HealthFlex Exchange for Northern Illinois

Wespath
BENEFITS | INVESTMENTS

Introducing: HealthFlex Exchange for 2020

Objectives for Offering Exchange

- Ability to control cost
- Provide flexibility to participants by offering more medical plans
- Provide availability of dental and vision
- Opportunity to “save” for future medical expenses

All HealthFlex Plans—How They Work

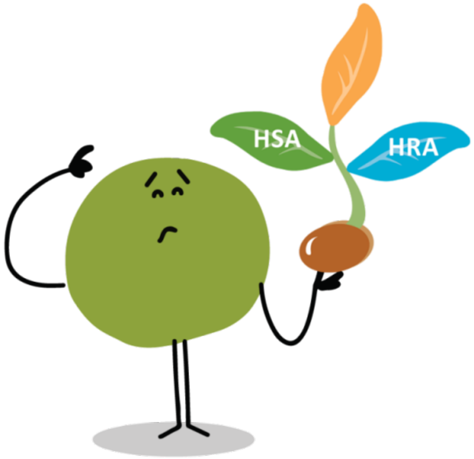
Participant pays all | **Participant pays part** | **Plan pays all of covered expenses**

Deductible → Coinsurance → OOP Max

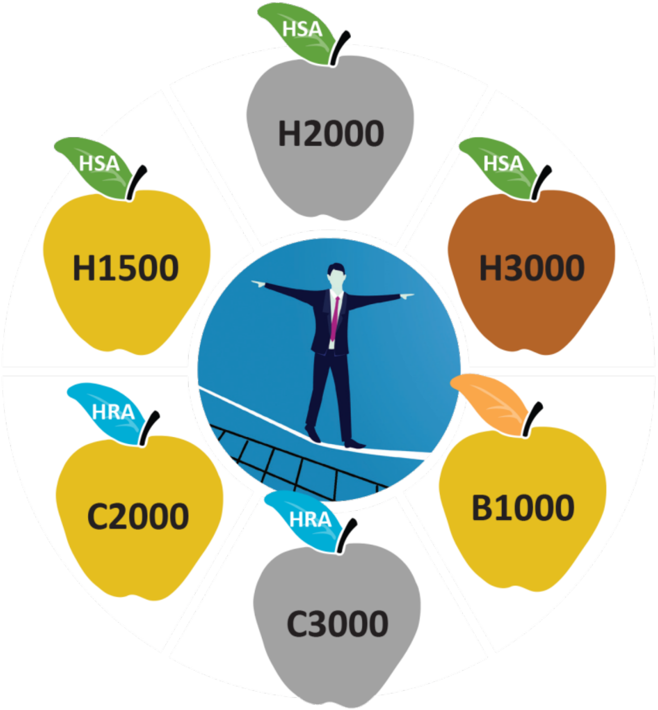
Participant can use:
FSA, HRA or HSA $

OOP Max

Some plans have copayments, which can be due before or after the deductible has been met, but not after the OOP max has been reached.



HealthFlex Plans



- H1500 is the default plan
- C2000 and B1000 cost participant additional money
- H2000, C3000, and H3000 provides participant with additional money/credit
- This money/credit is put into their HSA or HRA account
- Can be used to purchased dental or vision

Credit Helps Participants Pay for a Health Plan

	Monthly Credit Amount	Monthly Medical Premium	Difference
Pastor John	$1,728	$1,869	-$141
Pastor Judy	$1,728	$1,506	+$222

Pastor John: Premium more than premium credit → Pastor John owes more → Additional monthly cost deducted from Pastor John's paycheck

Pastor Judy: Premium less than premium credit → Pastor Judy owes nothing → Excess deposited to Pastor Judy's HRA or HSA

