefits portal for HealthFlex.

### Plan Coverage/Changes/Information



**Benefits Portal Page—Reference Center**  
You can click on any title to open the document.



1. View your current benefit elections by clicking **“Benefit Summary”** on the **“Plan Coverage/Changes/Information”** page.
2. Browse through the **“Reference Center”** to view benefit summaries and benefit booklets for your medical, vision and dental\* plans, as well as information about flexible spending accounts (FSAs)\*, health reimbursement accounts (HRAs)\* and health savings accounts (HSAs)\*.
3. This is also where you will make your benefit elections or set aside money into an FSA or HSA during each year’s Annual Election period.

*\* If available through your plan sponsor*



## Accessing Information on Providers and Claims

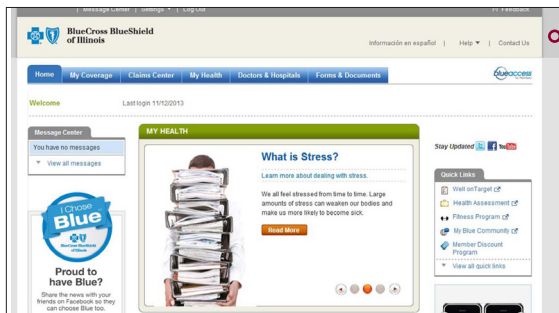
Starting back after logging into the **HealthFlex/WebMD** website—if you scroll down to “**My HealthFlex Benefits**” in the left column, you will find: *Medical, Dental, Vision, Prescription Drugs, Health Accounts, Well-Being Programs and more!*

### My HealthFlex Benefits



#### My HealthFlex Benefits

- Find a list of the various service providers and link directly to their sites—many without needing to log in separately.

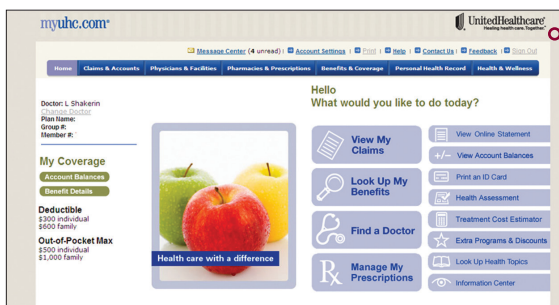


#### Medical—Blue Cross Blue Shield (BCBS)

If BCBS is your medical plan vendor:

- Choose “**Doctors & Hospitals**” to search for an “in-network” medical or behavioral health provider.
- Choose “**Visits & Claims**” to access claims information.

You also may contact BCBSIL directly by calling **1-866-804-0976**.

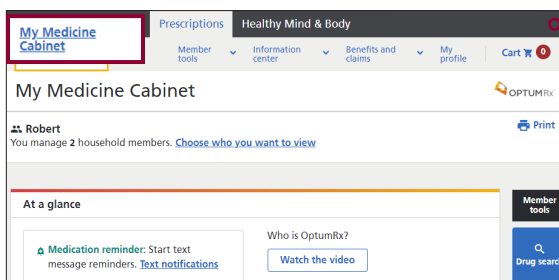


#### Medical—United Healthcare (UHC)

If UHC is your medical plan vendor:

- Choose “**Find a doctor**” to search for an “in-network” medical or behavioral health provider.
- Choose “**View my claims**” to access claims information.

You also may contact UHC directly by calling **1-800-901-1939**.



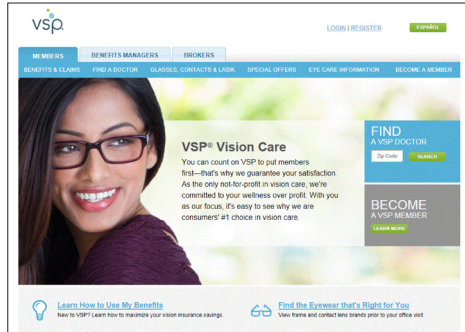
#### Prescription Drugs—OptumRx

- To place an initial order or request a prescription refill, select “**My Medicine Cabinet.**”
- For information about medications and to learn about generic drugs that may be therapeutically equivalent or an appropriate alternative to a prescribed name-brand drug, select the “**Member tools**” banner. (Always check with your doctor before changing a medication that has been prescribed.)

You also may call OptumRx directly at **1-855-239-8471**.

## Accessing Information on Providers and Claims

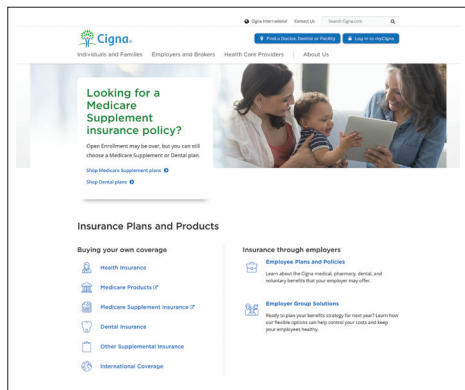
### My HealthFlex Benefits



#### Vision—Vision Service Plan (VSP®)

You will need to register with a user ID and password to access details about your vision benefits and to find in-network providers.

You also may call VSP directly at **1-800-877-7195**.



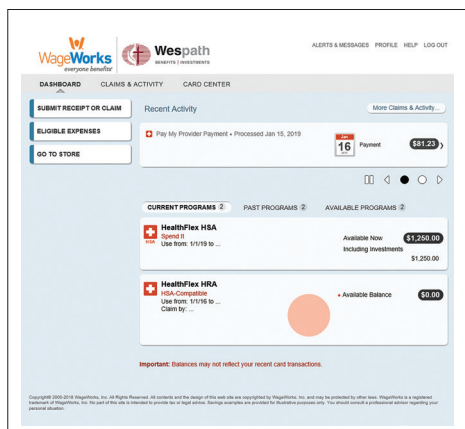
#### Dental—CIGNA

(If offered through HealthFlex by your plan sponsor)

You will need to register with a user ID and password to access information about your specific benefits to estimate cost, and to find in-network providers.

**Please note:** Some plan sponsors do not choose to offer CIGNA dental coverage through HealthFlex. Check with your plan sponsor or benefits officer to confirm your coverage.

You also may call CIGNA directly at **1-800-244-6224**.



#### Reimbursement Accounts—WageWorks®

Access a personalized page for your FSA, HRA or HSA; view balances; submit claims and request reimbursement.

**Please note:** The WageWorks page applies only if you have a HealthFlex HRA or HSA, or elected an FSA for health care expenses and/or for dependent care expenses.

You also may call WageWorks directly at **1-877-924-3967**.

## Be a Wise Healthcare Consumer—Compare Providers, Costs and Options

Take advantage of online educational tools designed to help you and your family save money by making informed choices about providers and treatments. You can access these tools from your WebMD home page under the heading “**Consumer Tools**.”

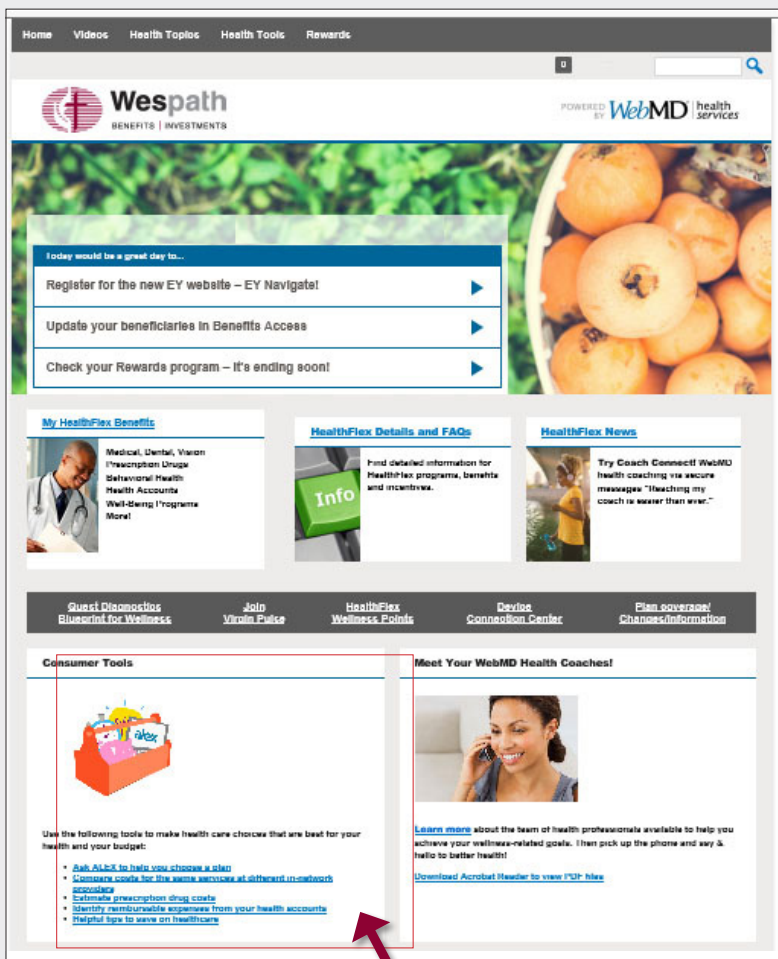
**Hospitals**—Estimate the cost of treatment and compare hospital quality.

**Prescription Medications**—If your doctor prescribes a medication, you can use the OptumRx “**Drug Search**” tool to explore whether there are different medication choices—such as a generic equivalent or a therapeutic alternative—that might be just as effective but cost less. **Consumer tools > Estimate prescription drug costs > Drug Search.**

**Important:** Talk with your physician and pharmacist before making any medication changes.

**Making the Most of Your Plan**—Click “Helpful tips to save on healthcare” to view variety of short-fun videos about various ways to save money on healthcare cost.

### Consumer Tools





## Accessing Well-Being Tools and Resources

In addition to information about your benefits and claims, you also can access a wealth of well-being tools and resources through the HealthFlex/WebMD website. These tools and resources align with Wesleyan values and the HealthFlex commitment to promoting improved well-being and vitality for those who serve The United Methodist Church.

Being informed about health risks and conditions may help you take steps to stay ahead of potential medical conditions. This can facilitate more proactive discussions with your doctor about which treatment choices best meet your needs.

### Health Information—Provided by WebMD

Browse through evidence based information about more than 150 medical conditions and wellness topics—available to HealthFlex participants through WebMD. After you log into the **HealthFlex/WebMD** website and reach the WebMD home page, click on “**Health Topics**” at the top of the page.

### HealthQuotient—Provided by WebMD

Get started on the path toward improved well-being by taking WebMD’s HealthQuotient (HQ). The HQ is an online health questionnaire that connects you to other important health tools offered through HealthFlex—including free, confidential health coaching if you qualify based on your health profile. The HQ is a great first step toward assessing your health and well-being needs and improving your overall health. Be sure to take the HQ during the incentive period—**January 1 to July 31**—to avoid a higher medical plan deductible the following year.

