

HealthFlex Exchange

Central Texas Conference

Participant Workshop

September 29, 2015

Agenda

- Overview
- Changing Health Care Landscape and Needs
- Conceptual Framework
- Plan Choices
- Defined Contribution (DC)
- Health Accounts—HRA, HSA, FSA
- Decision Support Tools
- Plan Election “How-To”



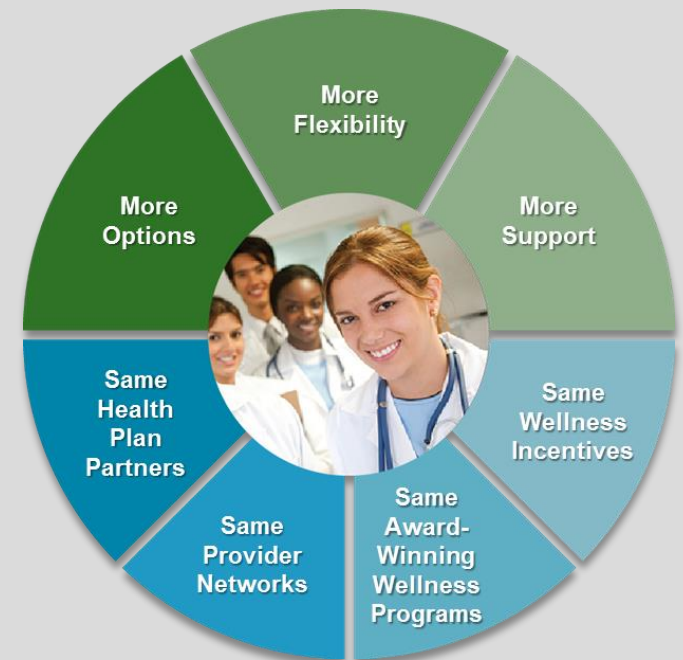
Video Segment A

What Is HealthFlex Exchange?

Same trusted, quality group health plan
and many features as today

Key Differences

- More plan choices
- Greater flexibility to “shop”
- Increased control over costs
- Better alignment with needs
- Greater decision-making supports



Changing Health Care Landscape

Affordable Care Act (ACA)



- **2018**—Cadillac Tax imposes high penalties for “generous” health plans
- Public Marketplace (www.healthcare.gov) introduces to consumer public:
 - Individual choice
 - “Metal plans”
 - Comparative shopping for health insurance

Changing Health Care Landscape



Consumerism and Accountability

- Cost-sharing and transparency facilitate informed decisions about care options
- Improved cost sustainability



Most expensive plan—not best fit for everyone

HealthFlex Strategic Direction

- **Alignment with ACA strategy and policy**
 - Avoid Cadillac tax
 - Ensure minimum value of coverage, benefit adequacy
- **Continued migration toward “consumer” plans**
 - Overall plan value below “Cadillac plan” threshold
 - Greater individual accountability
 - More choice and flexibility to meet individual needs
 - Greater cost sustainability for plan sponsors



HealthFlex Exchange—Conceptual Framework

More Plan Options
5 Medical/Rx • 3 Dental • 2 Vision Options


 GOLD	 SILVER
Higher premiums, lower out-of-pocket	Lower premiums, higher out-of-pocket



**YOU “Shop” for Plan with “Credit”
(defined contribution)**


 GOLD	 SILVER
More premium owed	Less premium owed

Premium costs offset by “credit”
(fixed defined contribution)



**Defined Contribution (“credit”) >
Premium = “Excess” deposit to:
HRA or HSA**

or



**Premium > Defined Contribution
= Salary Deduction
(Medical, Dental, Vision)**

HealthFlex Exchange: Same Quality

- BlueCross BlueShield
- OptumRx (formerly Catamaran)
- United Behavioral Health
- VSP and CIGNA

- HealthCash for activity, screening and Wellness Points
- Avoid higher deductible by taking HQ

Same
Health Plan
Partners

Same
Wellness
Incentives

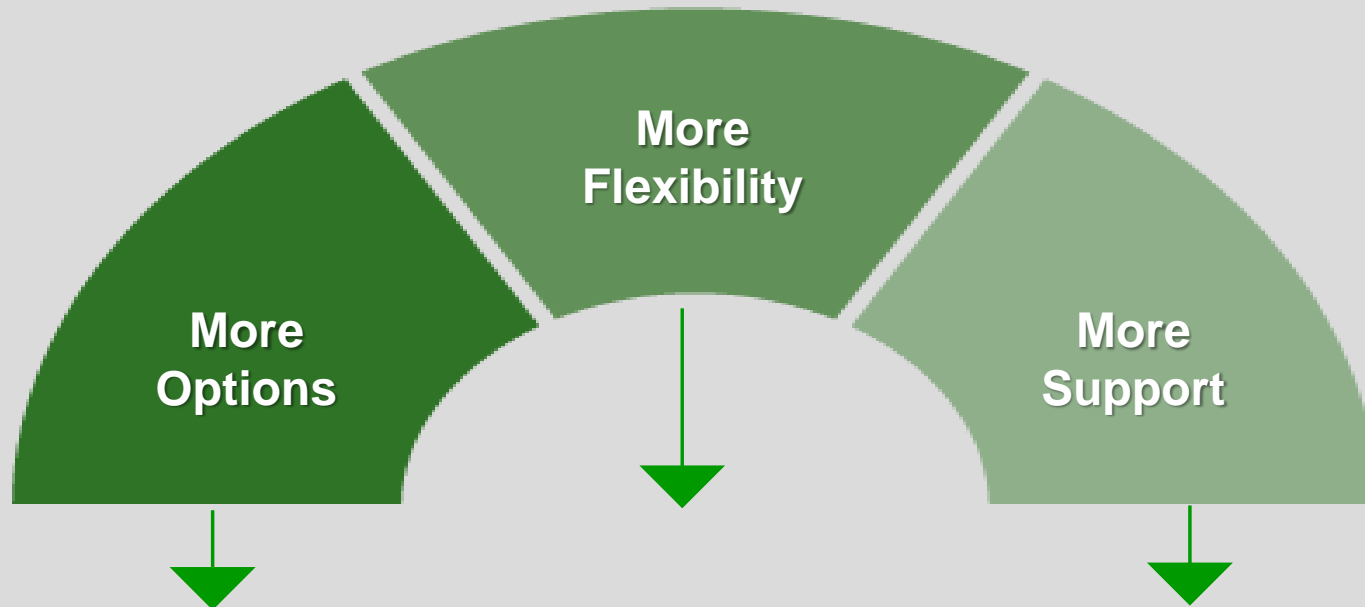
Same
Provider
Networks

Same
Award-Winning
Wellness
Programs

- No narrow networks or restrictive formularies

- WebMD, Virgin Pulse, Quest, Evive Health and more

HealthFlex Exchange: More Choice



- Medical/Rx, dental and vision options
 - 5 medical/pharmacy plan combinations
 - 3 dental choices
 - 2 vision choices

- Align plan with personal needs
 - Medical needs
 - Financial situation
 - Comfort with unexpected expenses

- Guidance for plan selection
 - WebMD's Coverage Advisor (September)
 - MyChoice decision support
 - Telephone support

HealthFlex Exchange— Not a Government Exchange

HealthFlex Exchange

- Broad networks
 - Nationwide networks
- No age-band rating
 - Important for clergy at or above our average age (>50)
- Non-taxable plan sponsor contributions
- Wellness programs and related incentives always included

Public Exchange(s)

- Narrowed networks
 - Up to 75% of doctors could be omitted; can be difficult to assess this before selecting plan
- Age-banded rating
 - Premiums vary up to 3x by age
- No pre-tax funding
 - Tax credits for those who qualify (not everyone)
- No wellness wraparound