Summary of HealthFlex Plan Designs – Individual

	HSA Plans			HRA Plans		B1000
	H1500	H2000	H3000	C2000	C3000	B1000
Health Account Funding	$750	$500	None	$1,000	$250	None
Deductible	$1,500	$2,000	$3,000	$2,000	$3,000	$1,000
Coinsurance (Plan pays/You pay)	80%/20%	70%/30%	40%/60%	80%/20%	50%/50%	80%/20%
Out-of-pocket MAX	$6,000	$6,500	$6,500	$6,000	$6,500	$5,000
Pharmacy Benefit Highlights	Generics $15 (30-day, $35 (90-day) after deductible. Preferred brand 25% after deductible.		You pay 60% after deductible	Generics $15 (30-day), $35 (90-day) Preferred brand 25% (with min/max cost)		Generics $15 (30-day) $35 (90-day) Preferred brand 20% (min/max)

Summary of HealthFlex Plan Designs – Family

	HSA Plans			HRA Plans		B1000
	H1500	H2000	H3000	C2000	C3000	B1000
Health Account Funding	$1,500	$1,000	None	$2,000	$500	None
Deductible	$3,000	$4,000	$6,000	$4,000	$6,000	$2,000
Coinsurance (Plan pays/You pay)	80%/20%	70%/30%	40%/60%	80%/20%	50%/50%	80%/20%
Out-of-pocket MAX	$12,000	$13,000	$13,000	$12,000	$13,000	$10,000
Pharmacy Benefit Highlights	Generics $15 (30-day, $35 (90-day) after deductible. Preferred brand 25% after deductible.		You pay 60% after deductible	Generics $15 (30-day), $35 (90-day) Preferred brand 25% (with min/max cost)		Generics $15 (30-day) $35 (90-day) Preferred brand 20% (min/max)

Summary of HealthFlex Plan Designs - Comparison

	HSA Plans			HRA Plans		B1000
	H1500	H2000	H3000	C2000	C3000	B1000
Health Account Funding	$750 for 1 person $1,500 for > 1 person	$500 for 1 person $1,000 for > 1 person	None	$1,000/ $2,000	$250/$500	None
Deductible You pay 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	$2,000 per person $4,000 per family	$3,000 per person $6,000 per family	$1,000 per person $2,000 per family
	If > 1 person is covered the family deductible always applies					
Coinsurance You pay part (Plan pays | You pay)	80% | 20%	70% | 30%	40% | 60%	80% | 20%	50% | 50%	80% | 20%
Out-of-pocket max (OOP Max) 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	$6,000 per person $12,000 per family	$6,500 per person $13,000 per family	$5,000 per person $10,000 per family
Pharmacy Benefit Highlights	Generics $15 (30 day), $35 (90 day) **after deductible** Preferred brand 25% **after deductible** (with min/max cost)		You pay 60% **after deductible**	Generics $15 (30 day), $35 (90 day) Preferred brand 25% (with min/max cost)		Generics $15 (30 day), $35 (90 day) Preferred brand 20% (min/max)

Health Accounts—Overview

	HSA Plans*			HRA Plans		B1000
	H1500	**H2000**	**H3000**	**C2000**	**C3000**	**B1000**
Health Account Funding	$750 for 1 person $1,500 for > 1 person	$500 for 1 person $1,000 for > 1 person	None	$1,000 for 1 person $2,000 for > 1 person	$250 for 1 person $500 for > 1person	None

*** HSAs permit you to make tax-advantaged contributions, too.**

Illustration of H1500 as Default – Single

Monthly Rates by Tier	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Single	$0	$58 deposit in HSA	$137 deposit in HSA	Owes $16	$88 Deposit in HRA	Owes $52

Assumes no dental/vision elections

Illustration of H1500 as Default – 2-Person

Monthly Rates by Tier	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
2-Person	$0	$106 deposit in HSA	$255 deposit in HSA	Owes $34	$162 Deposit in HRA	Owes $103