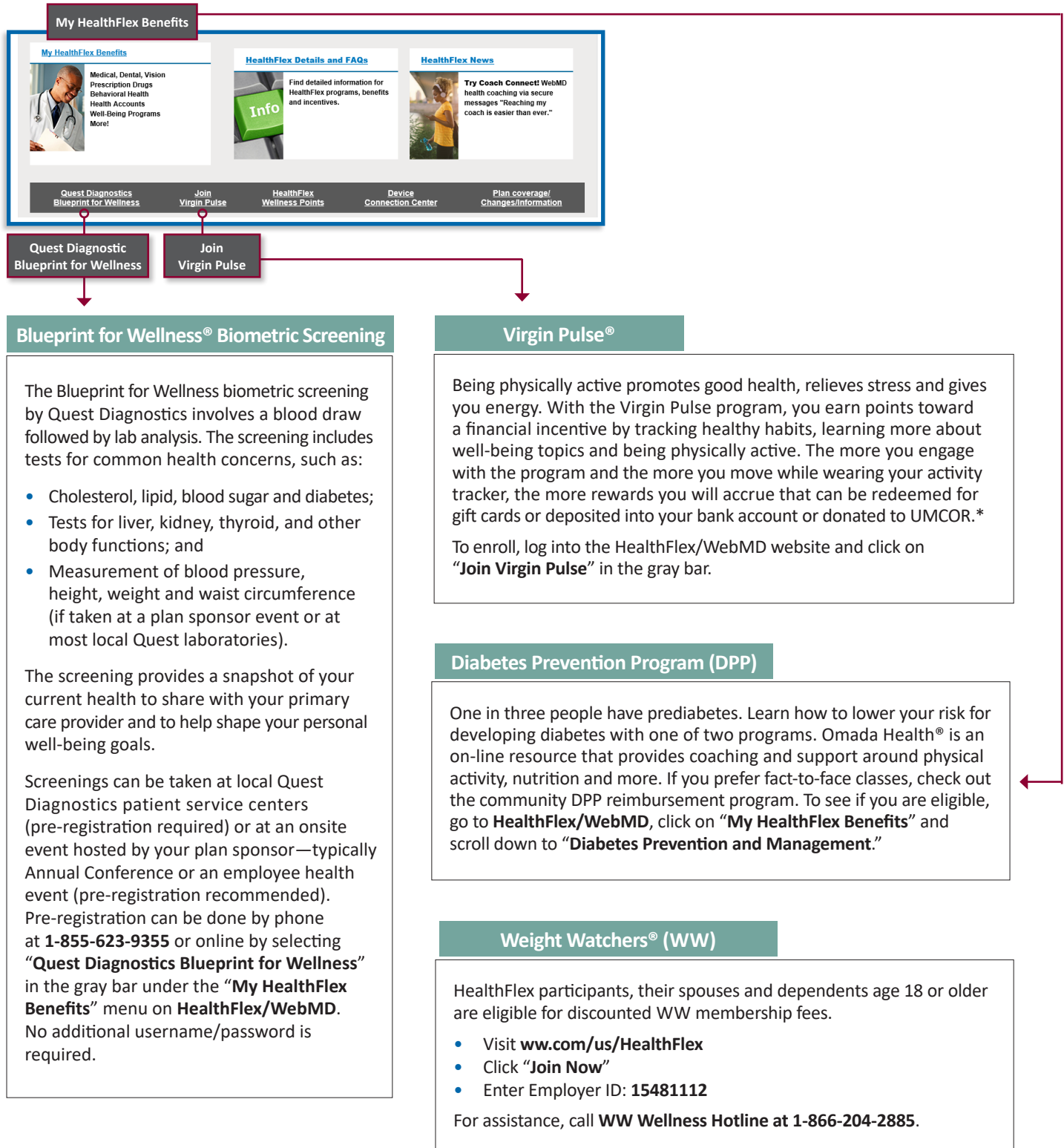


### Health Coaching—Provided by WebMD

Participants and spouses covered by HealthFlex can receive one-on-one, confidential support from a personal health coach. Health coaching helps individuals adopt healthy habits that may reduce their risk of chronic conditions. The program’s “whole person” approach means health coaches address individuals’ overall well-being—rather than specific risk factors. Health coaching is provided over the phone or through secure messaging at no extra cost to you—and is completely confidential. All WebMD’s health coaches have bachelors degrees, with many holding master degrees and notionally recognized certifications.

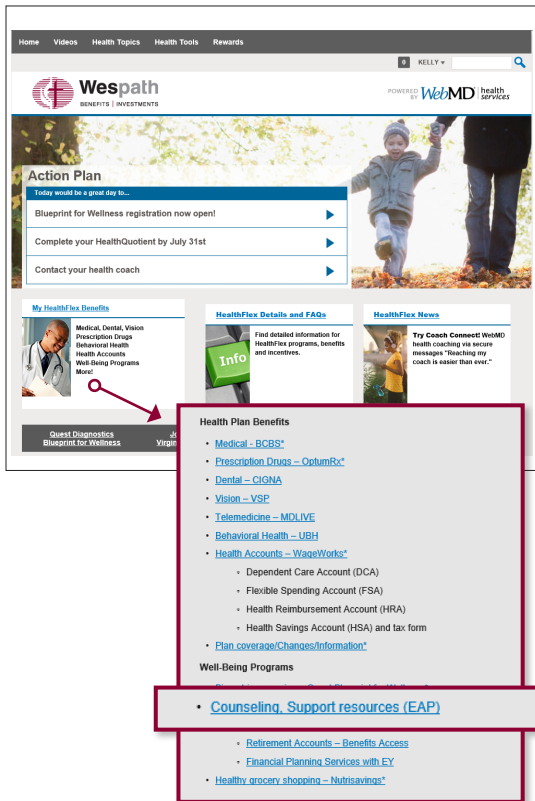
Start by taking the HealthQuotient health risk assessment on the HealthFlex/WebMD website to see if you are eligible for coaching. For more information about health coaching, call WebMD at **1-866-302-5742**.

## Accessing Well-Being Tools and Resources



\*The IRS considers incentive rewards taxable income.

## Accessing Well-Being Tools and Resources



### Employee Assistance Program (EAP)—provided by Optum Health

You and your family members (if covered by HealthFlex) may schedule up to eight in-person visits per concern with a local counselor or psychologist at no out-of-pocket cost. These visits are always confidential and may be considered for a variety of reasons, such as workplace stress, family or marital challenges, communication difficulties and many other concerns. Access these free, confidential visits by first calling the EAP at **1-866-881-6800**.

### Live and Work Well Website

Save time by finding services, referrals and support to help improve life at home and work. Many resources are available on the EAP website, including:

- elder support information,
- child/parenting information,
- legal information,
- life learning, and
- chronic condition support.

Access this website directly from the HealthFlex/WebMD website. After you log in, choose **“Counseling, Support Resources (EAP)”** under the **“My HealthFlex Benefits”** menu. For more information, call **1-866-881-6800**.

### Work/Life Services—provided by Optum Health

Enjoy personal assistance if you need to research local resources for elder care, child care or legal needs, or even something as simple as finding a local pet sitter. Services are provided by phone at no cost through the EAP; call **1-866-881-6800**.

### Healthy Pregnancy Programs—provided by UnitedHealthcare and Blue Cross and Blue Shield of Illinois

These programs provide educational information and support throughout pregnancy at no cost to the participant or family. It is recommended that expectant mothers enroll during the first trimester of pregnancy.

- For individuals covered by UHC, call **1-800-901-1939** to enroll.
- For individuals covered by BCBSIL, call **1-888-421-7781** to enroll.





## HealthFlex—Supporting Your Overall Well-Being

HealthFlex is far more than a health insurance plan—it is a comprehensive approach to healthier living and overall well-being. Now that you're enrolled in HealthFlex, be sure to take advantage of the many resources available to enhance your physical health, emotional well-being and overall life balance. Most of these resources are available to you and family members enrolled in HealthFlex at no extra cost or at a very low out-of-pocket cost. Some of these resources can even help you earn money with well-being incentives.\*

### Health and Wellness Team Offers Assistance

The Wespith Health and Wellness Team offers an extra layer of customer service for HealthFlex participants. The Health and Wellness Team can assist HealthFlex participants in many ways, such as:

- helping you with difficulty accessing the HealthFlex/WebMD website,
- clarifying details about your benefit coverage,
- addressing questions about claims and directing you to the carrier's customer service representative, and
- answering other HealthFlex-related questions you may have.



**Health and Wellness Team**

Call **1-800-851-2201**.

Monday through Friday  
8:00 a.m. – 6:00 p.m., Central time.

\*The IRS considers incentive rewards taxable income.



# Wespath

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*Caring For Those Who Serve*

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[wespath.org](http://wespath.org)



**Wespath**

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## HealthFlex Exchange— Plan Comparisons

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## CHOICES—MEDICAL, PHARMACY AND BEHAVIORAL HEALTH

This comparison highlights key differences and similarities between the various plans. Please refer to the *HealthFlex Benefit Booklet* for more details.

### For all plans:

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payments and co-insurance from medical, behavioral health and pharmacy services.
- Inpatient services and outpatient services/procedures (other than office visits) require the deductible to be paid first, then the plan pays the associated co-insurance.



There are also important differences in how each type of plan covers some services. These differences may inform your plan selection:

Plan Feature	HSA Plans (H1500, H2000, H3000) In Network	HRA Plans (C2000, C3000) In Network	B1000 In Network
<b>Deductible</b>	Full family deductible applies if any dependents are covered	Separate deductible for individual vs. family	
<b>Office Visits, Urgent Care, Emergency Room</b>	Deductible must be met; then co-insurance		Co-payments; do not need to meet deductible
<b>Behavioral Health Visits</b>	Deductible must be met; then co-insurance	Co-payment or co-insurance; do not need to meet deductible	
<b>Prescription Drugs (Rx)</b>	Deductible must be met; then co-payment/co-insurance	Co-payment or co-insurance; do not need to meet deductible	
<b>Health Accounts</b>	Includes an HSA*; eligible for limited-use flexible spending account (FSA)**	Includes an HRA; eligible for full-use medical flexible spending account (FSA)	Eligible for full-use medical flexible spending account (FSA)

The deductible, co-payments and annual out-of-pocket limit are the participant's share to pay. All other "benefits" are the amounts or percentages that the plan (HealthFlex) pays for a service. If you did not take the HealthQuotient (HQ) during the 2019 incentive period, your deductible will be increased by \$250 (individual coverage) or \$500 (family coverage)—see *Standard Deductible* details on page 3 (footnote).

\* H3000 has no plan sponsor HSA funding.



\*\* Limited to dental and vision expenses only until the participant notifies WageWorks that the IRS-defined deductible has been met, then for all eligible health care expenses (2020 IRS-defined deductible: \$1,400 individual coverage/\$2,800 family coverage).

**HRA:** Health reimbursement account

**HSA:** Health savings account

## Health Account Contributions

Health reimbursement account (HRA) and health savings account (HSA)—applicable accounts and **included** employer contributions.

Health Account Type and Employer Contributions	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<b>HRA Single/Family</b> 	Not applicable			\$1,000/\$2,000	\$250/\$500	Not applicable
<b>HSA Single/Family</b> 	<ul style="list-style-type: none"> <li>\$750/\$1,500</li> <li>personal contribution allowed</li> </ul>	<ul style="list-style-type: none"> <li>\$500/\$1,000</li> <li>personal contribution allowed</li> </ul>	<ul style="list-style-type: none"> <li>\$0/\$0</li> <li>personal contribution allowed</li> </ul>	Not applicable		

## In-Network Medical Plan Benefits Comparison

Please see the HealthFlex Benefit Booklet for out-of-network details.