Video Segment B: Plans

HealthFlex Plans



B1000

C2000

C3000

H1500

H2000

Included in All HealthFlex Plans

- Preventive care covered at 100%
- Plan specific embedded pharmacy plan benefit
- Embedded “gold” behavioral health benefit (regardless of benefit plan chosen)
- Combined medical-pharmacy out-of-pocket maximum; *New for 2016. Maximum amount paid by participant varies by plan.*
- No lifetime maximum benefit
- Wellness programs and incentives

Types of Medical Plans

	PPO B1000	CDHP C2000 (Gold) C3000 (Silver)	HDHP H1500 (Gold) H2000 (Silver)
Co-pay	Fixed co-pay for office visits; then 100% coverage	N/A	N/A
Deductibles	<ul style="list-style-type: none"> ▪ Medical—deductible for other medical services; then % co-insurance ▪ Rx—no deductible 	<ul style="list-style-type: none"> ▪ Medical—deductible for all medical services (higher than PPO), then % co-insurance ▪ Rx—no deductible 	Combined medical and Rx deductible—higher than PPO; then % co-insurance
HRA/HSA	No Plan Sponsor Funded HRA/HSA (Please note: excess Defined Contribution is put into an HRA)	HRA—plan sponsor-funded; partially offsets increased deductible exposure	HSA—plan sponsor-funded; optional participant contributions; helps offset increased combined deductible exposure
Out of Pocket Maximums	Yes; combined medical and Rx deductible, co-payments and co-insurance	Yes; combined medical and Rx deductible, co-payments and co-insurance	Yes; combined medical and Rx deductible, co-payments and co-insurance

PPO vs. CDHP vs. HDHP— Health Accounts Comparison

	PPO	CDHP—with HRA	HDHP—with HSA
Eligible Expenses	N/A	Medical/Rx, behavioral health, dental, vision	Medical/Rx, behavioral health, dental, vision
Account Funding	N/A	Plan sponsor contributions only	Plan sponsor contributions; optional participant pre-tax contributions
Interest	N/A	No interest earned	Earns interest (similar to bank account)
Portability	N/A	Stays with plan	Belongs to participant
Health Account Compatibility	Full-use FSA Full-use HRA (excess DC for HRA)	Full-use FSA Full-use HRA	Limited-use FSA Limited-use HRA (for existing balance) <i>dental and vision expenses only</i>

“Gold” Plans: At A Glance

	Gold PLANS		
	B1000—Rx: P1	C2000 (with HRA)—Rx: P2	H1500 (with HSA)—Rx: P3
Wellness Visits	100%	100%	100%
Office Visits	Co-pay, then plan pays 100%	Deductible, then plan pays 80%	Deductible, then plan pays 80%
Other Medical Services	Deductible, then plan pays 80%	Deductible, then plan pays 80%	Deductible, then plan pays 80%
Behavioral Health	Co-pay, then plan pays 100%	Deductible, then plan pays 80%	Deductible, then plan pays 80%
Prescription Drugs (Rx)	Not part of deductible; participant pays 20% co-insurance (min/max applies)	Not part of deductible; participant pays 25% co-insurance (min/max applies)	Deductible; then participant pays 25% co-insurance (min/max applies)
Plan Sponsor Funding	N/A	HRA Single: \$1,000 Family: \$2,000	HSA Single: \$750 Family: \$1,500

“Silver” Plans—At A Glance

	SILVER PLANS	
	C3000 (with HRA)—Rx: P2	H2000 (with HSA)—Rx: P4
Wellness Visits	100%	100%
Office Visits	Deductible, then plan pays 50%	Deductible, then plan pays 70%
Other Medical Services	Deductible, then plan pays 50%	Deductible, then plan pays 70%
Behavioral Health	Deductible, then plan pays 50%	Deductible, then plan pays 70%
Prescription Drugs (Rx)	Not part of deductible, participant pays 25% co-insurance (min/max applies)	Deductible, then participant pays 25% co-insurance (min/max applies)
Plan Funding	HRA: <ul style="list-style-type: none"> • Single: \$250 • Family: \$500 	HSA: <ul style="list-style-type: none"> • Single: \$500 • Family: \$1,000

Benefits Summary

Deductible, Co-insurance and OOP Maximum

	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P3	H2000 "Silver" Rx: P4
Deductible • Individual • Family	• \$1,000 • \$2,000	• \$2,000 • \$4,000	• \$1,500* • \$3,000*	• \$3,000 • \$6,000	• \$2,000* • \$4,000*
Co-insurance (Plan Pays)	80%	80%	80%	50%	70%
Out-of-Pocket (OOP) Maximum (Includes Medical and Rx Deductible) • Individual • Family	• \$5,000 • \$10,000	• \$6,000 • \$12,000	• \$6,000 • \$12,000	• \$6,500 • \$13,000	• \$6,500 • \$13,000

* For the H1500 and H2000, the deductible applies to Medical and Rx expenses;
full family deductible must be met prior to plan covering costs if dependents are covered.

Benefits Summary

Office Visits, Urgent Care ER

Participant pays:

	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P3	H2000 "Silver" Rx: P4
Primary Care Office Visits	\$30 co-pay	20% after deductible	20% after deductible	50% after deductible	30% after deductible
Specialist Office Visits	\$50 co-pay	20% after deductible	20% after deductible	50% after deductible	30% after deductible
PT, OT, Speech, Dietitian and Chiropractic Office Visits	\$30 co-pay	20% after deductible	20% after deductible	50% after deductible	30% after deductible
Urgent Care	\$100 co-pay	20% after deductible	20% after deductible	50% after deductible	30% after deductible
Emergency Room Visit	\$200 co-pay	20% after deductible	20% after deductible	50% after deductible	30% after deductible

Benefits Summary

Retail Pharmacy Benefit—30 Day

	B1000 “Gold” Rx: P1	C2000 “Gold” Rx: P2	H1500 “Gold” Rx: P3	C3000 “Silver” Rx: P2	H2000 “Silver” Rx: P4
Generic	\$15	\$15	\$15 after deductible	\$15	\$15 after deductible
Brand—Preferred	<ul style="list-style-type: none"> • 20% co-payment • \$20-\$55 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment • \$25-\$65 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment after deductible • \$25-\$65 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment • \$25-\$65 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment after deductible • \$25-\$65 (min/max)
Brand—Non Preferred	<ul style="list-style-type: none"> • 25% co-payment • \$40-\$110 (min-max) 	<ul style="list-style-type: none"> • 30% co-payment • \$50-\$120 (min-max) 	<ul style="list-style-type: none"> • 30% co-payment after deductible • \$50-\$120 (min-max) 	<ul style="list-style-type: none"> • 30% co-payment • \$50-\$120 (min-max) 	<ul style="list-style-type: none"> • 30% co-payment after deductible • \$50-\$120 (min-max)

Prior authorization, quantity limits, mandatory generic and mandatory mail-order apply for all plans.

Benefits Summary

Mail-Order Pharmacy Benefit—90 Day

	B1000 “Gold” Rx: P1	C2000 “Gold” Rx: P2	H1500 “Gold” Rx: P3	C3000 “Silver” Rx: P2	H2000 “Silver” Rx: P4
Generic	\$35	\$35	\$35 after deductible	\$35	\$35 after deductible
Brand—Preferred	<ul style="list-style-type: none"> • 20% co-payment • \$40-\$120 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment • \$60-\$150 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment after deductible • \$60-\$150 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment • \$60-\$150 (min/max) 	<ul style="list-style-type: none"> • 25% co-payment after deductible • \$60-\$150 (min/max)
Brand—Non Preferred	<ul style="list-style-type: none"> • 25% co-payment • \$85-\$240 (min/max) 	<ul style="list-style-type: none"> • 30% co-payment • \$95-\$260 (min/max) 	<ul style="list-style-type: none"> • 30% co-payment after deductible • \$95-\$260 (min/max) 	<ul style="list-style-type: none"> • 30% co-payment • \$95-\$260 (min/max) 	<ul style="list-style-type: none"> • 30% co-payment after deductible • \$95-\$260 (min/max)

Prior authorization, quantity limits, mandatory generic and mandatory mail-order apply for all plans.

