



HealthFlex Exchange for Northern Illinois



**Wespath**

BENEFITS | INVESTMENTS

# Introducing: HealthFlex Exchange for 2020

# Objectives for Offering Exchange

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- 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

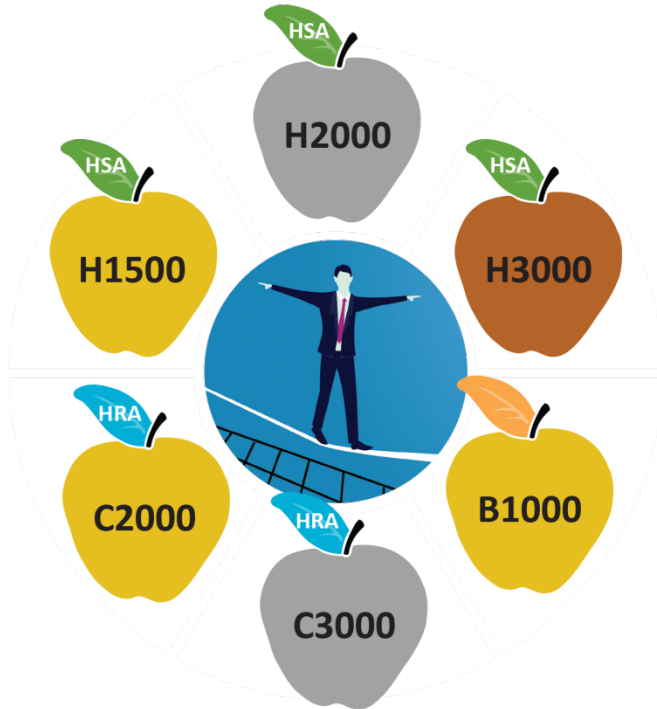
# All HealthFlex Plans—How They Work



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
 <b>Pastor John</b>	\$1,728	\$1,869	-\$141

Premium more than premium credit



Pastor John owes more



Additional monthly cost deducted from Pastor John's paycheck

 <b>Pastor Judy</b>	\$1,728	\$1,506	+\$222
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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)




# 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 > 1 person	None

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






# Illustration of H1500 as Default – Single

	 <b>HSA</b>			 <b>HRA</b>		
<b>Monthly Rates by Tier</b>	<b>H1500 with HSA</b>	<b>H2000 with HSA</b>	<b>H3000 with HSA</b>	<b>C2000 with HRA</b>	<b>C3000 with HRA</b>	<b>B1000</b>
<b>Single</b>	\$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

	 <b>HSA</b>			 <b>HRA</b>		
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

Monthly Rates by Tier	HSA			HRA		
	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
Family	\$0	\$145 Deposit in HSA	\$349 Deposit in HSA	Owes \$47	\$222 Deposit in HRA	Owes \$141

Assumes no dental/vision elections

# 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**

\* Can use premium credit to pay for premiums

\*\* Out-of-network subject to reasonable/customary limitations



Find an in-network dentist:  
[cigna.com](https://www.cigna.com)