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<b>Lifetime Benefit Maximum</b>	None	None	None	None	None	None
<b>Annual In-Network Deductible<sup>1</sup></b> (Participant pays)	<ul style="list-style-type: none"> <li>\$1,500 per person</li> <li>\$3,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per person</li> <li>\$4,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000 per person</li> <li>\$6,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per person</li> <li>\$4,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000 per person</li> <li>\$6,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$1,000 per person</li> <li>\$2,000 per family</li> </ul>
	Deductible applies to medical, behavioral health and pharmacy No individual deductible if more than 1 person is covered			Deductible applies to medical and behavioral health		
<b>In-Network Co-Insurance</b> <ul style="list-style-type: none"> <li>Plan pays</li> <li>Participant pays</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> <li>30% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>40% after deductible</li> <li>60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> <li>50% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>20% after deductible</li> </ul>
<b>Annual In-Network Out-of-Pocket (OOP) Maximum—Combined Medical, Behavioral Health and Pharmacy Costs</b> (Participant pays)	<ul style="list-style-type: none"> <li>\$6,000 individual</li> <li>\$12,000 family</li> </ul>	<ul style="list-style-type: none"> <li>\$6,500 individual</li> <li>\$13,000 family</li> </ul>	<ul style="list-style-type: none"> <li>\$6,500 individual</li> <li>\$13,000 family</li> </ul>	<ul style="list-style-type: none"> <li>\$6,000 individual</li> <li>\$12,000 family</li> </ul>	<ul style="list-style-type: none"> <li>\$6,500 individual</li> <li>\$13,000 family</li> </ul>	<ul style="list-style-type: none"> <li>\$5,000 individual</li> <li>\$10,000 family</li> </ul>
	Includes annual deductible, co-insurance and any co-payments <sup>2</sup>					

<sup>1</sup> **Standard deductible:** Assumes participant and covered spouse met the HealthQuotient (HQ) incentive requirement in 2019. If not taken, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage.

<sup>2</sup> Co-payments do not apply to deductible.

## In-Network Medical Plan Benefits Comparison

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Well child benefits (under age 16)</li> <li>Well adult benefits (16 and over)</li> </ul>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Primary Care Physician (PCP) Office Visit</b> <ul style="list-style-type: none"> <li>Internists</li> <li>General practitioners</li> <li>Family practitioners</li> <li>Obstetricians</li> <li>Gynecologists</li> <li>Pediatricians</li> </ul>	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$30 co-payment, then plan pays 100%
<b>Behavioral Health Office Visits</b> <ul style="list-style-type: none"> <li>Psychiatrist</li> <li>Psychologist</li> <li>Other mental health professionals</li> </ul>	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80%; do not need to meet deductible	Plan pays 50%; do not need to meet deductible	\$15 co-payment, then plan pays 100%
<b>Outpatient Therapies</b> <ul style="list-style-type: none"> <li>Physical therapy,</li> <li>Occupational therapy</li> <li>Speech therapy</li> <li>Dietitian visit</li> <li>Chiropractor visit</li> </ul>	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$30 co-payment, then plan pays 100%
<b>Specialist Office Visits</b>	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$50 co-payment, then plan pays 100%
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Outpatient care and outpatient diagnostic services in a hospital</li> <li>Independent lab and X-ray facility</li> </ul> Includes intensive outpatient and residential behavioral health services	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible
<b>Inpatient Hospital Care</b> (includes behavioral health) Pre-notification required—verify with physician	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible



## In-Network Medical Plan Benefits Comparison

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<b>Emergency Care</b> <i>Notification required within 48 hours if admitted</i> Includes behavioral health emergencies <ul style="list-style-type: none"> <li>Physician office</li> <li>Hospital emergency room</li> <li>Outpatient facility or other urgent care facility</li> <li>Ambulance (must be a true emergency as defined in the plan)</li> </ul>	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	<ul style="list-style-type: none"> <li>30 co-payment<sup>2</sup> per PCP visit or \$50 co-payment per specialist visit, then plan pays 100%</li> <li>\$200 co-payment,<sup>2,3</sup> then plan pays 100%</li> <li>\$100 co-payment,<sup>2,3</sup> then plan pays 100%</li> <li>Plan pays 80% after deductible</li> </ul>
<b>Maternity Care/ Physician Charges</b> <i>Pre-notification required (verify with physician)</i> <ul style="list-style-type: none"> <li>Prenatal care (except ultrasounds)</li> <li>Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits)</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Plan pays 80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Plan pays 70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Plan pays 40% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Plan pays 80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Plan pays 50% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Plan pays 80% after deductible</li> </ul>
<b>Newborn Routine Nursery Inpatient Services</b>	Plan pays 80% (no deductible unless readmitted)	Plan pays 70% (no deductible unless readmitted)	Plan pays 40% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)	Plan pays 50% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)
<b>Hearing Benefits</b> <ul style="list-style-type: none"> <li>Hearing exam and evaluation</li> <li>Hearing aid</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% after deductible</li> <li>Plan pays 50% after deductible, up to \$3,000 every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 70% after deductible</li> <li>Plan pays 50% after deductible, up to \$3,000 every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 40% after deductible</li> <li>Plan pays 50% after deductible, up to \$3,000 every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% after deductible</li> <li>Plan pays 50% after deductible, up to \$3,000 every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 50% after deductible</li> <li>Plan pays 50% after deductible, up to \$3,000 every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100% after \$50 co-payment</li> <li>Plan pays 50% up to \$3,000 every 24 months</li> </ul>

<sup>2</sup> Co-payments do not apply to deductible.<sup>3</sup> Waived if admitted to hospital.

## In-Network Medical Plan Benefits Comparison

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<b>Alternative Therapies</b> <ul style="list-style-type: none"> <li>• Massage therapy</li> <li>• Acupuncture</li> <li>• Naprapathy</li> </ul> Coverage is limited to 35 combined visits per calendar year	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 50%	Plan pays 50%	Plan pays 50%
<b>Special Services</b> <i>Pre-notification required</i> <ul style="list-style-type: none"> <li>• Skilled nursing facility (120 days maximum per calendar year)</li> <li>• Private duty nursing</li> <li>• Home health care (60-visit maximum per calendar year)</li> <li>• Hospice</li> </ul>	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

## Out-of-Network Medical Plan Benefits Comparison

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<b>Out-of-Network Benefits<sup>1,4</sup></b>	<b>Individual/Family</b> <b>DEDUCTIBLE:</b> <ul style="list-style-type: none"> <li>• \$2,500/\$5,000</li> </ul> <b>OOP MAX:</b> <ul style="list-style-type: none"> <li>• \$12,000/\$24,000</li> </ul> Co-insurance (plan pays): 60%	<b>Individual/Family</b> <b>DEDUCTIBLE:</b> <ul style="list-style-type: none"> <li>• \$3,000/\$6,000</li> </ul> <b>OOP MAX:</b> <ul style="list-style-type: none"> <li>• \$13,000/\$26,000</li> </ul> Co-insurance (plan pays): 50%	<b>Individual/Family</b> <b>DEDUCTIBLE:</b> <ul style="list-style-type: none"> <li>• \$6,000/\$12,000</li> </ul> <b>OOP MAX:</b> <ul style="list-style-type: none"> <li>• \$13,000/\$26,000</li> </ul> Co-insurance (plan pays): 20%	<b>Individual/Family</b> <b>DEDUCTIBLE:</b> <ul style="list-style-type: none"> <li>• \$3,000/\$6,000</li> </ul> <b>OOP MAX:</b> <ul style="list-style-type: none"> <li>• \$12,000/\$24,000</li> </ul> Co-insurance (plan pays): 60%	<b>Individual/Family</b> <b>DEDUCTIBLE:</b> <ul style="list-style-type: none"> <li>• \$4,500/\$9,000</li> </ul> <b>OOP MAX:</b> <ul style="list-style-type: none"> <li>• \$13,000/\$26,000</li> </ul> Co-insurance (plan pays): 30%	<b>Individual/Family</b> <b>DEDUCTIBLE:</b> <ul style="list-style-type: none"> <li>• \$2,000/\$4,000</li> </ul> <b>OOP MAX:</b> <ul style="list-style-type: none"> <li>• \$10,000/\$20,000</li> </ul> Co-insurance (plan pays): 60%

<sup>1</sup> **Standard deductible:** Assumes participant and covered spouse met the HealthQuotient (HQ) incentive requirement in 2019. If not taken, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage.

<sup>4</sup> **Out-of-Network:** Any and all benefits to be paid are subject to Reasonable and Customary provisions, meaning reimbursements are limited to the Maximum Allowance under the plan. Covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance. Behavioral health office visits are paid at in-network level for all plans.

## Pharmacy Plan Benefits Comparison

Plan	H1500 with HSA		H2000 with HSA		H3000 with HSA		C2000 with HRA and C3000 with HRA		B1000	
Deductible	• \$1,500 individual • \$3,000 family		• \$2,000 individual • \$4,000 family		• \$3,000 individual • \$6,000 family		None		None	
	Combined with medical/behavioral health deductible <sup>1</sup>									
Annual Out-of-Pocket (OOP)Maximum—Combined Medical and Pharmacy Costs	In Network • \$6,000 individual • \$12,000 family		In Network • \$6,500 individual • \$13,000 family		In Network • \$6,500 individual • \$13,000 family		In Network With C2000 medical plan • \$6,000 individual • \$12,000 family  With C3000 medical plan • \$6,500 individual • \$13,000 family		In Network • \$5,000 individual • \$10,000 family	
Amounts shown: Participant pays	H1500		H2000		H3000		C2000 and C3000		B1000	
	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day
Co-Payments—Generic	\$15*	\$35*	\$15*	\$35*	Participant pays 60% co-insurance*		\$15	\$35	\$15	\$35
Preferred Brand-Name	25%*	25%*	25%*	25%*	Participant pays 60% co-insurance*		25%	25%	20%	20%
• Minimum	\$25*	\$60*	\$25*	\$60*			\$25	\$60	\$20	\$50
• Maximum	\$65*	\$150*	\$65*	\$150*			\$65	\$150	\$55	\$140
Non-Preferred Brand-Name	30%*	30%*	30%*	30%*	Participant pays 60% co-insurance*		30%	30%	25%	25%
• Minimum	\$50*	\$95*	\$50*	\$95*			\$50	\$95	\$40	\$85
• Maximum	\$120*	\$260*	\$120*	\$260*			\$120	\$260	\$110	\$240

<sup>1</sup> **Standard Deductible:** Assumes participant and covered spouse (if applicable) met HealthQuotient (HQ) incentive requirement in 2019. If not taken, the deductible will be increased by \$250 for individual and \$500 for family deductible.

\* Co-payments/co-insurance apply after deductible has been met for most drugs. Deductible does not need to be met for medications on the OptumRx preventive drug list.

HealthFlex includes a number of drug utilization management programs to maximize safety and cost efficiencies. These include:

- **Mandatory Generics:** HealthFlex (plan) will cover only the cost of the Generic Drug equivalent. If a participant requests a Brand-Name Drug when there is an equivalent Generic Drug available, the participant will be charged one amount equal to the applicable Generic Drug Co-payment (e.g., \$15 at retail) plus the cost difference between the Brand-Name Drug and the Generic Drug.
- **Maintenance Medication Requirement:** Under the plan, participants are allowed a total of three 30-day fills of a maintenance medication at a Retail Pharmacy (one original fill plus two refills), at which time the medication must be obtained in 90-day fills through the OptumRx Mail-Order Pharmacy or through a Walgreens Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such refills at the full price, even if it is a Participating (in-network) pharmacy.
- **Prior Authorization and Step Therapy Programs:** Some medications are only covered for specific medical conditions or for a specific quantity and duration. OptumRx, in cooperation with your physician, determines the coverage based on clinical guidelines. Prior authorization may include: quantity limits, step therapy, or restriction of coverage to certain populations or conditions.