Low Utilization Claim Example

Participant-Only Coverage

Total Claims: \$475	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P2	H2000 "Silver" Rx: P4
Wellness Exam (\$300)	100% covered	100% covered	100% covered	100% covered	100% covered
1 PCP Office Visit (\$400 total)	\$30 (co-pay)	\$400 (all toward deductible)	\$400 (all toward deductible)	\$400 (all toward deductible)	\$400 (all toward deductible)
1 Generic Rx (\$75/month total)	\$15	\$15	\$75 (all toward deductible)	\$15	\$75 (all toward deductible)
Total Participant Paid	\$45	\$415	\$475	\$415	\$475
Less Plan Sponsor Account Funding	\$0	\$1,000	\$750	\$250	\$500
Net Claims OOP	\$45	\$0	\$0	\$165	\$0
Remaining Plan Sponsor Funding	N/A	\$585	\$285	\$0	\$25

For illustrative purposes only; many factors to still consider: DC amount, premiums, and PS funding.

Medium Utilization Claim Example

Participant-Only Coverage

Total Claims: \$9,300	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P2	H2000 "Silver" Rx: P4
Wellness Exam (\$300)	100% covered	100% covered	100% covered	100% covered	100% covered
4 PCP Office Visit (\$1,600 total)	\$120 (co-pays)	\$1,600 (all towards deductible)	\$1520 (1500 towards deductible+\$20 co-ins)	\$1,600 (all towards deductible)	\$1,600 (all towards deductible)
3 Brand Rx (\$7,200 total)	\$1,440	\$1,800	\$1,800	\$1,800	\$1,800
2 specialty visits	\$100 (co-pays)	\$560 (\$400 deductible +\$160 co-ins)	\$240 (co-insurance)	\$1,200 (deductible)	\$640(\$400 towards deductible + \$240 co-ins)
Total Participant Paid	\$1,760	\$3,960	\$3,560	\$4,600	\$4,040
Less Plan Sponsor Account Funding	\$0	\$1,000	\$750	\$250	\$500
Net Claims OOP	\$1,660	\$2,960	\$2,810	\$4,350	\$3,540
Remaining Plan Sponsor Funding	N/A	\$0	\$0	\$0	\$25

For illustrative purposes only; many factors to still consider: DC amount, premiums, and PS funding.

High Utilization Claim Example

Participant-Only Coverage

Total Claims: \$19,400	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P2	H2000 "Silver" Rx: P4
Wellness Exam (\$300)	100% covered	100% covered	100% covered	100% covered	100% covered
3 PCP Office Visit (\$1,200 total)	\$90 (co-pays)	\$1,200 (all towards deductible)	\$1,200 (all towards deductible)	\$1,200 (all towards deductible)	\$1,200 (all towards deductible)
4 Brand Rx (\$9,600 total)	\$1,920 (co-ins)	\$2,400 (co-ins)	\$2,400 (co-ins)	\$2,400 (co-ins)	\$2,400 (co-ins)
4 specialty visits	\$200 (co-pays)	\$1,120 (\$800 deductible+ \$320 co-ins)	\$720 (\$300 deductible+ \$420 co-ins)	\$2,100 (\$1,800 deductible+ \$300 co-ins)	\$1,280(\$800 towards deductible + \$480 co-ins)
Outpatient Surgery (\$7,000 total)	\$2,200 (\$1,000 deductible + \$1,200 co-ins)	\$1,400 (co-ins)	\$1,400 (co-ins)	\$3,200 (out of pocket max)	\$1,620 (out of pocket max met)
Total Participant Paid	\$4,340	\$6,120	\$5,720	\$6,500	\$6,500
Less Plan Sponsor Account Funding	\$0	\$1,000	\$750	\$250	\$500
Net Claims OOP	\$4,340	\$5,120	\$4,970	\$6,250	\$6,000
Remaining Plan Sponsor Funding	N/A	\$0	\$0	\$0	\$0

For illustrative purposes only; many factors to still consider: DC amount, premiums, and PS funding.

Dental and Vision Plan Choices



Dental*

- Traditional
- PPO
- Passive PPO



Vision*

- *Exam only*—copay (glasses, materials discounted)
 - No Additional Premium
- *Full service*—exam copay (glasses, materials benefits)
 - With Additional Premium

* Can use defined contribution to pay for applicable premiums



Defined Contribution (DC)

Video Segment C: Defined Contribution

What Is a “Defined Contribution” (DC)?



- New approach to cost share
- Fixed-dollar amount (credit) from the plan sponsor
- Use to “**shop for**” your HealthFlex plan



DC—New Approach to Employer Cost Share

- Can be used for Medical/Rx, Dental and Vision plan premiums
- Appears as monthly “credit” toward your HealthFlex plans purchase

Total Employee Cost	
Total Cost	\$778.00
Total Credit ⓘ	\$700.00
Credit Used	\$700.00
Credit Remaining	\$0.00
	\$78.00*
	Monthly



New Hire Enrollment	
<input checked="" type="checkbox"/> Dependent Information	
<input type="checkbox"/> Election Information	
<input type="checkbox"/> Defined Contribution	\$-700.00
<input type="radio"/> Medical	\$735.00
<input type="radio"/> Dental	\$43.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Flexible Spending Medical	\$0.00
<input type="radio"/> Flexible Spending Dependent	\$0.00
<input type="radio"/> Review	
<input type="radio"/> Confirmation	

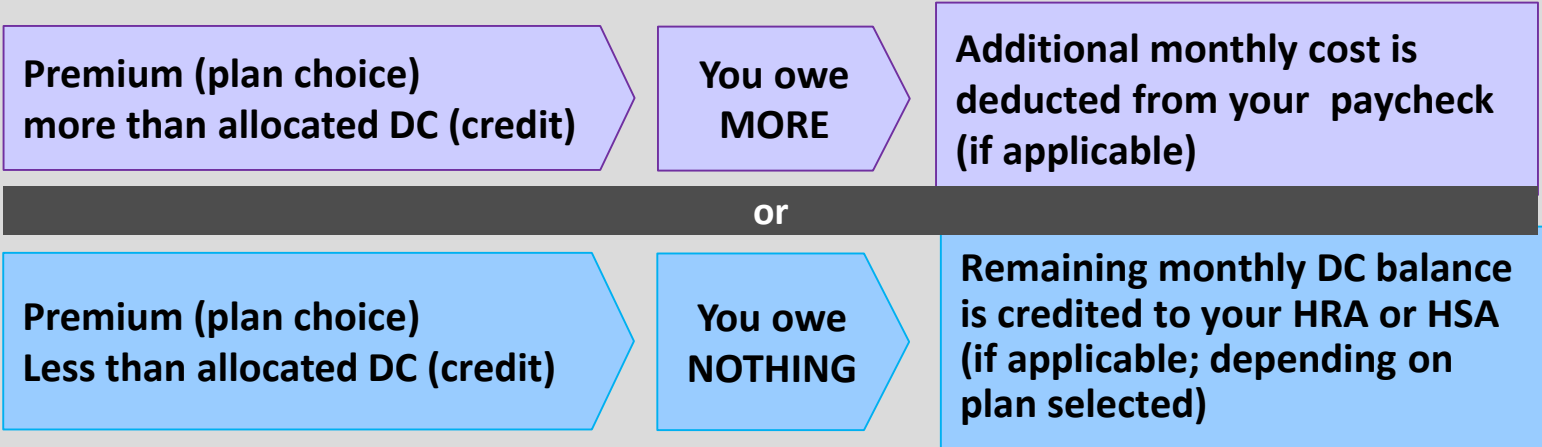
Central TX Conference Defined Contribution (DC) 2016