# Vision Plan Choices

## Vision\*

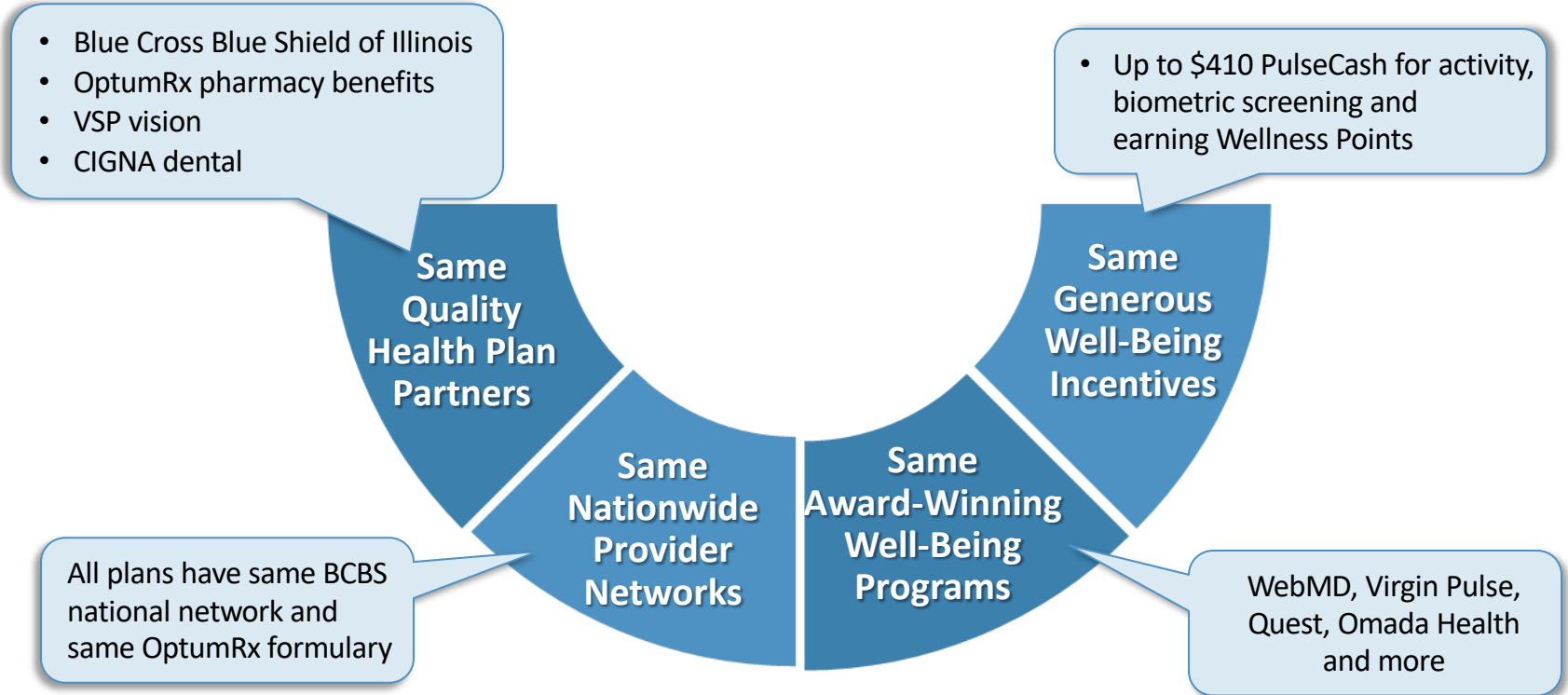
- **Exam-only:** Exams covered (glasses, materials discounted)
- **Full service:** Exam plus allowance for glasses *or* contacts
- **Premier:** Exam plus allowance for glasses **and** contacts (each)

\* Can use premium credit to pay for applicable premiums

To find in-network vision provider:  
**vsp.com**



# HealthFlex Exchange—Same Quality



# HealthFlex Exchange—More Choice





# Timeline

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## Late August/ Mid-September

