



# Wespath

BENEFITS | INVESTMENTS

**HealthFlex Exchange**  
More Choice for Participants/  
Full Support for Plan Sponsors

HealthFlex Exchange offers  
high quality HealthFlex plans,  
broad national provider networks,  
and wholistic well-being programs  
and incentives.



# HealthFlex Exchange

HealthFlex Exchange is a Wespath product exclusively offered for United Methodist Church (UMC) plan sponsors and participants.

## **More Choice/Control for Participants; Better Cost Predictability for Plan Sponsors**

HealthFlex Exchange is a plan selection model that gives participants:

- 6 medical/pharmacy, 3 dental options, 3 vision options
- Flexibility to select plans that best fit their medical needs, budget and preferences
- Control over how to allocate their plan sponsor's health coverage contribution
- Broad national provider networks
- Wholistic and award-winning well-being programs

HealthFlex Exchange also delivers improved cost control for plan sponsors, with training and decision support for both plan sponsors and participants.

Wespath makes implementing HealthFlex Exchange as easy as possible with participant support and Plan Sponsor Guidance.

### **ALEX Benefits Counselor**

#### **Use ALEX Benefits Counselor to Help Guide Participants' Decisions**

**ALEX is a tool to help participants select the right health plan.** The "benefits counselor" will ask a series of questions to help determine which plan may be the best fit for participants. Use Alex to:

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



**Please note:** ALEX recommendations are suggestions ONLY; participants can select any plan.

# Plan Choices for Participants

## Flexibility

Participants select from a full portfolio of HealthFlex options and can pick the plans that work best for their unique personal, medical and financial needs:

- 6 medical/pharmacy/behavioral plans



- 3 dental plans, including HMO and PPO option
- 3 vision plans, including options with allowance for glasses/contacts

### Which Plan Is the Best Fit?

Some plans cost more each month in premium but have lower out-of-pocket costs for services; and some have higher out-of-pocket cost for services, but cost less in premium.

## Enhanced Education and Decision Support for Participants

- 1 **Introductory workshops** prior to Annual Election (enrollment period)—with Wespath support
- 2 **Turnkey education materials** for participants: videos, brochures, fact sheets, plan comparisons and more to make your training as smooth as possible
- 3 **ALEX Benefits Counselor**—a fun, easy, online tool to help each participant select the HealthFlex plan that best meets his/her financial situation, health status, understanding of health benefits, and financial tolerance for unplanned medical expenses. Participants will be strongly encouraged to make an active choice during the Annual Election period; however, a default option will be selected by each plan sponsor so that no participant is left without coverage.



## Comparing HealthFlex Plans

### Similarities in Coverage by Plan Type

All HealthFlex plans have these features in common:


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





# Comparing HealthFlex Plans

## Differences in Coverage by Plan Type

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	Participant pays full discounted cost		
Doctor visit <b>before</b> deductible is met			
Doctor visit <b>after</b> deductible is met	Participant pays 20%	Participant pays 30%	Participant pays 60%
Medical Services	Participant pays full discounted cost		
Hospital stay, lab or x-ray <b>before</b> deductible			
Hospital, 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 Comparison for Plan Sponsors for more benefits 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%	You pay 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 needed		\$15
Participant pays 20%	Participant pays 50%	



# Comparing HealthFlex Plans



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	✓	✓	✓
Same benefits whether your dentist is in-network or not		✓	
More generous benefits if you see an in-network dentist <sup>3</sup>			✓
Annual maximum benefit (increases \$150/year for 3 subsequent years if you get regular preventive checkups)	No benefit max; see charge schedule	\$2,000	\$2,000 (in network) \$1,000 (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>4</sup>	\$200/year (each)



<sup>3</sup> HealthFlex uses the CIGNA Advantage Network

<sup>4</sup> Glasses—frames every 24 months, lenses every 12 months **or** contacts every 12 months



Health Accounts Help Participant Save Money

Many HealthFlex plan designs include a health reimbursement account (HRA) or health savings account (HSA). Both accounts are funded with pre-tax money to help you pay health care expenses. This saves you from using credit cards or savings to pay medical bills.