- Active Clergy / Lay \$9,156 / year *
- Pre-65 Clergy Retiree \$1,000 / year
- Surviving Dependent Clergy \$4,578 / year
- Clergy Medical Leave \$4,578 / year

* Equal to CDHP C2000 plus Passive PPO Dental Premiums

DC Helps You Pay for Plan

	Monthly DC Amount	Monthly Medical Premium	Difference
 Pastor John	\$600	\$700	-\$100
 Pastor Judy	\$600	\$500	\$100



DC/Premium—Aggregate View Medical Only

Central Texas

Monthly Rates by Tier	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P2	H2000 "Silver" Rx: P4
EE Only					
• Premium	\$735	\$720	\$707	\$662	\$673
• DC	\$763	\$763	\$763	\$763	\$763
• Net Impact	(\$28)	(\$43)	(\$56)	(\$101)	(\$90)
EE + 1					
• Premium	\$1,756	\$1,721	\$1,690	\$1,582	\$1,609
• DC	\$763	\$763	\$763	\$763	\$763
• Net Impact	\$993	\$958	\$927	\$819	\$846
EE + Family					
• Premium	\$2,218	\$2,174	\$2,135	\$1,998	\$2,032
• DC	\$763	\$763	\$763	\$763	\$763
• Net Impact	\$1,455	1,411	\$1,372	\$1,235	\$1,269

Low Utilization Claim Example

Participant Only - Central Texas

Total Claims: \$475

	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P2	H2000 "Silver" Rx: P4
Total Participant Paid	\$45	\$415	\$475	\$415	\$475
Less Plan Sponsor Account Funding	\$0	\$1,000	\$750	\$250	\$500
Net Claims OOP	\$45	\$0	\$0	\$165	\$0
Annual Premium	\$8,820	\$8,640	\$8,484	\$7,944	\$8,076
DC Amount	\$9,156	\$9,156	\$9,156	\$9,156	\$9,156
Add Participant Contribution or <Less> PS Funding for Plan Extra Premium	(\$336)	(\$516)	(\$672)	(\$1,212)	(\$1,080)
TOTAL NET COST (Claims + DC/Premium "Difference")	\$0	\$0	\$0	\$0	\$0

For illustrative purposes only

Medium Utilization Claim Example

Participant Only - Central Texas

Total Claims: \$9,300

	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P2	H2000 "Silver" Rx: P4
Total Participant Paid	\$1,660	\$3,960	\$3,560	\$4,600	\$4,040
Less Plan Sponsor Account Funding	\$0	\$1,000	\$750	\$250	\$500
Net Claims OOP	\$1,660	\$2,960	\$2,810	\$4,350	\$3,540
Annual Premium	\$8,820	\$8,640	\$8,484	\$7,944	\$8,076
DC Amount	\$9,156	\$9,156	\$9,156	\$9,156	\$9,156
Add Participant Contribution or <Less> PS Funding for Plan Extra Premium	(\$336)	(\$516)	(\$672)	(\$1,212)	(\$1,080)
TOTAL NET COST (Claims + DC/Premium "Difference")	\$1,324	\$2,444	\$2,138	\$3,138	\$2,460

For illustrative purposes only

High Utilization Claim Example

Participant Only - Central Texas

Total Claims: \$19,400

	B1000 "Gold" Rx: P1	C2000 "Gold" Rx: P2	H1500 "Gold" Rx: P3	C3000 "Silver" Rx: P2	H2000 "Silver" Rx: P4
Total Participant Paid	\$4,410	\$6,000	\$5,720	\$6,500	\$6,500
Less Plan Sponsor Account Funding	\$0	\$1,000	\$750	\$250	\$500
Net Claims OOP	\$4,410	\$5,000	\$4,970	\$6,250	\$6,000
Annual Premium	\$8,820	\$8,640	\$8,484	\$7,944	\$8,076
DC Amount	\$9,156	\$9,156	\$9,156	\$9,156	\$9,156
Add Participant Contribution or <Less> PS Funding for Plan Extra Premium	(\$336)	(\$516)	(\$672)	(\$1,212)	(\$1,080)
TOTAL NET COST (Claims + DC/Premium "Difference")	\$4,074	\$4,484	\$4,298	\$5,038	\$4,920

For illustrative purposes only



**Health Reimbursement Account (HRA)
Health Savings Account (HSA)**

Video Segment D: Health Accounts

Health Accounts—Overview

Tax-advantaged accounts offered with deductible-based plans—encourage participants to become more involved in their own health care decisions.

HRA—CDHP	HSA—Qualified HDHP
C2000 (\$1,000 participant / \$2,000 family)	H1500 (\$750 participant / \$1,500 family)
C3000 (\$250 participant / \$500 family)	H2000 (\$500 participant / \$1,000 family)

HRA vs. HSA—Similarities

	HealthFlex HRA	HealthFlex HSA
Eligible Expenses	Medical, dental and vision expenses	Medical, dental and vision expenses
Fund Accumulation	Unused balance rolls over year with no limit on accumulated funds	Unused balance rolls over year with no limit on accumulated funds
Ease of Use	Conveniently use single WageWorks debit card	Conveniently use single WageWorks debit card

HRA vs. HSA—Funding

	HealthFlex HRA	HealthFlex HSA
Plan Integration	C2000/C3000	H1500/H2000
Funding/ Contributions/ Earnings	<ul style="list-style-type: none"> • Funded by plan sponsor • Participant may not contribute • Account does not earn interest 	<ul style="list-style-type: none"> • Funded by plan sponsor • Participant may contribute pre-tax dollars through payroll deductions • Account earns interest
Funding Limits	No annual limit	Annual IRS/federal limit (total plan sponsor and participant contributions): <ul style="list-style-type: none"> • \$3,350 (self-only) • \$6,750 (family) • Individuals 55 and older may contribute extra \$1,000 annually (\$4,350 self-only; \$7,750 family)
Funds availability	Available in full; beginning of plan year	<ul style="list-style-type: none"> • Plan sponsor funding—available in full; beginning of plan year • Participant contributions—available monthly
Medicare Enrollment (A or B)	<ul style="list-style-type: none"> • Plan Sponsor funding continues 	<ul style="list-style-type: none"> • Plan Sponsor and participant funding terminates • Can use balance to pay for premiums

HRA vs. HSA— Expenses and Compatibility

	HealthFlex HRA	HealthFlex HSA
Eligible Expenses (as stand alone accounts)	Medical, dental and vision expenses	Medical, dental and vision expenses
Compatibility with Flexible Spending Account (MRA)	Yes. Account can be used for eligible medical, dental and vision expenses	Yes. MRA can be used for dental and vision expenses only (limited use)
Compatibility with HRA (participant or spouse)		Yes. HRA can be used for dental and vision expenses only (limited use)
Compatibility with HAS (participant or spouse)	Yes. HRA can be used for dental and vision expenses only (limited use)	

HRA vs HSA— Carryover and Termination

	HealthFlex HRA	HealthFlex HSA
Carryover at year-end	Unused accumulated balance carries over year to year with no limit	Unused accumulated balance carries over year to year with no limit
If you lose HealthFlex eligibility (but still with UMC)	Unused balance is available until no longer affiliated with UMC	Unused balance is portable; remains with the participant indefinitely
If you terminate from the UMC (i.e., no longer affiliated with UMC)	Unused balance is available for up to one year; then remaining balance is forfeited	Unused balance is portable; remains with the participant indefinitely

Consult HRA vs. HSA handout



Video Segment E: Decision Support

Key Considerations— Shopping for Coverage



Family Size

- Spouse or children covered
- DC amount based upon who is covered
- Premium based on number of dependents covered

Budget

- Higher premiums, lower cost-sharing for participants, and potentially lower OOP costs
- Lower premiums, greater cost-sharing for participants, and potentially greater OOP costs

Medical Needs

- Emergency (and other unplanned) procedures
- Future planned costs (i.e., surgery, birth, etc.)
- Retiree premiums

Decision Supports Summary— General Board

Telephonic Supports

Businessolver Call Center—
Starting late October

1-844-688-1375



Decision Supports Summary— Conference



Web Page

www.ctcumc.org/healthflex2016

- Plan information
- Plan premiums comparison
- Education Materials



General Board
Pension and Health Benefits

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CENTER FOR HEALTH

Promoting vitality in mission and ministry by improving the health and well-being of UMC clergy, lay workers and their families.