Assumes no dental/vision elections

Illustration of H1500 as Default – Family

	HSA			HRA		
Monthly Rates by Tier	**H1500 with HSA**	**H2000 with HSA**	**H3000 with HSA**	**C2000 with HRA**	**C3000 with HRA**	**B1000**
Family	$0	$145 deposit in HSA	$349 deposit in HSA	Owes $47	$222 Deposit in HRA	Owes $141

Assumes no dental/vision elections

Illustration of H1500 as Default - Comparison

	HSA			HRA		
Monthly Rates by Tier	**H1500 with HSA**	**H2000 with HSA**	**H3000 with HSA**	**C2000 with HRA**	**C3000 with HRA**	**B1000**
Single	$0	$58 deposit in HSA	$137 deposit in HSA	Owes $16	$88 Deposit in HRA	Owes $52
2-Person	$0	$106 Deposit in HSA	$255 Deposit in HSA	Owes $34	$162 Deposit in HRA	Owes $103
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Dental Plan Choices

Cigna* Advantage Network

- **DHMO:** In-network only, no annual maximum
  Requires a primary dentist; available by ZIP code
- **PPO:** In-network benefit better than out-of-network
- **Passive PPO 2000:** Same benefits in and out-of-network**

Increase your annual maximum for PPO plans in future years by getting regular dental checkups

Find an in-network dentist:
cigna.com

* Can use premium credit to pay for premiums
** Out-of-network subject to reasonable/customary limitations

Vision Plan Choices

Vision*

- **Exam-only:** Exams covered (glasses, materials discounted)
- **Full service:** Exam plus allowance for glasses *or* contacts
- **Premier:** Exam plus allowance for glasses **and** contacts (each)

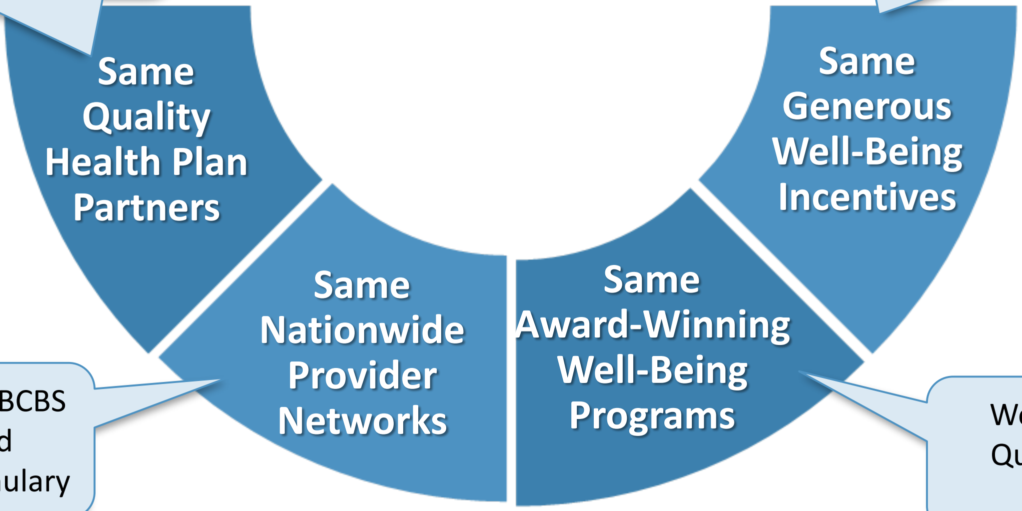
* Can use premium credit to pay for applicable premiums

To find in-network vision provider:
vsp.com

HealthFlex Exchange—Same Quality

- Blue Cross Blue Shield of Illinois
- OptumRx pharmacy benefits
- VSP vision
- CIGNA dental

- Up to $410 PulseCash for activity, biometric screening and earning Wellness Points