*This summary highlights some of the features of these benefit plans. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by Wespeth Benefits and Investments. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.*

## CHOICES—DENTAL

This comparison highlights key differences and similarities between dental plans offered through HealthFlex Exchange: **Passive PPO 2000**, **Dental PPO** and **Dental HMO**. Dental benefits are provided through Cigna.

The annual deductible and co-insurance amounts (“you pay”) are your share to pay. All other benefits shown are the amounts or percentages that the plan pays for a service. The Passive PPO 2000 and Dental PPO use Cigna’s PPO Advantage Network. The Dental HMO uses the Cigna Dental Care Access Plus network. Visit [cigna.com](https://cigna.com) to search for in-network providers.

**Note:** Only the Dental PPO and the Passive PPO 2000 include Cigna Dental Wellness Plus<sup>SM</sup> features. When you or your family members receive any preventive care in one plan year, the annual dollar maximum will increase the following plan year, until it reaches the level specified below.

Refer to the HealthFlex Benefit Booklet for additional plan details.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO
		PPO Advantage Network	Out of Network	
<b>Calendar Year Maximum</b> (Class I, II and III expenses)	Year 1: \$2,000	Year 1: \$2,000	Year 1: \$1,000	No benefit maximum
	Year 2: \$2,150 <sup>1</sup>	Year 2: \$2,150 <sup>1</sup>	Year 2: \$1,150 <sup>1</sup>	
	Year 3: \$2,300 <sup>2</sup>	Year 3: \$2,300 <sup>2</sup>	Year 3: \$1,300 <sup>2</sup>	
	Year 4 and beyond: \$2,450 <sup>3</sup>	Year 4 and beyond: \$2,450 <sup>3</sup>	Year 4 and beyond: \$1,450 <sup>3</sup>	
<b>Annual Deductible</b> • Individual • Family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	No deductible

**Note:**

- A “passive” PPO allows you to benefit from discounts when receiving services from a PPO Advantage network provider—without a reduction in benefits if you choose to go out of network.
- All out-of-network reimbursement levels are based on 90<sup>th</sup> percentile of reasonable and customary allowance.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO (Shows Participant Cost)
		PPO Advantage Network	Out of Network <sup>4</sup>	
<b>Class I—Preventive and Diagnostic Care</b> Oral evaluation, routine cleanings, x-rays, sealants	Plan pays 100%	Plan pays 100%	Plan pays 100%	Periodic/comprehensive oral evaluation; prophylaxis: \$0 Sealant: \$12 per tooth Routine cleaning: First two are free; additional cleanings \$45 X-rays panoramic (every 3 years) or bitewings: \$0
<b>Class II—Basic Restorative</b> Fillings, endodontics, periodontics, oral surgery, anesthesia, bridge/crown/denture repair	Plan pays 80%	Plan pays 90%	Plan pays 70%	Each amalgam filling, anterior composite filling: \$0 Posterior composite filling: \$47 – \$115 Oral surgery: Extractions \$12 per tooth; removal of impacted tooth: \$46 – \$125 per tooth Anesthesia: \$190 for the first 30 minutes; \$84 each additional 15 minutes Molar root canal: \$335 Periodontal scaling/root plane: \$42 – \$83 per quad
<b>Class III—Major Restorative</b> Crowns, dentures, implants	Plan pays 50%	Plan pays 60%	Plan pays 50%	Crown: \$88 – \$150, plus \$410 – \$460 for materials Partial dentures: \$525 – \$715
<b>Class IV—Orthodontia</b> Crowns, dentures, implants	Plan pays 50% up to \$2,000 (up to age 19)	Plan pays 50% up to \$2,000 (up to age 19)	Plan pays 50% up to \$1,000 (up to age 19)	Child orthodontics: \$2,040 Adult orthodontics: \$2,376

<sup>1</sup> Increase contingent upon receiving Preventive Services in Plan Year 1.

<sup>2</sup> Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.

<sup>3</sup> Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.

<sup>4</sup> Benefits for out-of-network provider is based on 90<sup>th</sup> percentile of reasonable and customary allowances.



## CHOICES—VISION

### VSP® Vision Benefits

This comparison highlights key differences and similarities between vision plans offered through HealthFlex Exchange:

**Exam Core, Full-Service** and **Premier**. Vision benefits are provided through VSP.

To use your VSP benefit, register at [vsp.com](https://vsp.com), review your benefit information, and find an eye care provider who is right for you. At your appointment, tell them you have VSP—there is no ID card necessary, but if you would like one as a reference, you can print it at [vsp.com](https://vsp.com). There are no claim forms to submit unless you see an out-of-network provider.

**VSP provider network:** VSP Choice

Benefit	Exam Core	Full-Service	Premier
<b>WellVision Exam</b> <i>Description</i> <ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Every 12 months</li> </ul>	\$20 co-payment	\$20 co-payment	\$20 co-payment
<b>Prescription Glasses</b>	No coverage	\$20 co-payment	\$20 co-payment
<b>Frame Details</b>	No coverage	<ul style="list-style-type: none"> <li>• Includes \$160 allowance for wide selection of frames</li> <li>• 20% savings on any amount over your allowance</li> <li>• Every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>• Includes \$200 allowance for wide selection of frames</li> <li>• 20% savings on any amount over your allowance</li> <li>• Every 12 months</li> </ul>
<b>Lens Details</b>	No coverage	<ul style="list-style-type: none"> <li>• Includes single vision, lined bifocal and lined trifocal lenses</li> <li>• Includes polycarbonate lenses for dependent children</li> <li>• Every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Includes single vision, lined bifocal and lined trifocal lenses</li> <li>• Includes polycarbonate lenses for dependent children</li> <li>• Every 12 months</li> </ul>
<b>Lens Enhancements</b>	No coverage	<ul style="list-style-type: none"> <li>• Standard progressive lenses: \$55</li> <li>• Premium progressive lenses: \$95 – \$105</li> <li>• Custom progressive lenses: \$150 – \$175</li> <li>• Average savings of 20% – 25% on other lens enhancements</li> <li>• Every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Anti-reflective and UV coating: \$25</li> <li>• Standard progressive lenses: \$55</li> <li>• Premium progressive lenses: \$95 – \$105</li> <li>• Custom progressive lenses: \$150 – \$175</li> <li>• Average savings of 20% – 25% on other lens enhancements</li> <li>• Every 12 months`</li> </ul>
<b>Contact Lenses</b>	No coverage	<i>Instead of glasses</i> <ul style="list-style-type: none"> <li>• Includes \$160 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>• 15% off contact lens exam</li> <li>• Every 12 months</li> </ul>	<i>In addition to glasses</i> <ul style="list-style-type: none"> <li>• Includes \$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>• 15% off contact lens exam</li> <li>• Every 12 months</li> </ul>
<b>Additional Coverage</b>	NA	Diabetes Eyecare Plus Program	Diabetes Eyecare Plus Program

## VSP Vision Benefits




Benefit	Exam Core	Full-Service	Premier
<b>Out-of-Network Coverage</b>	No coverage	<ul style="list-style-type: none"> <li>Exam up to \$45</li> <li>Frame up to \$70</li> <li>Single vision lenses up to \$30</li> <li>Lined bifocal lenses up to \$50</li> <li>Lined trifocal lenses up to \$65</li> <li>Progressive lenses up to \$50</li> <li>Contacts up to \$105</li> </ul>	<ul style="list-style-type: none"> <li>Exam up to \$45</li> <li>Frame up to \$70</li> <li>Single vision lenses up to \$30</li> <li>Lined bifocal lenses up to \$50</li> <li>Lined trifocal lenses up to \$65</li> <li>Progressive lenses up to \$50</li> <li>Contacts up to \$105</li> </ul>
<b>Extra Savings</b>	<ul style="list-style-type: none"> <li>20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/specialoffers">vsp.com/specialoffers</a> for details</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam</li> <li>No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities</li> </ul>	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/specialoffers">vsp.com/specialoffers</a> for details</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam</li> <li>No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities</li> </ul>
<b>Laser Vision Correction</b>	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility

Coverage with a participating retail chain may be different. Once your benefits are effective, visit [vsp.com](https://vsp.com) for details.

## HEALTH ACCOUNTS

### Comparing HSA vs. HRA vs. FSA




Health reimbursement accounts (HRAs), health savings accounts (HSAs) and health care flexible spending accounts (FSAs) are all offered by HealthFlex. They share some similar traits, but have important differences. Learn more below.

	 HealthFlex HSA	 HealthFlex HRA	 HealthFlex Health Care FSA
<b>Which Plans?</b>	H1500 with HSA, H2000 with HSA, H3000 with HSA	C2000 with HRA, C3000 with HRA	H1500 with HSA, H2000 with HSA, H3000 with HSA, C2000 with HRA, C3000 with HRA, B1000
<b>How Funded?</b>	<ul style="list-style-type: none"> <li>• May be funded by plan sponsor*</li> <li>• You may add money to an HSA (optional)</li> <li>• May include extra premium credit (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• Funded by plan sponsor</li> <li>• You are not permitted to add money</li> <li>• May include extra premium credit (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• You fund your FSA</li> </ul>
<b>Earnings / Interest</b>	May earn tax-deferred interest or dividends based on account or fund you select	No interest	No interest
<b>Tax Implications**</b>	Triple tax advantage: <ol style="list-style-type: none"> <li>1. Contributions are deductible from gross income and are not subject to federal income tax</li> <li>2. HSA earnings accrue tax-free</li> <li>3. HSA withdrawals, including investment earnings, are tax-free for eligible expenses</li> </ol>	<ul style="list-style-type: none"> <li>• Plan sponsor contributions are excluded from your gross income and are not subject to federal income tax</li> </ul>	<ul style="list-style-type: none"> <li>• Your contributions are excluded from gross income and are not subject to federal income tax</li> </ul>
<b>Annual Funding Limit 2020</b>	Annual federal limit for total HSA contributions (plan sponsor + your money). <ul style="list-style-type: none"> <li>• \$3,550 (self-only) or</li> <li>• \$7,100 (family)</li> <li>• Individuals 55 and older may contribute extra \$1,000 annually (\$4,550 self-only, \$8,100 family)</li> </ul>	<ul style="list-style-type: none"> <li>• No annual limit</li> <li>• Amount determined by plan sponsor</li> </ul>	<ul style="list-style-type: none"> <li>• \$300 minimum—\$2,700 maximum</li> </ul>
<b>Funds Availability</b>	<ul style="list-style-type: none"> <li>• Any plan sponsor contributions* are available for use upon deposit at beginning of plan year</li> <li>• Participant contributions and any excess premium credit are available monthly as they are deposited to the HSA on 5<sup>th</sup> of the month</li> </ul>	<ul style="list-style-type: none"> <li>• Available for use at beginning of plan year</li> </ul>	<ul style="list-style-type: none"> <li>• Available for use at beginning of plan year</li> </ul>

\* H3000 has no plan sponsor contribution for HSA.

\*\* There may be additional tax implications for individuals approaching Medicare eligibility within the plan year. Please consult your tax adviser if you will soon be Medicare eligible.