HealthFlex/WebMD Website

HealthFlex/WebMD Website



HealthFlex/WebMD—gateway to all HealthFlex Exchange information, including:

- Consumer Education Tools
- Details and FAQs
- HealthFlex Vendor Links
- HealthFlex Plan Benefits

HealthFlex/WebMD Website

Center for Health

Healthy You, Healthy UMC

POWERED BY
WebMD
health services

Username

Password

Remember Me

Log In

[Forgot username or password?](#)

[First Time Here? Register](#)

<p>HealthFlex Vendor Links</p> <p>Please select the links that apply to you.</p> <ul style="list-style-type: none"> • BlueCross BlueShield* • UnitedHealthcare* • Catalaman Prescription Drugs* • Reimbursement Accounts* • Vision Service Plan (VSP) • CIGNA Dental • EAP-Live and Work Well • United Behavioral Health • Quest Diagnostics Blueprint for Wellness* • Join Virgin Pulse • Virgin Pulse – Members • Evive Health Reminders • Weight Watchers <p><small>*Denotes SSO and no further login is necessary.</small></p>	<p>Details and FAQs</p> <p>Need more information about a HealthFlex program or benefit? Check the links below for detailed information:</p> <ul style="list-style-type: none"> • New! 2015 Incentives FAQ • Guide to Accessing your HealthFlex Benefits • Debit Card Frequently Asked Questions • Understanding Flexible Spending Accounts (FSAs) • Health Reimbursement Accounts (HRA) Frequently Asked Questions • Consumer-Driven Health Plan (CDHP) Brochure • Consumer-Driven Health Plan (CDHP) Frequently Asked Questions • Evive Health FAQ • 2014 Incentives Frequently Asked Questions 	<p>HQ Completion Status</p> <p>WebMD HQ Last Completed Date: Not yet completed</p>
<p>Center for Health Videos</p> <p>Want to learn more about the benefits and wellness services available through HealthFlex? Watch our videos.</p> <p>Topics include:</p> <ul style="list-style-type: none"> • How Work/Life Services makes your life a little easier • The Truth About Health Coaching: The Rev. Roy Nevil Story • Blueprint for Wellness Makes a Difference: The Rev. Dr. Oliphint Story • What is the HealthQuotient (HQ) 	<p>Weigh Today, Feel Good Tomorrow</p> <p>Weigh Today for iPhone and Android helps you build a daily weigh-in habit. All it takes is a scale and a few seconds of your time. Download now!</p>	<p>Health Habits Made Easy</p> <p>The Daily Victory app puts the exercise habit right in your pocket.</p> <ul style="list-style-type: none"> • Start with just 5 minutes per day. • Track your progress • Get support from co-workers. <p>Learn more now.</p> <ul style="list-style-type: none"> • Join Virgin Pulse • HealthFlex Plan Benefits • HealthFlex Exchange • HealthFlex Wellness Points: Earn Cash! • Quest Diagnostics Blueprint for Wellness • Coverage Advisor

Coverage Advisor



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Coverage Advisor

Understanding your medical benefits can be challenging. This tool will estimate the costs of different insurance plans based on your expected use of health care services.

Welcome

Coverage Advisor helps you consider the financial and tax impact of your plan choices, so you can select the one that best meets your needs. This tool typically takes about 10 to 15 minutes to complete.

The cost estimates this tool provides are based on information you provide about yourself, your family, and your health care needs. The information you enter in this tool is confidential. You will receive the most accurate results if you provide complete answers.

Learn about your benefits plan options and select the plan that's right for you!

To review and model plans...

[View 2016 Plans](#)

Coverage Advisor

- **Coverage Advisor is a tool available through WebMD to help you estimate the costs of your insurance plans**
 - Estimate costs based upon your expected use of services
 - Customized based upon information you provide for each member who is covered
 - Annualized premiums
- **Coverage Advisor also provides general plan information**
 - Co-insurance, co-pays, and out-of-pocket maximums

Consumer Tools to Guide your Health Care Choices



Guide Your Health Care Choices with These Useful Tools!

During Annual Election or any major life event, use [Coverage Advisor](#) to estimate your out-of-pocket medical expenses under the CDHP. Coverage Advisor also can help you estimate how much money to set aside in your flexible spending account (FSA).

All year long, use the following tools to make choices about doctors, hospitals, procedures, and medications that are best for your health and your budget:

- [Estimate prescription drug costs](#)
- Find an in-network [provider](#) for the lowest out-of-pocket costs
- Estimate the [cost of a treatment](#) at different hospitals
- Compare [hospital quality](#) for a treatment or procedure
- Look up eligible expenses under [Flexible Spending Account Information](#)

Coverage Advisor—Family Profile

Profile

We are prefilling the Coverage Advisor with information that we already know about you, your conditions, and your family. Please fill-in the information to the right.

Salary & Location	Tax Information
ZIP Code: <input type="text" value="60025"/>	Update the information below to help us provide estimated tax savings that are available.
Employment Category: <input type="text" value="Active Clergy"/>	Filing Status: <input type="text" value="Single"/>
Pay Period Frequency: <input type="text" value="12 (monthly)"/>	Household Income: <input type="text" value="\$ 40000"/>

[Back](#) [Continue To Family Members](#)




Information may be prepopulated if you have used Coverage Advisor in the past. Make any necessary updates.

Your responses are confidential. Your church, annual conference, employer, HealthFlex, the General Board or your insurance carrier cannot access your responses. Businessolver is bound by the HIPAA Privacy Rule to protect your privacy.

Coverage Advisor—Family Profile

Review and update the health information and estimated health care usage below for you and your family members. You can also add or remove family members as appropriate.

As you make adjustments to the health care utilization, the **Estimated Cost** graphs on the left will automatically update.

 <p>Jane Doe Female, Age 36 "I'm in Good Health" UPDATE USER INFORMATION »</p>	<p>(0) Conditions update conditions</p> <p>(2) Visits update visits</p> <p>(7) Medications update medications</p> <p>↓ Show Details</p>
 <p>John Doe Male Spouse/Domestic Partner, Age 39 "I'm in Good Health" UPDATE USER INFORMATION »</p>	<p>(1) Conditions update conditions</p> <p>(11) Visits update visits</p> <p>(2) Medications update medications</p> <p>↓ Show Details</p>
 <p>Baby Doe Male Child, Age 3 "I'm in OK Health" UPDATE USER INFORMATION »</p>	<p>(1) Conditions update conditions</p> <p>(20) Visits update visits</p> <p>(10) Medications update medications</p> <p>↓ Show Details</p>

Enter information about health status of each family member to more accurately estimate costs per plan. General and detailed options available.

Your responses are confidential. Your church, annual conference, employer, HealthFlex, the General Board or your insurance carrier cannot access your responses. Businessolver is bound by the HIPAA Privacy Rule to protect your privacy.