All plans have same BCBS national network and same OptumRx formulary

WebMD, Virgin Pulse, Quest, Omada Health and more

HealthFlex Exchange—More Choice

Timeline

Late August/ Mid-September

- First mailing from Wespath

September

- ALEX decision support tool available

October

- Annual election communications
- Fall conference workshops

November

- Annual election: **Make an election!**
- Visit ALEX again if you need help choosing a plan

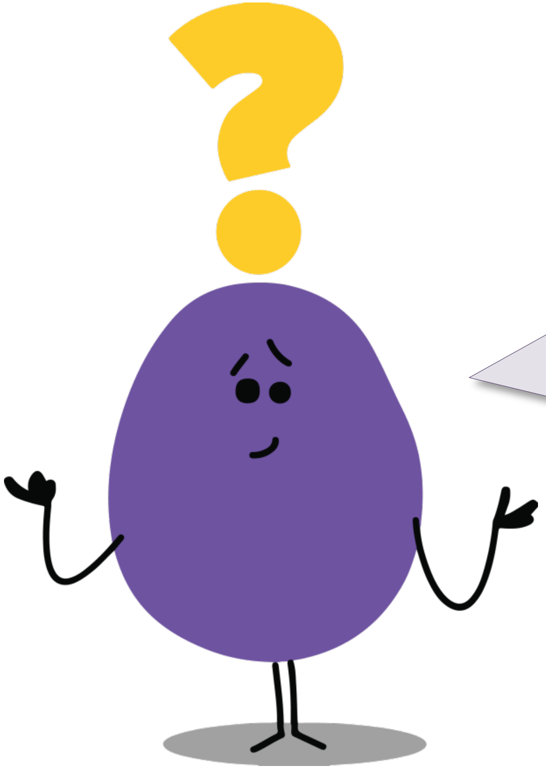
December

- BCBS ID card and WageWorks debit cards are mailed (if needed)

January 2020

- Benefits chosen through HealthFlex Exchange go live!

Helping Individuals Choose



- How many people am I covering?
- How much service will we use?
- How comfortable am I with large expenses?
- How close am I to Medicare?

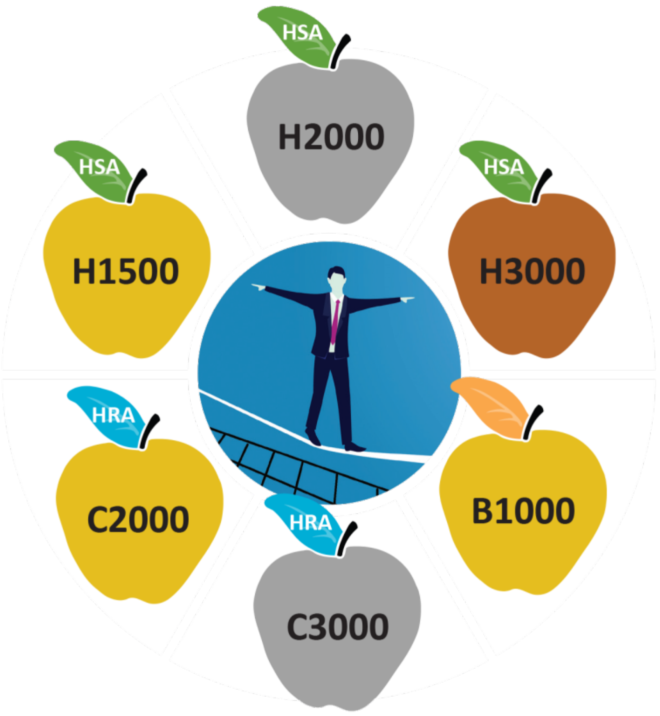
Participants get answers from:

alex®

Decision Support: ALEX Benefits Counselor

- Available mid-September and through Annual Election
- Lively graphics, animation, and humor
- About 20 minutes to complete
- Explains confusing benefit concepts and info with simple language
- Personalized recommendation for plan choices and health account contributions based on what care you expect to need in 2020!

HealthFlex Plans



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