## Comparing HSA vs. HRA vs. FSA

	 HealthFlex HSA	 HealthFlex HRA	 HealthFlex Health Care FSA
<b>Eligible Expenses / Usage</b>	<ul style="list-style-type: none"> <li>Use primarily for eligible health<sup>5</sup> care expenses for tax dependents</li> <li>If used for non-health care expenses, tax penalty may apply</li> <li>Limited use for premiums: Limited to continuation coverage, long-term care or Medicare (not including Medicare supplement)</li> </ul>	<ul style="list-style-type: none"> <li>Use only for eligible health care expenses for those covered in the medical plan (not premiums, except after retirement)</li> <li>After retirement: May use for premiums (medical, dental, vision and long-term care)—primary participant only</li> </ul>	<ul style="list-style-type: none"> <li>Use for eligible health care expenses for tax dependents</li> <li>May not use for premiums or long-term care</li> <li><i>If contributing to HSA, FSA is limited to dental and vision expenses only***</i></li> </ul>
<b>Substantiation / Documentation</b> ("Proof" of Claim)	<ul style="list-style-type: none"> <li>Not required, but you are responsible for reporting any taxable HSA distributions to the IRS</li> </ul>	<ul style="list-style-type: none"> <li>Required<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>Required<sup>6</sup></li> </ul>
<b>Carry-Over at Year-End</b>	<ul style="list-style-type: none"> <li>Unused balance carries over year to year</li> <li>No dollar limit on accumulated balance</li> </ul>	<ul style="list-style-type: none"> <li>Unused balance carries over year to year <i>as long as you remain in HealthFlex</i> and through retirement</li> <li>No dollar limit on accumulated balance</li> </ul>	<p><i>IRS "use it or lose it" rules apply</i></p> <ul style="list-style-type: none"> <li>\$500 carryover permitted to the following plan year. Remainder forfeited if not spent by December 31 (runout period to file claims: through April 30 of the following year)</li> </ul>
<b>Compatibility with Other Reimbursement Accounts</b>	<ul style="list-style-type: none"> <li><b>Compatible with limited-use FSA or HRA</b></li> <li><i>If contributing to HSA, HRA and FSA are limited to dental and vision expenses only***</i> (including FSA balance carried over from a prior year and spouse's FSA/spouse's HRA)</li> </ul>	<ul style="list-style-type: none"> <li>Compatible with FSA</li> <li><i>If contributing to HSA, HRA is limited to dental and vision expenses only***</i></li> </ul>	<ul style="list-style-type: none"> <li>Compatible with HRA. FSA pays first—HRA pays only after FSA funds are exhausted.</li> <li><i>If contributing to HSA, FSA is limited to dental and vision expenses only***</i></li> </ul>
<b>If You Retire</b>	<ul style="list-style-type: none"> <li>Unused balance is <i>portable; remains with you indefinitely</i> regardless of UMC employment/appointment</li> </ul>	<ul style="list-style-type: none"> <li>Unused balance remains until exhausted</li> </ul>	<ul style="list-style-type: none"> <li>Eligible expenses can only be incurred through your last date of HealthFlex coverage pre-retirement</li> <li>Deadline to file claims: 90 days after leaving HealthFlex</li> </ul>
<b>If You Terminate UMC Employment or Waive HealthFlex</b>	<ul style="list-style-type: none"> <li>Unused balance is <i>portable; remains with you indefinitely</i> regardless of UMC employment/appointment</li> </ul>	<ul style="list-style-type: none"> <li>Unused balance can be used for eligible expenses for up to 90 days after termination or waiver</li> </ul>	<ul style="list-style-type: none"> <li>Eligible expenses can only be incurred through your last date of HealthFlex coverage</li> <li>Deadline to file claims: 90 days after leaving HealthFlex</li> </ul>

<sup>5</sup> As defined in IRS Publication 969 and Internal Revenue Code Section 152

<sup>6</sup> May not be required with debit card use

\*\*\*Limited use until participant notifies WageWorks that the IRS-defined deductible has been met; then can be used for all eligible health care expenses.  
(2020 IRS-defined deductible: \$1,400 individual, \$2,800 family)

**Dependent care FSA:** Annual contribution limit—\$5,000. Contributions are available monthly as they are deposited to the FSA on 5<sup>th</sup> of the month.

More information is available through the [HealthFlex/WebMD](https://www.wespath.org) website at [wespath.org](https://www.wespath.org)  
(scroll down to select "HealthFlex/WebMD"; then log in).

**Disclaimer:** This document is provided as a general informational and educational service to HealthFlex participants. The document does not constitute legal, tax or consumer advice. Readers may want to consult with a tax adviser, legal counsel or other professional adviser before acting on any information in this document. Wespath Benefits and Investments (Wespath) expressly disclaims all liability in respect to actions taken or not taken based on the contents of this document. Readers also may want to review additional documents provided by HealthFlex for more information about the plans and HRA or HSA reimbursement accounts.





# Wespath

BENEFITS | INVESTMENTS



HEALTHFLEX EXCHANGE

## How Do I Choose My HealthFlex Plans?

a general agency of The United Methodist Church

## What Is Great About HealthFlex Exchange?

### Plan Options to Meet Your Unique Needs

Everyone's health care needs are different. What works for one individual may not be the best for a family or person with different medical or financial circumstances. With HealthFlex Exchange, you choose the HealthFlex plans that are best for you.

**You can select from:**



**6 Medical**



**3 Dental**



**3 Vision**

With flexibility to select the plans that best fit your budget and health care needs, and more choice over how to allocate your Premium Credit, HealthFlex Exchange puts you in control.



## Shop for Coverage With Your Premium Credit

Your annual conference or UMC employer will help pay your monthly premium costs for coverage with a Premium Credit to be used specifically for purchasing the HealthFlex plans you select. Your credit is applied to your plan premiums—offsetting *what you owe*.

### Premium Credit Example

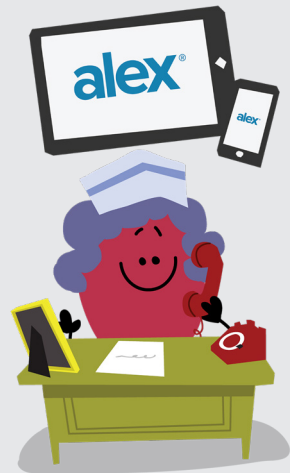
	Monthly Premium Credit Amount	Monthly Premium	Difference
Pastor John	\$600	\$700	-\$100
1. HealthFlex bills plan sponsor <b>\$700/month</b> for Pastor John.			
2. Plan sponsor bills <b>Pastor John's church</b> \$700/month.			
3. Pastor John's church <b>withholds</b> \$100/month from his paycheck for additional premium costs.			

## ALEX Benefits Counselor

**ALEX is a tool to help you select the right plans.** The “benefits counselor” will ask a series of questions to help determine which plans may be the best fit for participants.

Use ALEX to:


- Estimate out-of-pocket costs, such as deductibles, co-payments or co-insurance
- Compare HealthFlex plans and which might cost the least overall
- Estimate health account contributions



To access ALEX, go to [wspath.org](https://wspath.org) and log into **HealthFlex/WebMD**.



Medical Plan Comparisons

There are also important differences in how each type of HealthFlex plan covers some services:

	 HSA Plans		
Plan Feature	H1500	H2000	H3000
Health Account Employer Contribution	\$750 for 1 person \$1,500 for > 1 person	\$500 for 1 person \$1,000 for > 1 person	None
Deductible Participant pays all	\$1,500 per person \$3,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family
	If > 1 person is covered the family deductible always applies		
Co-insurance Participant pays part (Plan   Participants pays)	80%   20%	70%   30%	40%   60%
Out-of-Pocket Max (OOP) After this, plan pays all	\$6,000 per person \$12,000 per family	\$6,500 per person \$13,000 per family	\$6,500 per person \$13,000 per family
Office Visits			
Doctor visit <b>before</b> deductible is met	Participant pays full discounted cost		
Doctor visit <b>after</b> deductible is met	Participant pays 20%	Participant pays 30%	Participant pays 60%
Medical Services			
Hospital stay, lab or x-ray <b>before</b> deductible	Participant pays full discounted cost		
Hospital stay, lab or x-ray <b>after</b> deductible	Participant pays 20%	Participant pays 30%	Participant pays 60%
Pharmacy	<b>After</b> deductible, participant pays copay or co-insurance	<b>After</b> deductible, participant pays copay or co-insurance	<b>After</b> deductible, participant pays 60%
Outpatient Counseling	Participant pays full discounted cost until deductible is met		
	then 20%	then 30%	then 60%

See *HealthFlex Plan Comparisons* for more benefit details by plan.



 <b>HRA Plans</b>		 <b>B1000</b>
<b>C2000</b>	<b>C3000</b>	<b>B1000</b>
\$1,000 for 1 person \$2,000 for > 1 person	\$250 for 1 person \$500 for > 1 person	None
\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$1,000 per person \$2,000 per family
80%   20%	50%   50%	80%   20%
\$6,000 per person \$12,000 per family	\$6,500 per person \$13,000 per family	\$5,000 per person \$10,000 per family
Participant pays full discounted cost		\$30 PCP*/ \$50 specialist
Participant pays 20%	Participant pays 50%	\$30 PCP*/ \$50 specialist
Participant pays full discounted cost		Participant pays full discounted cost
Participant pays 20%	Participant pays 50%	Participant pays 20%
Participant pays copay or co-insurance	Participant pays copay or co-insurance	Participant pays copay or co-insurance
No deductible		\$15
Participant pays 20%	Participant pays 50%	

\* PCP: Primary Care Provider



# Dental and Vision Plan Comparisons



Dental	Dental HMO	Passive PPO 2000	PPO
Preventive/Diagnostic Services Covered at 100%	✓	✓	✓
Coverage for basic and major restorative care, plus orthodontia up to age 19	✓ (Plus adult orthodontia)	✓	✓
Same benefits whether your dentist is in-network or not		✓	
More generous benefits if you see an in-network dentist <sup>1</sup>			✓
In-network benefits only	✓		
Annual maximum benefit	No benefit max; see charge schedule	\$2,000 <sup>2</sup>	\$2,000 <sup>2</sup> (in network) \$1,000 <sup>2</sup> (out of network)

Vision	Exam Core	Full Service	Premier
Basic eye exam for \$20	✓	✓	✓
Discount-only for glasses and contacts	✓		
Allowance toward glasses and/or contacts		\$160 <sup>3</sup>	\$200/year (each)

<sup>1</sup> HealthFlex uses the CIGNA Advantage Network for the PPO and Passive PPO. The HMO uses the Cigna Dental Care Access Network.

<sup>2</sup> Increases \$150/year for 3 subsequent years if you get regular preventive checkups.

<sup>3</sup> Glasses—frames every 24 months, lenses every 12 months or contacts every 12 months.

## How Do Health Accounts Work?

HSAs, HRAs and FSAs are all offered by HealthFlex. They share some similar traits, but have important differences. Learn more below.

	HealthFlex HSA	HealthFlex HRA	HealthFlex Health Care FSA
<b>Which Plans?</b>	H1500, H2000, H3000*	C2000, C3000	All
<b>How Funded?</b>	Plan sponsor and individual	Plan sponsor	Individual
<b>Earnings/Interest</b>	May earn tax-deferred interest or dividends	No interest	No interest
<b>Tax Implications**</b>	Triple tax advantage: 1. Contributions are not subject to federal income tax 2. HSA earnings accrue tax-free 3. HSA withdrawals, including investment earnings, are tax-free for eligible expenses	Plan sponsor contributions are excluded from your gross income and are not subject to federal income tax	Your contributions are excluded from gross income and are not subject to federal income tax
<b>Annual Funding Limit (2020)</b>	\$3,550 individual \$7,100 family	Determined by plan sponsor	\$2,700
<b>Carry-Over at Year-End</b>	Unlimited carry over	Unlimited carry over as long as you remain in HealthFlex (and through retirement)	\$500
<b>If You Retire</b>	Unused balance remains with you indefinitely regardless of UMC employment/appointment	Unused balance remains until exhausted	Eligible expenses through your last date of HealthFlex coverage  <b>Deadline to file claims:</b> 90 days after leaving HealthFlex
<b>If You Terminate UMC Employment or Waive HealthFlex</b>	Unused balance remains with you indefinitely regardless of UMC employment/appointment	Unused balance can be used for eligible expenses for up to 90 days after termination or waiver	Eligible expenses through your last date of HealthFlex coverage  <b>Deadline to file claims:</b> 90 days after leaving HealthFlex

\* H3000 has no plan sponsor contribution for HSA.