Coverage Advisor—Update Conditions

Update Conditions

Conditions

Indicate if the family member has any of the conditions below. This will help to provide estimates of health care usage for this family member.

- Asthma or COPD
- Heart disease (Coronary artery disease)
- Chronic musculoskeletal conditions
- Colon cancer
- Depression
- Diabetes (Type 1 or Type 2)
- Prostate cancer
- Stroke

[Hide Conditions ↑](#)

Enter detailed information regarding each member's medical conditions.

Coverage Advisor—Update Visits


Update Visits		
	Set To National Averages	
Service Category	In-Network	Out-of-Network
Preventive Care Visits	0	0
Primary Care Doctor Visits	1 	0
Specialist Doctor Visits	0	0
Therapies (Physical, Occupational, Speech)	0	N/A
ER Visits	0	0
Urgent Care	0	0
Hospital Outpatient Visits	0	0
Hospital Inpatient Visits	0	0
Outpatient Mental Health/Substance Abuse Visits	0	0
Inpatient Mental Health/Substance Abuse Visits	0	0
		Hide Visits ↑

Indicate expected number of visits by service type.

Coverage Advisor—Update Medications

Update Medications

Specific Medications **Set To National Averages**

Medication Name	Drug Type	Retail (30 day supply)	Mail Order (90 day supply)
 Update Medications			
General Medications			
		Retail (30 day supply)	Mail Order (90 day supply)
	Drug Type		
	Generic Medications	<input type="text" value="0"/>	<input type="text" value="0"/>
	Preferred Brand Medications	<input type="text" value="0"/>	<input type="text" value="0"/>
	Non-preferred Brand Medications	<input type="text" value="0"/>	<input type="text" value="0"/>
Hide Medications ↑			

Enter number of prescriptions you are filling at retail and/or mail order, and whether they are generic, preferred or non-preferred.


Coverage Advisor—Cost Summary by Plan

	Cost Summary	Savings	Net Costs	Rollover Balance	Lost Funds
BCBSIL B1000P1 PPO	\$2,797	\$634	\$2,163	\$0	\$0
Your estimated out-of-pocket expenses are detailed by type of expense. These estimates are based on the your health care usage and the plan's benefits.					
	Annual Premium	\$2,472			
	Co-Pay	\$190			
	Deductible	\$0			
	Coinsurance	\$0			
	Prescriptions	\$135			
	Other Costs	\$0			
	Uncovered Health Care Expenses	\$0			
	Total Expenses	\$2,797			
BCBSIL CDHP C2000P2 HRA	\$2,738	\$1,141	\$1,597	\$1,326	\$0

Receive cost comparison by plan, including premium and estimated out-of- pocket costs for each plan

Cost estimates are for illustration only. Actual costs may vary.

Coverage Advisor—Benefit Comparison

Feature Compare 			
	Hide	Hide	Hide
General Plan Information	BCBSIL B1000	BCBSIL CDHP C2000	BCBSIL CDHP C3000
Hide Plan type	PPO	PPO	PPO
Hide Phone	1-866-804-0976	1-866-804-0976	1-866-804-0976
Hide Website	https://www.webmdhealth.com/qbophb/default.aspx?secure=1	https://www.webmdhealth.com/qbophb/default.aspx?secure=1	https://www.webmdhealth.com/qbophb/default.aspx?secure=1
General Coverage Information	BCBSIL B1000	BCBSIL CDHP C2000	BCBSIL CDHP C3000
Hide Deductible -- Individual	In-Network: \$1,000 Click here for more information Out-of-Network: \$2,000 Click here for more information	In-Network: \$750 Click here for more information Out-of-Network: \$1,500 Click here for more information	In-Network: \$750 Click here for more information Out-of-Network: \$1,500 Click here for more information
Hide Deductible -- Family	In-Network: \$2,000 Click here for more information Out-of-Network: \$4,000 Click here for more information	In-Network: \$1,500 Click here for more information Out-of-Network: \$3,000 Click here for more information	In-Network: \$1,500 Click here for more information Out-of-Network: \$3,000 Click here for more information
Hide Co-insurance	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 80% after deductible Out-of-Network: 60% after deductible

WebMD—Details and FAQs

- **Access more detailed information about HealthFlex benefits**
 - CDHP and HDHP brochures
 - Guides to understanding FSAs, HRAs and HSAs
- **Frequently Asked Questions (FAQs)**
 - Documents for understanding FSAs, HRAs and HSAs

Details and FAQs

Need more information about a HealthFlex program or benefit? Check the links below for detailed information:

- **New!** [2015 Incentives FAQ](#)
- [Guide to Accessing your HealthFlex Benefits](#)
- [Debit Card Frequently Asked Questions](#)
- [Understanding Flexible Spending Accounts \(FSAs\)](#)
- [Health Reimbursement Accounts \(HRA\) Frequently Asked Questions](#)
- [Consumer-Driven Health Plan \(CDHP\) Brochure](#)
- [Consumer-Driven Health Plan \(CDHP\) Frequently Asked Questions](#)
- [Evide Health FAQ](#)
- [2014 Incentives Frequently Asked Questions](#)

WebMD—HealthFlex Vendor Links

Ability to access all vendors (some through “single sign-on”)

- Provider search
- Estimate costs of certain procedures, services and medications
- View claims history
- See current Rx costs through OptumRx (formerly Catamaran)
- Access health account information through WageWorks (“Reimbursement Accounts”)

HealthFlex Vendor Links

Please select the links that apply to you.

- [BlueCross BlueShield*](#)
- [Catamaran Prescription Drugs*](#)
- [Reimbursement Accounts*](#)
- [Vision Service Plan \(VSP\)](#)
- [CIGNA Dental](#)
- [EAP-Live and Work Well](#)
- [United Behavioral Health](#)
- [Quest Diagnostics Blueprint for Wellness*](#)
- [Join Virgin Pulse](#)
- [Virgin Pulse – Members](#)
- [Evoke Health Reminders](#)
- [Weight Watchers](#)

**Denotes SSO and no further login is necessary.*

WebMD—HealthFlex Plan Benefits

Access the Reference Center in Businessolver

- Summary Plan Description
- Medical, Dental and Behavioral Health Benefit Booklets
- Benefit summaries (Summary of Benefits and Coverage)
- Reimbursement Account information
- HealthFlex Notice of Privacy Practices



Businessolver Telephonic Support

Beginning in late October, you can contact Businessolver by phone for information regarding HealthFlex Exchange

- Basic medical plan information (PPO vs. CDHP vs. HDHP)
- Health Account information (FSA, HRA, HSA differences and limits)
- MyChoice “best options”



Businessolver 1-844-688-1375
Monday – Friday 7a.m.-7 p.m. CST



Video Segment F: Annual Election

Annual Election (AE)

November 4–19

- **During AE, you will make your elections for 2016**
 - Use MyChoice to receive personalized medical/Rx plan options
 - Choose from the full suite of medical/Rx, dental and vision plans available
 - Use your defined contribution to “shop” for the plans
 - Elect to make FSA and/or HSA* contributions
- **If you do not make elections during AE, you will be automatically enrolled into the *default plan(s)* selected by your plan sponsor**

* *HSA contributions require enrollment in a high-deductible health plan (HDHP) and attestation that you are eligible per IRS guidelines*

AE—MyChoice

Online or Telephone

- **MyChoice asks you questions and uses your answers to recommend a medical plan**
 - Questions assess your view of overall health, ability to handle a medical emergency, and level of risk aversion
 - Allows you to personalize your usage of medical services to improve the “Low-Cost” option
 - **Plan premiums—included**
- **Provides plan comparisons**
 - You choose which plans to see side-by-side

MyChoice—Selection

Reference Center

MyChoice Selection




STEPS

are you ready to find the right benefits?
What path would you like to take?