- First mailing from Wespath

## September

- ALEX decision support tool available
- Fall conference workshops

## October

- Annual election communications

## November

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

## December

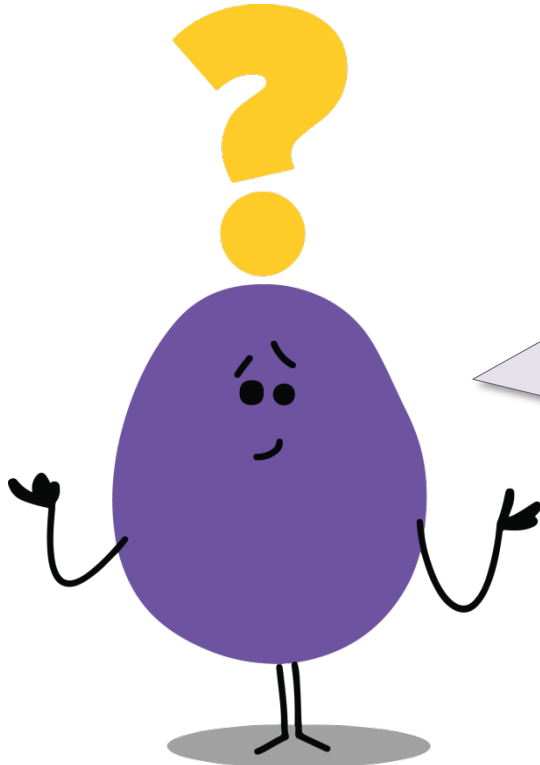
- BCBS ID card and WageWorks debit cards are mailed (if needed)

## January 2020

- Benefits chosen through HealthFlex Exchange go live!

# Helping Individuals Choose

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- 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**<sup>®</sup>

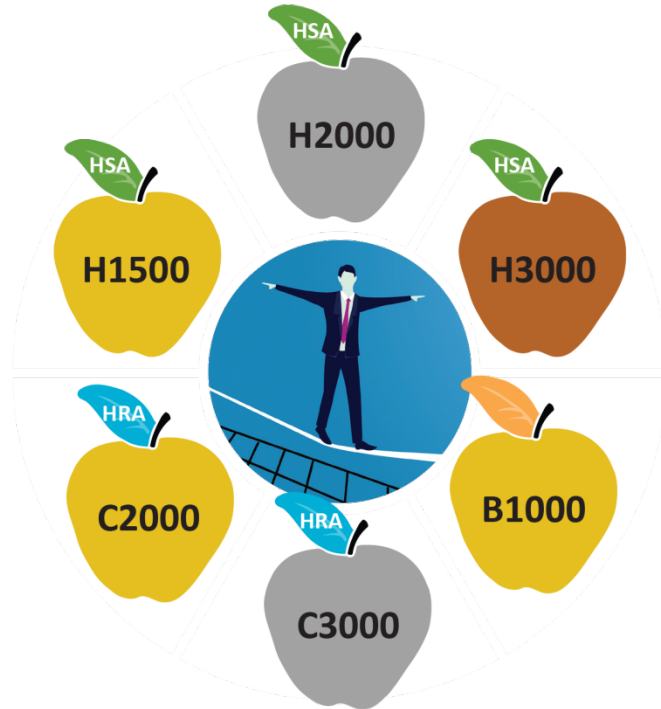
# Decision Support: ALEX Benefits Counselor

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- 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!

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# Dental Plan Choices



		Cigna Dental		
Deductible	\$50 per person	\$50 per person		
	\$150 per family	\$150 per family		
Maximum Annual Benefit	\$1			
		<b>Passive PPO 1000</b>	<b>Passive PPO 2000</b>	<b>PPO</b>
Preventive /Diagnostic Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	
Basic Restorative (fillings, root canal, extractions)	Plan pays 80%	Plan pays 80%	90% In-network 70% Out-of-network	
Major Restorative (crowns, dentures, implants)	Plan pays 50%	Plan pays 50%	60% In-network 50% Out-of-network	
Orthodontia	50% up to \$1000	50% up to \$2000	50% up to \$2000 In-network	
Orthodontia (up to age 19)			50% up to \$1000 Out-of-network	

# Vision Plan Choices



## Vision

	Exam Core	Full Service	Premier
Exam (every 12 months)	\$20 co-pay	\$20 co-pay	\$20 co-pay
Glasses—Lenses (every 12 months)	No coverage	\$20 co-pay	\$20 co-pay
Glasses--Frames	No coverage	\$160 allowance every 24 months	\$200 allowance every 12 months
Contact Lenses	No coverage	\$160 allowance for contacts and exam, every 12 months instead of glasses	\$200 allowance for contacts and exam, every 12 months in addition to glasses