\*\* Please consult your tax adviser if you will soon be Medicare-eligible. There may be additional tax implications.

## Make Your 2020 HealthFlex Elections— October 30 through November 14, 2019

This is your only opportunity to select 2020 HealthFlex benefits, change who you'll cover and elect health account contributions. To make your elections, go to **wespath.org** and log into **HealthFlex/WebMD**.

- Use ALEX Benefits Counselor to estimate costs under each plan and explore your health account options
- Select your HealthFlex plans—medical, dental and vision
- Choose which eligible dependents to cover in 2020
- Contribute to health accounts for pre-tax savings in 2020 and to save for future health needs

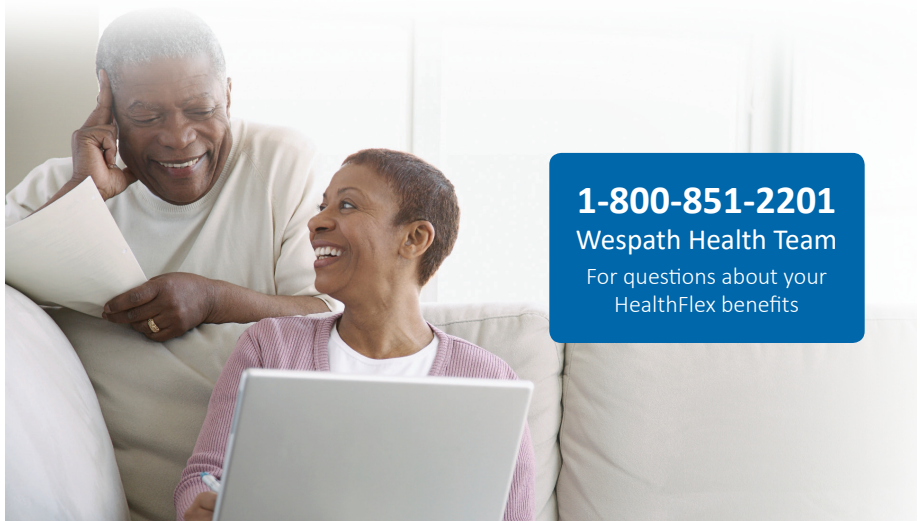
If you don't make any elections, your current HealthFlex coverage will continue for 2020, you will default into a plan chosen by your plan sponsor. Any health account contributions you may be making in 2019 will not continue automatically into 2020. You must make these elections annually.

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After Annual Election, you can only change benefits, add or drop dependents, or make new FSA elections if you experience a qualifying "change of status" event, such as marriage, divorce, death of a spouse, birth/adoption of a child, or loss of spouse's health coverage.

If you have an HSA, you can change your HSA elections/contribution through November of that year, without a change of status event. However, you cannot reduce your contribution mid-year to an amount less than you have already contributed year-to-date.

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**1-800-851-2201**

**Wespath Health Team**

For questions about your  
HealthFlex benefits





## 31-Day Enrollment Compliance Rules and Implications

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You are eligible to participate in HealthFlex\* if you are in one of the eligible categories of coverage listed on your plan sponsor's Adoption Agreement. The date on which you first enter an eligible category is considered your eligibility date.

Your plan sponsor will notify you of your eligibility and give you a HealthFlex enrollment packet. You must then complete and return the necessary forms, including the *HealthFlex and OneExchange Enrollment/Change Form*, to your plan sponsor for signature. **It is important that you do this on a timely basis so that your plan sponsor can sign and submit your completed *HealthFlex and OneExchange Enrollment/Change Form* within 31 days of your eligibility date.** Your eligibility date is included in the 31-day count.

### Example:

Eva is appointed/hired on May 1 and is eligible to participate in HealthFlex. Her plan sponsor sends her the enrollment packet and a *HealthFlex and OneExchange Enrollment/Change Form*. She reviews the information, completes the *HealthFlex and OneExchange Enrollment/Change Form* and returns (mails) it to her plan sponsor. All of this must be done such that the plan sponsor signs and submits the form by end of the business day, May 31.

**If the 31-day plan sponsor signature requirement is not met, you will be assigned default coverage, which may vary based on your employment status or appointment.** If this occurs, you will be unable to change your coverage until the next annual election period, and coverage would not begin until the following plan year. There may be an exception to having to wait until the next annual election period to enroll if you experience a special enrollment event, as described in the *Special Enrollment and Change of Status Events Provisions* information provided in your enrollment packet. In such case, you may be able to make elections for coverage prior to the next annual election period. Please read the material for more information.

\* HealthFlex Exchange is part of HealthFlex.



## Flexible Spending Accounts—Health Care and Dependent Care Accounts

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Through HealthFlex, actively working participants have the option to elect to contribute a part of their compensation to tax-advantaged (pre-tax) flexible spending accounts (FSAs)—one for health care expenses (health care FSA) and one for dependent day care expenses (dependent care FSA).

If you elect to participate in an FSA, you may contribute part of your compensation, i.e., set aside funds, on a before-tax basis<sup>1</sup> to reimburse yourself for certain eligible health care and dependent care expenses.

Flexible spending accounts can save you significant amounts on the cost of health care and dependent day care by allowing you to pay for qualified expenses on a pre-tax basis. However, the funds you set aside in flexible spending accounts are subject to certain restrictions on their use, as explained below, and are subject to the Internal Revenue Service (IRS) “use it or lose it” rule. Please be sure you understand all the implications of those rules by carefully reading this entire document.

When you elect to contribute to an FSA, you are choosing to contribute that amount over the applicable plan year—which is a calendar year—not a conference or appointment year. If you enroll in the plan mid-year and elect to contribute to an FSA, your election will apply to the remaining portion of the calendar year.

**Note:** HealthFlex flexible spending accounts are administered by WageWorks.

### The Health Care FSA

If you elect a health care FSA, you can elect to set aside part of your compensation on a before-tax basis<sup>1</sup> to reimburse yourself for certain eligible health care expenses that are not otherwise reimbursed or reimbursable from the group health plan component of HealthFlex or from some other source. The entire amount set aside is available on the first day of the plan year, which can be useful to cover out-of-pocket expenses<sup>2</sup> before the deductible has been met. Paycheck deductions continue over the course of the year.

With a health care FSA, you may submit for reimbursement certain eligible out-of-pocket medical, pharmacy, dental and vision expenses incurred during the plan year. You also may submit for reimbursement through the health care FSA certain expenses incurred by your spouse or dependent children (even for qualified expenses for qualified dependents not covered under the HealthFlex medical plan). In addition, if you have a doctor’s prescription, certain expenses for over-the-counter medications and medical supplies are reimbursable through the health care FSA.

To get an idea of the amount you may want to set aside in a health care FSA, begin with last year’s medical, dental and vision expenses. Will any of these recur? If so, add them to your estimate. You may then want to consider what types of expenses you can anticipate for the coming year, such as new eyeglasses, any co-payments or deductibles under the benefit options you elect. This will help you estimate the amount of your compensation that you may want to set aside. For further information regarding eligible expenses, please call WageWorks at **1-877-WageWorks (1-877-924-3967)** or go to **wespath.org**, log into **HealthFlex/WebMD**, and select “**My HealthFlex Benefits**,” then “**Health Accounts—WageWorks**.”

It is relatively easy to estimate your expenses for a health care FSA since you probably already know the cost of many services in advance. You may set aside \$300 to \$2,700 (2020) per calendar year.

<sup>1</sup> Salary reduction contributions are not subject to federal income tax or FICA tax withholdings. In some cases, salary reduction contributions may not be subject to certain state and local tax withholdings. Consult your tax advisor and plan sponsor.

<sup>2</sup> With an HSA plan, the health care FSA would be *limited-use* that may be used for dental and vision expenses only, until you notify WageWorks that the IRS-defined deductible has been met; then can be used for all eligible health care expenses. (2019 IRS-defined deductible: \$1,350 individual coverage/ \$2,700 family coverage)

## The Dependent Care FSA

If you elect a dependent care FSA, you may elect to set aside part of your compensation on a before-tax basis<sup>1</sup> to reimburse yourself for certain eligible dependent day care expenses (even for qualified expenses for qualified dependents who are not covered under the HealthFlex medical plan). The dependent care FSA applies only to expenses in that calendar year (i.e., **January 1 through December 31**).

With a dependent care FSA, you may submit for reimbursement certain expenses incurred for care of your dependents to enable you and your spouse to be gainfully employed. Dependent day care expenses may include expenses for summer day camp, babysitting services while you work, or a day care center for children or dependent adults.

If you incur dependent day care expenses for your dependent children (age 12 and younger) or for your spouse or other adult dependents who are physically or mentally incapable of self-care, you may be reimbursed for certain eligible dependent day care expenses under the dependent care FSA. Unlike the health care FSA, only the funds that have actually been deducted to date are available to reimburse expenses.

Make sure to keep track of your dependent day care expenses and the provider's name, address and tax identification number (Social Security number if it is a home provider). In addition to submitting this information to WageWorks to request your reimbursement, you may want to save a copy of this information for reference when you prepare your tax return.

## Dependent Care FSA Election Limits

In a calendar year, the amount an employee can exclude from his or her income through salary deferrals to the dependent care FSA is limited to the smallest of the following:

1. \$5,000 (\$2,500 if the employee is married, but filing separately);
2. the employee's earned income if less than \$5,000; or
3. the spouse's earned income if the employee is married at the end of the taxable year.

If the employee is married and his or her spouse is either a full-time student or incapable of self-care and has no earned income, the spouse is deemed to have an earned income of \$250 per month (\$500 per month if there are two or more qualifying individuals) in each month that the spouse is either a full-time student or incapable of self-care.

## The Use It or Lose It Rule

FSAs have certain "use it or lose it" rules, based on Internal Revenue Service (IRS) guidelines. This means that account balances not spent by the specified deadline will be forfeited. In other words, if you don't "use" your FSA money by the deadline, you will "lose" it. The "use it or lose it" rule applies to any unspent amount remaining for the dependent care FSA and to any amount over \$500 remaining for the health care FSA. *(See details below.)*

**Important:** Amounts remaining in health care FSA (over \$500) and dependent care FSA (any amount) accounts after the applicable deadlines will be forfeited due to the IRS "use it or lose it" rule. HealthFlex uses such forfeitures to offset the administrative expenses of the program.

**Use it or lose it rules for health and dependent care FSAs are different, as described below.**

### Health Care FSA (eligible health care expenses)

- You must spend all but \$500 of your FSA by **December 31 of the current plan year** or it will be lost. After December 31, you can carry over **up to \$500** remaining in your FSA account—to be spent by **December 31 of the following year**. *Any balance in your FSA account over \$500 as of December 31 of the following year will be forfeited.*

Claims for current plan year FSA expenses submitted after the deadline (**April 30 of the following year**) will not be reimbursed. Claims for the current plan year amount carried over to the following plan year must be submitted by **April 30 of the next following year** or they will not be reimbursed.