MyChoiceSM is a tool that will ask you a series of questions to help guide you to the most appropriate medical choice based on your responses. After you answer the questions, MyChoiceSM will calculate the plan that best aligns with your answers as well as the lowest-cost plan. This tool is for informational purposes only, and cost estimates are not a guarantee. You may select whichever plan you wish and are not limited by the MyChoiceSM guidance. Please note that any cost estimates assume completion of the HealthQuotient requirement.

Your Total Cost to the right, including your defined contribution, will not update during the MyChoiceSM process; you must update your medical plan election to see an update in your Total Cost.

Your MyChoiceSM responses are confidential. Your church, annual conference, employer, plan sponsor, HealthFlex, the General Board, or your insurance carrier (Blue Cross and Blue Shield of Illinois or UnitedHealthcare) cannot access your responses. Businessolver is bound by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect your privacy.

- 1**
All about you!
Answer a few quick questions about you and your family

- 2**
MyChoice!
Review your MyChoice results and enroll in your plans

- 3**
Done!
Approve and complete your elections


If you do not want to use MyChoice just click here: [Pick my own plans.](#)

[Previous](#) **NEXT**

You can choose whether to continue to MyChoice or to *Pick my own plans.*

MyChoice—Information Gathering

MyChoice Selection

STEPS

On average, 86% of employees are confused about healthcare benefits. Does this describe you too?

Yep! That's me
I don't understand benefits

I know where my ID card is
I understand some benefits

I'm a pro
I understand benefits really well

MyChoice Selection

STEPS

What does your medicine cabinet look like?

Empty
No regular prescriptions

There is some room
1-2 prescriptions per month

It's full
3-4 prescriptions per month

I need two cabinets
5+ prescriptions per month

MyChoice Selection

STEPS

Would your rainy day fund cover a \$3000 emergency room visit?

I'd get soaked
I don't have much in savings

A light sprinkle
I could cover some of it

I've got an umbrella
My savings will cover it

Answer questions about health, risk tolerance, financial situation

Your responses are confidential. Your church, annual conference, employer, HealthFlex, the General Board or your insurance carrier cannot access your responses. Businessolver is bound by the HIPAA Privacy Rule to protect your privacy.

MyChoice—Medical/Rx Options

Select your plan

MyChoice Personalize My Usage ▼

Annual estimated costs are based on national averages.


[Edit](#)

Your Cost Monthly

[Select](#) BCBS CDHP C2000-P2

Employee Only	\$820.00
Employee and One Dependent	\$1,558.00
Family	\$1,967.00


[Plan Details](#) Compare Plan

 MyChoice Minimum Annual Cost: \$9,840.00
Estimated Annual Cost: \$13,722.60 [?](#)

[Select](#) BCBS HDHP H1500-P3

Employee Only	\$807.00
Employee and One Dependent	\$1,533.00
Family	\$1,935.00

[Plan Details](#) Compare Plan

 Low Cost Minimum Annual Cost: \$9,684.00
Estimated Annual Cost: \$12,977.00 [?](#)

“Best MyChoice Match”



Based on your health and financial circumstances

“Low-cost” Option



If your primary goal is to limit out-of-pocket expenses

One plan can be both!

*Options are a suggestion only, based on decision support tool.
You can select any available plan(s). Cost estimates are for illustration only.
Actual costs may vary.*

MyChoice—Personalize My Usage

MyChoice Personalize My Usage ^

These usage statistics are based on how you rated the health for all of the individuals to be covered by this policy.

Preventive care/screening/immuni... <input type="text" value="1"/>	Inpatient Hospital Care <input type="text" value="0"/>
Specialist visit <input type="text" value="3"/>	Primary care visit to treat an injury... <input type="text" value="4"/>
Outpatient Lab and Pathology <input type="text" value="8"/>	Outpatient X-Ray <input type="text" value="3"/>
Emergency room services <input type="text" value="0"/>	Outpatient Surgery <input type="text" value="1"/>
Preferred brand drugs <input type="text" value="16"/>	Generic drugs <input type="text" value="3"/>

Personalize usage for your entire family to help estimate costs

Your responses are confidential. Your church, annual conference, employer, HealthFlex, the General Board or your insurance carrier cannot access your responses. Businessolver is bound by the HIPAA Privacy Rule to protect your privacy.

Businessolver—Plan Comparison

Detailed Plan Comparison

	UHC PPO B1000-P1	UHC CDHP C2000-P2	UHC HDHP H1500-P3
	Select	Select	Select
Deductible (Individual)	\$1,000 (assumes completion of the Health Quotient requirements)	\$2,000 (assumes completion of the Health Quotient requirements)	\$1,500 Applies to participant-only coverage. Assumes completion of the HealthQuotient requirement.
Deductible (Family)	\$2,000 (assumes completion of the Health Quotient requirements)	\$4,000 (assumes completion of the Health Quotient requirements)	\$3,000 Applies to participant + 1 and family coverage. Assumes completion of the HealthQuotient requirement.
Coinsurance	80% (plan responsibility)	80% (plan responsibility)	80% (plan responsibility)

View side-by-side coverage comparisons

Defined Contribution

Defined Contribution

The Defined Contribution provided by your Plan Sponsor appears as a monthly credit that is applied to the monthly cost of your benefits. Once you have elected a medical plan and coverage tier and click 'Next,' your Defined Contribution will be reflected as 'Total Credit' in the 'Total Employee Cost' window to the right. The Total Credit and Total Employee Cost amounts may adjust if the coverage tier is changed, if you add or remove dependents from coverage, and as you select your other benefits (e.g., dental)

Your Defined Contribution / Total Credit may not be accurate until you select a medical plan and click 'Next.'

Select your plan

Your current credit amount of \$838.00 Monthly can be applied toward your Medical, Dental, Vision benefits.

Credit Summary

Total Credit Used: \$768.00
Credit Remaining: \$70.00

Your Cost Monthly

<input checked="" type="checkbox"/> Selected	Employer Defined Contribution	\$-838.00
--	--------------------------------------	-----------

Credit Balance Options

Credit Balance: \$70.00

Excess defined contribution will be funded to your HRA or HSA.

Total Employee Cost

Total Cost	\$768.00
Total Credit ⓘ	\$838.00
Credit Used	\$768.00
Credit Remaining	\$70.00
	\$0.00*
	Monthly

New Hire Enrollment

<input checked="" type="checkbox"/> Dependent Information	
<input checked="" type="checkbox"/> MyChoice	
<input checked="" type="checkbox"/> Election Information	
<input checked="" type="radio"/> Defined Contribution	\$-838.00
<input type="radio"/> Medical	\$768.00
<input type="radio"/> Additional Benefits	\$0.00
<input checked="" type="radio"/> Dental	
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Health Savings Account	\$0.00
<input checked="" type="radio"/> Flexible Spending Medical	
<input type="radio"/> Flexible Spending Dependent	\$0.00
<input type="radio"/> Review	
<input type="radio"/> Confirmation	

Defined contribution amount shows how much money you have to spend.
Amount will change based upon tier or choosing to waive coverage.

Any unspent dollars will be added to your HRA or HSA
(depending upon medical plan selected).

Dental and Vision

Dental

Please make your dental election. The Plan requires the same individuals be enrolled in medical and dental coverage.

Select your plan

Your Cost Monthly

Passive PPO

Employee Only	\$40.00
Employee and One Dependent	\$80.00
Family	\$111.00

Selected **PPO**

Employee Only	\$44.00
Employee and One Dependent	\$88.00
Family	\$124.00

Traditional

Employee Only	\$56.00
Employee and One Dependent	\$112.00
Family	\$157.00

Vision

Please make your vision election. The Plan requires the same individuals be enrolled in medical and vision coverage.