### Dependent Care FSA (eligible dependent care expenses)

- You must incur all eligible expenses by **December 31** of the FSA year. There is no grace period or carry-over allowance. Claims must be submitted by **April 30** of the following year.

## Special Rule for Those Who Retire or Cease Working

If you cease working during the plan year—whether due to retirement, termination of employment or a leave of absence—your coverage under the FSAs cease at the end of the month in which your last day of employment occurs.<sup>3</sup> Only eligible expenses incurred *before the end of the month of your last day of employment* may be reimbursed from your FSA. Expenses incurred after your termination month are not reimbursable. Also, if your coverage terminates during the plan year you will have only **90 days** after the date your coverage ends to submit claims for eligible expenses incurred before your termination date (i.e., before and including the last day of the month in which your employment ends).

## Helpful Reminders When Using Your FSA Accounts

1. HealthFlex requires that you affirmatively elect an FSA during the Annual Election period or when you join HealthFlex and elect the amount of funds you wish to set aside for each plan year. If you make no election for the upcoming plan year, your FSA elections for that plan year will be zero.
2. The amount you elect to contribute to each account is for a calendar year, not a conference or appointment year. If you enroll in the plan mid-year and elect to contribute to an FSA, your election will apply to the remaining portion of the calendar year. If you terminate from HealthFlex prior to the end of the plan year (e.g., retiring, terminating employment or leave of absence), **you have 90 days from the end of the month in which your date of termination occurs to submit all claims you incurred while you were a participant (i.e., before your date of termination).**
3. Provided that you remain eligible to have a health care FSA under the plan, the total annual amount that you elected to contribute for the plan year is available at any time during the plan year (reduced by the amount of prior FSA reimbursements paid to you during the plan year).
4. When you incur an expense eligible for dependent care FSA reimbursement, submit a separate claim form to WageWorks, along with proof of payment and the provider's tax identification number. Unlike the health care FSA, the amount of dependent care FSA reimbursement available at any time during the plan year is limited to the amount credited to your dependent care FSA as of the date of claim (reduced by the amount of prior dependent care FSA reimbursements paid to you during the plan year).
5. To be considered for reimbursement, you must incur the expenses during the plan year for which your FSA elections are effective. Expenses are considered incurred when services are performed, not when payment is made (subject to certain exceptions for orthodontia and eyeglasses).
6. There is no grace period for health care FSA funds elected. However, you may carry over *up to \$500* remaining in your FSA, to be applied to eligible expenses incurred during the following plan year. There is no grace period or carry-over allowance for unspent dependent care FSA funds in any plan year.
7. Funds cannot be transferred between the health and dependent care FSAs. Estimate your expenses so that you do not contribute more than you need. IRS regulations require that any funds remaining in your account after applicable deadlines will be forfeited.
8. The plan administrator uses all amounts forfeited from participant FSA accounts to offset the administrative costs of the plan.
9. Normally, you cannot change the amount that you elected to set aside in your reimbursement accounts (FSAs) during the plan year. The terms of the plan allow you to generally set aside between \$300 and \$2,700 (2020) for the health care FSA, and between \$300 and \$5,000 for the dependent care FSA, to be deducted from your salary/paycheck in prorated amounts throughout the plan year. However, under limited circumstances, certain events (called change of status events, such as marriage or birth of a child) may allow you to make certain election changes during the plan year. Please contact the plan administrator or your plan sponsor for more information about change of status events.
10. If you become ineligible to participate in the FSA (for any reason, including retirement or termination) during the plan year, expenses incurred after your loss of such eligibility are not eligible for FSA reimbursement.

**Please note:** *There are important tax implications associated with electing to defer compensation to an FSA. Individuals should consult with their legal, accounting, tax and other advisors before electing to participate in the FSA.*

<sup>3</sup> If your last day of employment occurs the first day of the month, your coverage under the FSA ceases at the end of the prior month.

Salary reduction contributions will reduce your compensation for Social Security tax purposes. This means that your Social Security benefits could be decreased because of the decreased amount of compensation, which is considered for Social Security purposes.

For more information and copies of the reimbursement request forms, check the **WageWorks** website after you log into HealthFlex/WebMD (**wespath.org** > select **HealthFlex/WebMD**, then click on “**My HealthFlex Benefits**” > “**HealthFlex Accounts—WageWorks**”).

This publication serves to provide you with general information regarding the FSA programs. The actual terms and conditions of the programs are contained in the programs’ Plan Document, Summary Plan Description and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by Wespath Benefits and Investments (Wespath). If there is a conflict between the information contained in this publication and the Documents, the terms of the Documents shall control. Wespath reserves the right to amend, modify or terminate part or all of the programs at any time, and Wespath does not make any commitment or guarantee that program contributions or benefits will be excludable from an individual’s gross income for federal, state or local tax purposes.





## Health Savings Accounts (HSA) for Participants in HealthFlex Health Savings Account Plans

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Participants who choose a HealthFlex HSA Plan—considered by the IRS to be a “qualified high-deductible health plan,” have the option to contribute to a tax-advantaged health savings account (HSA). Personal HSA contributions can be deducted from your compensation on a pre-tax basis or may be contributed on an after-tax basis and mailed directly to the issuing bank [Bank of New York Mellon (BNY Mellon)] for HealthFlex HSA Plans. HSA funds can be used to reimburse yourself for eligible health-related expenses.

An HSA is a triple federal tax-advantaged account when paired with an IRS “qualified high-deductible health plan” (e.g., a HealthFlex HSA Plan):

1. HSA contributions are deductible from gross income.
2. HSA interest or investment earnings accrue tax-deferred.
3. HSA withdrawals are tax-free for eligible expenses.

An HSA can be used to pay for eligible health-related expenses that are not reimbursed through the health plan. Common eligible expenses include annual deductibles, co-payments, co-insurance, and other out-of-pocket expenses for medical and prescription drug services and eligible supplies, as well as eligible expenses related to vision, dental and behavioral health care. For some people, the HSA is an attractive offering because they can save pre-tax money for future medical expenses, including retiree health costs, while still being able to access at any time for eligible expenses.

HSAs can be a great tool for long-term, tax-advantaged health savings. However, they have unique rules, restrictions and tax implications. If you are considering enrolling in a HealthFlex HSA Plan, please read this document carefully before electing your plan. You may also want to consult with a tax adviser. Contact EY Financial Planning Services at **1-800-360-2539** or another financial professional to explore how different investing scenarios best fit your current and long-term needs.

EY Financial Planning Services are available to active participants and surviving spouses with account balances in Wespath-administered retirement plans. Costs for EY services are included in Wespath’s operating expenses that are paid for by the funds Wespath administers.

**Note:** HealthFlex HSAs are administered by WageWorks. Bank of New York (BNY) Mellon is the custodian for HealthFlex HSAs.

### HSA Eligibility

You may be *eligible* to open and/or contribute to an HSA if you are enrolled in a HealthFlex HSA Plan (H1500, H2000 or H3000 with HSA).

Additional health-related reimbursement accounts (including spouse’s accounts) must be limited to:

- Limited-use health care flexible spending account (FSA)<sup>1</sup>, —for dental and vision expenses only, until the IRS-defined deductible is met
- Limited-use health reimbursement account (HRA)<sup>1</sup>—for dental and vision expenses only, until the IRS-defined deductible is met
- Retiree HRA

<sup>1</sup> The FSA and/or HRA will remain a limited-use FSA and/or HRA until you notify WageWorks that you have met the applicable IRS-defined deductible; then the FSA and/or HRA can be used for all eligible health care expenses. (2020 IRS-defined deductible: \$1,400 individual coverage/\$2,800 family coverage).

## HSA Contribution Ineligibility

You are *not eligible* for HSA contributions if you fit any of these categories, and therefore should consider *not* selecting a HealthFlex HSA Plan:

- Covered under any health plan that is not an IRS qualified high-deductible health plan (e.g., a spouse's plan)
- Claimed as a dependent on another individual's tax return
- Enrolled in Medicare, including:
  - Participating in the Medicare Secondary Payer Small Employer Exception (MSPSEE) program,
  - Receiving Social Security retirement benefits,
  - Enrolled in only Medicare Part A, *or*
  - Enrolled in Medicare due to disability
- Enrolled in Tricare

Additionally, if you are in an HSA Plan, you are not allowed to have either of the following until you have met a minimum deductible<sup>1</sup> defined by the IRS:

- Full-use health care FSA (must convert to *limited-use* health care FSA<sup>1</sup>—*for dental and vision expenses only, until the IRS-defined deductible is met*)
- Full-use HRA (must convert to *limited-use* HRA<sup>1</sup>—*for dental and vision expenses only, until the IRS-defined deductible is met*)

*Full-use restriction also applies if your spouse has a full-use health care FSA and/or full-use (HRA). The HSA is compatible only with a limited-use health care FSA<sup>1</sup> and/or limited-use HRA<sup>1</sup>—for dental and vision expenses only, until the IRS-defined deductible is met.*

## Who Can Use the HSA Funds

According to the IRS, the HSA funds can be applied to eligible health care expenses incurred by:

- Primary participant (i.e., the clergyperson or lay employee, or, in some cases, surviving spouse or spouse in HealthFlex when clergy/lay employee is in a Medicare plan)
- Participant's spouse (even if not in HealthFlex HSA Plan)
- Participant's eligible dependents<sup>2</sup> (even if not in HealthFlex HSA Plan)

## HSA Contributions and Limits

Your HealthFlex HSA may include employer funding at the beginning of the plan year. The contribution amount varies based on which HSA Plan is selected (H1500, H2000 or H3000<sup>3</sup>) and selection of individual or family coverage.

In addition, you can add your own contribution to the HSA through pre-tax payroll deductions, or by mailing personal contributions directly to the issuing bank (BNY Mellon) at any time during the year. Personal contributions to an HSA are completely optional.

The IRS determines maximum-allowed HSA contributions (i.e., contribution limits) each year. The annual contribution limits apply to *total HSA contributions*, which include employer funding plus optional contributions you make to the HSA, plus any excess premium credit (if applicable—for HealthFlex Exchange participants only).

HSA annual contribution limits (for 2020)

- Individual coverage in HDHP: **\$3,550**
- Family coverage in HDHP: **\$7,100**
- Participants age 55 and older: eligible for **extra \$1,000** contribution for individual or family coverage (up to **\$4,550** individual or **\$8,100** family)

There is no limit on gains/losses in interest or investment earnings/losses.

**Note:** *If you and your spouse each have separate HSAs (including if you and/or your spouse both have family coverage) the family contribution limit applies to both HSAs combined. However, if you and your spouse each have individual medical coverage, then the individual HSA limit applies to each of you.*

<sup>1</sup> The FSA and/or HRA will remain a limited-use FSA and/or HRA until you notify WageWorks that you have met the applicable IRS-defined deductible; then the FSA and/or HRA can be used for all eligible health care expenses. (2020 IRS-defined deductible: \$1,400 individual coverage/\$2,800 family coverage).

<sup>2</sup> An HSA eligible dependent, includes a qualifying child who meets the definition of tax dependent under Internal Revenue Code section 152 and who meets the three criteria below:

1. Has the same principal place of abode as the covered employee for more than one-half of the taxable year and
2. Has not provided more than one-half of his or her own support during the taxable year, and
3. Meets one of the following: a) under age 19 at the end of the tax year, or b) if a full-time student, under age 24 at the end of the tax year, or c) is permanently and totally disabled.

<sup>3</sup> H3000 does not have a plan sponsor contribution.

To get an idea of the amount of your compensation you may want to contribute pre-tax to an HSA, consider what expenses you anticipate for the coming year, including co-payments, co-insurance or deductibles under the HealthFlex plan design(s) you elect. You may also want to consider additional contributions to save for future health care expenses or retirement, since these funds will not be “lost” if not used each year. Using a HealthFlex limited-use health care flexible spending account for dental and/or vision expenses can also help you “save” more HSA contributions for the future and leverage additional tax-advantages. You may also use ALEX Benefit Counselor to help estimate your expenses and how much to set aside.

**Remember:** Your optional pre-tax contributions, your optional after-tax contributions plus any employer contributions or excess premium credit cannot collectively exceed the HSA contribution limit defined by the IRS. For further information regarding eligible expenses, please call WageWorks at **1-877-WageWorks (1-877-924-3967)** or go to **wespath.org**, log in to **HealthFlex/WebMD**, and select “**Reimbursement Accounts**” under **HealthFlex Partners** to reach the WageWorks web page.

## Tax Implications

**Please consult with a professional tax adviser for more information and specific questions.**

- You are responsible for the accuracy of all tax reporting and information submitted to the IRS.
- Employer contributions and pre-tax employee contributions to an HSA that are deducted from the employee’s salary using a Section 125 (cafeteria) plan are not taxable income.
- HSA contributions from your plan sponsor (employer) are not taxable and not included in gross income. Likewise, personal contributions made on a pre-tax basis are not included in gross income. However, both plan sponsor (employer) and personal HSA contributions must be reported in box 12 of your *IRS Form W-2* with a Code W, along with any additional premium credit overages or incentives posted to your HSA.
- If HSA funds are used for non-eligible expenses, the amount used for non-eligible expenses is treated as taxable income and may be subject to a tax penalty (under age 65). Any penalty is paid with the IRS federal tax return; penalties are not administered by HealthFlex, WageWorks or BNY Mellon.
- “Excess contributions” are contributions to the HSA that exceed the allowable annual contribution limit; excess contributions may be subject to an IRS excise tax.
- To avoid paying an excise tax, you can withdraw the excess contributions plus any earnings by April 15 of the following year (i.e., the normal tax-filing deadline) and include this withdrawn contribution amount as “other income” on your tax return for the year excess contributions and earnings were withdrawn.

## Rollover and Portability

- Unused HSA funds roll over year to year, with no limit on the amount rolled over or accumulated; any accumulated balance does not reduce eligibility for future year contributions.
- If you leave a HealthFlex HSA Plan (for example, you elect a different type of HealthFlex plan or leave HealthFlex altogether because you retire or cease working):
  - You can no longer contribute to your HSA
  - Your plan sponsor will no longer contribute to the HSA
  - You do not lose the HSA balance accumulated to date

### For More Information

HSA rules are complicated, and have financial and tax implications. This document provides an overview of HSA rules and restrictions, but is not meant to be all-inclusive. Please consult with a tax professional for your specific questions and situation. For more detailed information about HSAs, HRAs and FSAs, visit **www.irs.gov**.

You can also find much more detailed information about HSA eligibility, contribution limits and tax implications in the BNY Mellon *HSA Deposit Account Terms, Conditions and Disclosures*—available online through **wespath.org** (log in to **HealthFlex/WebMD** and select “**Reimbursement Accounts**” under **HealthFlex Partners** to reach the WageWorks web page).

If you decide to enroll in a HealthFlex HSA Plan, you may also direct questions about your HealthFlex HSA to WageWorks or BNY Mellon.

Details about interest/investment options, fees and interest rates can be obtained directly from BNY Mellon.

- The HSA balance is owned by you and cannot be forfeited.

Helpful Reminders When Using Your HSA Account

- 1. HealthFlex and BNY Mellon require that you accept the HSA terms and conditions when enrolling in an HSA Plan. If you do not accept the terms and conditions, an HSA will not be opened for you and you will not receive any employer contribution associated with the plan you elected.
- 2. Employer funding is available in its entirety at the beginning of the plan year. Your personal contributions are available as they are withheld/contributed.
- 3. There are multiple ways to submit a request for reimbursement from your HSA through WageWorks:
  - “Pay My Provider”
  - “Pay Me Back”
  - “Pay by Debit Card”
  - Requesting a disbursement (“Pay Me”)

**Please note:** The Pay Me approach may be taxable if not associated with an eligible expense.
- 4. You can continue to request reimbursement in future years if you still have a balance, although no new contributions (participant or plan sponsor) can be added unless you are enrolled in an IRS qualified high deductible health plan.
- 5. You can withdraw funds from BNY Mellon and open an HSA with another institution. Coordination with other HealthFlex reimbursement accounts (e.g., limited purpose FSA paying first for dental and vision services) would no longer occur, and you could no longer access your HSA funds with your HealthFlex/WageWorks debit card. You are responsible for any taxes/penalties/fees due to withdrawal of funds.
- 6. You can change the pre-tax amount that you elected to contribute to your HSA via payroll deductions by contacting the Wespath Health Team or your plan sponsor. You can also submit additional payments directly to BNY Mellon.
- 7. Since pre-tax contributions made via salary deduction will reduce your compensation for Social Security tax purposes, your future Social Security benefits (based on compensation level) could be decreased.
- 8. Investment options available through BNY Mellon are not Wespath funds and are not subject to Wespath’s Sustainable Investment Strategies, meaning that the BNY Mellon funds will likely include investments in companies that manufacture products and/or provide services that are not aligned with United Methodist values. All investment options from BNY Mellon are subject to market risks. The value of HSA funds transferred to investment accounts may change daily based on fair market values, which means an investor may experience gains or losses. It is possible to lose money by investing HSA funds outside of the interest bearing account. BNY Mellon may also impose a management fee, which they must disclose. You are not required to invest your HSA funds and do so at your own risk. Consult with EY or another financial professional.

Helpful Terms

Co-insurance	Percentage of health care expense paid by individual and/or HealthFlex plan
Co-payment (copay)	Flat dollar amount individual pays toward health care expense
Credit	Premium credit—amount your plan sponsor gives you toward your HealthFlex premiums
Deductible	Amount the individual pays in full before plan co-insurance begins (does not include co-payment)
FSA	Flexible spending account (two types—health care and dependent care)
HRA	Health reimbursement account
HSA	Health savings account
Out-of-Pocket Max (OOP)	Maximum amount the individual pays for covered medical, pharmacy and behavioral health expenses
Premium	Your monthly (or annual) health plan payment to enroll in a plan

**Disclaimer:** This document is provided as a general informational and educational service to HealthFlex participants. This document does not constitute legal, tax or consumer advice. Readers may wish to consult with a tax adviser, legal counsel or other professional adviser before acting on any information contained in this document. Wespath Benefits and Investments expressly disclaims all liability in respect to actions taken or not taken based on the contents of this document.



# Wespath

BENEFITS | INVESTMENTS

a general agency of The United Methodist Church

## MDLIVE®

Virtual Care, Anywhere.

AVAILABLE 24/7

# Welcome to MDLIVE!

## Available when your regular doctor is not.

Your life is 24/7. Now seeing a doctor is, too!



Consult with a board-certified physician by phone, secure video or MDLIVE app anytime, from anywhere—24/7 access to doctors including pediatricians



Average wait time is less than 10 minutes to consult with a state-licensed, board-certified physician averaging 15 years of experience



Family members covered in HealthFlex are also eligible

### Non-emergency conditions MDLIVE can diagnose and treat:

- Acne
- Allergies
- Cold/flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect bites
- Nausea/vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary problems/UTI
- And more

*Note: E-prescriptions can be sent to your local pharmacy (if needed). Some state laws require that telemedicine doctors only prescribe medication in certain situations and subject to certain limitations.*



## Activate your MDLIVE account—Earn rewards

Activate your MDLIVE account now so it's ready when you need it, and earn 15 Wellness Points (WebMD) toward your 2019 incentives rewards. Three ways to activate:

- **Online:** [mdlive.com/healthflex](https://mdlive.com/healthflex)
- **Phone:** 1-888-750-4991
- **Mobile app:** MDLIVE (Google or iTunes stores)



## Your Costs for MDLIVE

HealthFlex covers your MDLIVE visit—your out-of-pocket costs for MDLIVE services vary by HealthFlex plan:

<b>H1500 w/HSA</b>	\$40 until deductible is met; then \$8 (20% of \$40)
<b>H2000 w/HSA</b>	\$40 until deductible is met; then \$12 (30% of \$40)
<b>H3000 w/HSA</b>	\$40 until deductible is met; then \$24 (60% of \$40)
<b>C2000 w/HRA</b>	\$40 until deductible is met; then \$8 (20% of \$40)
<b>C3000 w/HRA</b>	\$40 until deductible is met; then \$20 (50% of \$40)
<b>B1000</b>	\$20 co-payment

*Co-payments/co-insurance costs apply to your in-network out-of-pocket maximum for all plans. MDLIVE costs are eligible for reimbursement through a health care flexible spending account (FSA), health savings account (HSA) or health reimbursement account (HRA). Out-of-pocket costs contribute to your out-of-pocket maximum for all HealthFlex medical plans.*

**[mdlive.com/healthflex](https://mdlive.com/healthflex)**  
**1-888-750-4991**

*MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE interactive audio consultations with store and forward technology are available 24/7/365, while video consultations are available during the hours of 7 a.m. to 9 p.m. (local time) seven days a week or by scheduled availability. MDLIVE and MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit [www.mdlive.com/pages/terms.html](https://www.mdlive.com/pages/terms.html)*

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## PNW 2020 HealthExchange Monthly Cost

Plan	Participant	2-party	Family
<b>Medical</b>			
PPO B1000	893.00	1,698.00	2,234.00
CDH C2000	849.00	1,613.00	2,122.00
CDH C3000	720.00	1,368.00	1,800.00
HDH H1500	826.00	1,570.00	2,066.00
HDH H2000	757.00	1,438.00	1,892.00
HDH H3000	659.00	1,253.00	1,648.00
<b>Dental</b>			
HMO	14.00	26.00	45.00
Passive PPO 2000	53.00	105.00	148.00
PPO	43.00	81.00	117.00
<b>Vision</b>			
Exam Core	0.00	0.00	0.00
Full Service	5.96	9.60	15.16
Premier	14.38	23.32	37.02

**Defined Contribution** (779.00) (779.00) (1,260.00)

How to complete the *HealthFlex Enrollment* form

Part 1 - complete through your marital status

Part 2 - leave blank, I will complete

Part 3 - enter information for all of your family and children under age 26

Check the "Yes" box if want coverage or the "No" box if don't

Part 4 - If want coverage enter the medical plan you are electing.

If want dental and/or vision enter the select plan on appropriate line in part 4.

If you want a flexible benefit account (medical reimbursement and/or dependent care account) enter the annual amount you want.

If you have a high deductible health plan you may elect a contribution to a health saving account.

Enter the dollar amount you want to contribute just make sure it does not exceed the IRS maximum which also include amount contributed by plan and any excess funding.

The 2018 annual limits are \$3,450 for single coverage or \$6,900 for 2 or more covered. If 55 or older can add \$1,000 to these maximums.

Part 5 - read if declining coverage for anyone

Part 6 - sign and date

Return to Bruce Galvin, 111 N. 74th Street, Seattle, WA 98103

bg 10/23/19