VSP Exam Core is included with your medical coverage at no additional cost. VSP Full Service may be elected at an additional cost. Dropping vision coverage does not reduce your monthly cost.

Select your plan

Your Cost Monthly

VSP Exam Core

Employee Only	\$0.00
Employee and One Dependent	\$0.00
Family	\$0.00

Selected **VSP Full Service**

Employee Only	\$5.11
Employee and One Dependent	\$7.95
Family	\$13.02

Choose the dental and vision plans that best fit your needs.

Health Savings Account (HSA)

Health Savings Account

Please make your Health Savings Account (HSA) personal contribution election. The maximum amount you can elect has been reduced by the HSA plan contribution from your plan sponsor so you do not exceed the HSA Annual Contribution Limit established by the Internal Revenue Service (IRS).

Note 1: Please enter \$0 if you prefer not to contribute your own money to your HSA (HealthFlex contribution only).

Note 2: Participants receiving an HSA are not eligible for a full-use Medical Reimbursement Account (MRA, i.e., a health flexible spending account (FSA)) or full-use Health Reimbursement Account (HRA), including a spouse's MRA or HRA. An MRA or HRA balance that is a carryover from a previous year will be converted to a limited-use MRA or limited-use HRA. Any current year MRA contributions will be contributed to a limited-use MRA. Limited-use MRAs and limited-use HRAs can be used for dental and vision claims only. Participants receiving an HSA are eligible for a full-use Dependent Care Account (DCA, i.e., a dependent care FSA).

Select your plan

Selected H1500 HSA

There are 5 remaining pay periods.
You can elect an annual amount up to \$6,250.00 ⓘ

Annual HSA Contribution: \$ 5000

Select Waive Coverage

HSA

If you elect to waive the Health Savings Account (HSA), your company contributions will not be contributed into an HSA.

If you are **not** eligible to open an HSA account, please click **No** to continue. If you are eligible to receive the company contributions into your HSA but do not want to make your own contributions, please click **Yes** below to select the HSA account and enter \$0.00 as your annual contribution.

HSA's are governed by the IRS. Please read all information provided.

HSA Attestation

By selecting the Health Savings Account, I confirm that; I am not enrolled in Medicare, TriCare or any other Health Care Plan, and I agree that HealthFlex can establish an HSA account on my behalf.

I Agree I Disagree



I have read and I understand and accept the terms and conditions of the HSA Bank Disclosure Form, the Certifications and HSA Adoption Agreement, and the Custodial Account Agreement which are included in the links below. This includes my authorization for the Custodian or its affiliate Bank of New York Mellon to accept instructions from me to exchange shares in my account by telephone, in accordance with HSA program restrictions and the procedures and conditions set forth in the applicable Funds' prospectuses. I also understand that I may update or change my account beneficiaries at any time using the BNY Mellon's *Beneficiary Designation Form* or the WageWorks/BNY Mellon HSA website via the "Reimbursement Accounts" link through HealthFlex/WebMD. Further, I have elected to apply electronically to open a Health Savings Account. Therefore, my "signature" on this application will be electronic. By submitting this application electronically, I understand that my electronic "signature" is binding to the same extent as my written signature. I have read and understand and accept the terms of this agreement.

Important Notice - The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open your Health Savings Account, we ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals.

Terms

https://www.smart-hsa.com/pdf/getpdf.asp?id=WW-GBP_AgreementDoc

Electronic Statement Delivery

Registering for the electronic delivery of documents service indicates your desire to decline paper statement delivery. If you elect to register for this service, instead of receiving your account statement by regular mail, you will receive an e-mail prompting you to visit your account via the WageWorks/BNY Mellon HSA website via the "Reimbursement Accounts" link through HealthFlex/WebMD when your statement is available on the internet. We will maintain online access to current statement and prior year statement from the date on which the electronic statement or disclosure is available for viewing at the WageWorks/BNY Mellon HSA website. You understand that, by clicking the "Accept" button below, you are consenting to receive the materials described above electronically over the internet and that the posting of such materials at the WageWorks/BNY Mellon HSA website constitutes delivery of the materials to you.

<https://www.smart-hsa.com/ElectronicDeliveryAgreement.pdf>

I Agree I Disagree



In order to receive individual or plan sponsor HSA contributions, you confirm you are eligible for an HSA and must agree to the terms and conditions provided.

Medical Reimbursement Account (MRA)

Flexible Spending Medical

Please make your Medical Reimbursement Account (MRA) election. MRA funds are pre-tax dollars available at the beginning of the year when out of pocket medical expenses may be higher (before meeting the deductible). MRA funds must be used by December 31. Up to \$500 can be carried over for use into the following plan year.

You have made an election into a Health Savings Account (HSA) plan, which limits how and when you can use your Medical Reimbursement Account (MRA). If you choose to enroll into a MRA, it will be a Limited-Use MRA that may only be used for dental and vision expenses. Please plan accordingly.

Select your plan

Selected **Medical Reimbursement Account**

Annual Amount: \$ 1500
(Annual amount up to a maximum of \$2,550)

Select **Waive Coverage**

Participants who elect an HDHP are notified that all MRA elections are limited-use only.

Review, Approve and Confirm

2-step process to review, approve and confirm elections

Review Enrollment

New Hire Enrollment

The following summarizes your elections, pending your approval. After you have verified your information, click the "Approve" button (you must complete this step for elections to be saved). If you would like to make changes or new selections, click on the "Edit" link to the right of the area that you would like to change. You can also return and make changes through your election end date. All elections are subject to The Plan eligibility rules.

If you do not click "Approve", any changes or new elections will not be saved.

Total Employee Cost	
Total Cost	\$3,072.02
Total Credit ⓘ	\$838.00
Credit Used	\$838.00
Credit Remaining	\$0.00
	\$2,234.02*
	Monthly

APPROVE ➔

Confirmation

By selecting 'I Agree' you confirm your benefits elections. Your request will be submitted for final approval by the Plan.

By selecting 'I Disagree' your elections will not be submitted and any elections or changes you have made will not be captured.

You can return to Benefitsolver through the end of your election period to update your elections. You must approve and confirm any changes for them to be submitted.

To view and print a complete Benefit Summary, which includes a listing of all benefits, follow these instructions after selecting 'I Agree' below: 1. Click on 'Benefits' from the horizontal menu above 2. Select 'Benefit Summary' 3. Select 'Print.'

Please note: If you made any elections that are not in accordance with the rules and policies of the Plan, the Plan reserves the right to correct your elections and send you an updated confirmation of benefits.

⏪ I Disagree

Total Employee Cost	
Total Cost	\$3,072.02
Total Credit ⓘ	\$838.00
Credit Used	\$838.00
Credit Remaining	\$0.00
	\$2,234.02*
	Monthly

I AGREE ➔

Timeline

Late August

- First mailing from HealthFlex



September

- Coverage Advisor Tool available



October

- Annual Election communications from Conference and HealthFlex; Businessolver telephonic support

November

- Annual Election Nov. 4-19
- **Plan to make an election!**
- Online MyChoice support



December

- ID Cards are mailed



January 2016

- New benefits go live!

HealthFlex Exchange— Helps Church, Conference, You!

Benefits to Church, Conference

- Continue providing group health coverage in changing environment
- Support cost sustainability
- Manage year-to-year cost increases

Benefits to Participants

- Choices—select “best fit” plan for your needs
- Use your employer contribution in the most meaningful way
- Use decision support tools, assistance

Annual Enrollment for 2016 Plans

Starts November 4, 2015

Ends November 19, 2015

This is an active annual enrollment.

You are required to review your plan choices and make your elections or you will be placed in the default medical and dental plans (CDHP C2000/P2 RX and Passive PPO Dental).



Center for Health