 HRA Plans	 HSA Plans
Funded by plan/plan sponsor (annual conference or employer); not employee/participant.  No annual limit	Funded by plan/plan sponsor or employee/participant, or both.  <b>2021 Annual federal limit:</b> <ul style="list-style-type: none"><li>• \$3,500 (self-only coverage), or</li><li>• \$7,000 (family coverage).</li></ul> Individuals 55 and older can contribute an additional \$1,000 annually.
An HRA does not earn interest.	Assets in an HSA may earn tax-deferred interest. Investments are allowed with balances over \$1,000.

HSA's Have a Triple Tax Advantage

- 1 | Contributions are deductible from gross income
- 2 | HSA earnings may accrue tax-free
- 3 | HSA withdrawals, including investment earnings, are tax-free for eligible expenses



Wespath Helps Establish Cost Model and Transition Participants to HealthFlex Exchange

Premium Credit

The premium credit enables annual conferences to fundamentally shift how they share premium costs with the local church and the participant.

HealthFlex Exchange plan sponsors determine a fixed dollar amount that they will give participants to “shop” for their HealthFlex plans and pay toward premiums. This allows the plan sponsor to determine how much—if any—additional cost to bear from a rate increase, while shifting some costs to participants in a way that may be more palatable by giving participants greater control to select more-costly or less-costly plans based on their own preferences.

Wespath offers a customized model to help plan sponsors determine optimal premium credit amounts based on their financial needs and plan strategies, including:

- Setting a premium credit dollar amount that fits your conference/organization budget  
**Options:** Equal per-participant premium credit amount regardless of tier (individual or family coverage), or varied premium credit amounts by tier
- Deciding whether to pass through a pastor’s premium credit directly to the church or blend the premium credit across all churches, regardless of size, which may reduce the impact of the appointment process. (Non-conference UMC employers also have flexibility in setting premium credit amounts)

For employer groups, this is a more direct employer-to-participant cost share. Below showcases a sample annual conference/local church/clergyperson relationship:

Premium Credit Example			
	Monthly Premium Credit Amount	Monthly Premium	Difference
Pastor John	\$600	\$700	-\$100
Pastor Judy	\$600	\$500	\$100
1. HealthFlex invoices plan sponsor		• \$700/month for Pastor John • \$600/month for Pastor Judy	
2. Plan sponsor invoices church		• Pastor John’s church: \$700/month • Pastor Judy’s church: \$600/month	
Pastor John’s church <b>withholds</b> \$100/month from his paycheck for premium costs.		HealthFlex <b>deposits</b> \$100/month into Pastor Judy’s HSA or HRA.	

## How the Premium Credit Works for Plan Sponsors

Plan sponsors designate the fixed premium credit amount for participants. The premium credit may vary by coverage tier or group type—but not by which plan participants select.

The annual conference bills each local church for its designated share of the premium credit—which may be a direct pass through or a blended amount—plus any participant costs that are determined by plan selection that should be withheld from the participant’s pay (e.g., FSA or HSA contributions and/or monthly premium amount exceeding the premium credit).

## Wespath Provides Enhanced Training and Support

- Comprehensive “Train-the-Trainer” orientation for plan sponsors/benefits officers
- Customizable PowerPoint for participant workshops
- Ongoing support from conference/plan sponsor liaison and Wespath representatives

Wespath offers training and communications materials to plan sponsors to support their efforts to educate and prepare participants for the changes.

### Wespath’s Health and Wellness Team provides ongoing support



Cheryl  
Team Member



Janet  
Team Member



Pedro  
Team Member



Teresa  
Team Member

#### Plan Sponsors say:

“They are the absolute BEST Health Team!”

“I really appreciate them.”

**1-800-851-2201**

Monday to Friday—8:00 a.m. to 6:00 p.m., Central time

**Wespath offers training and communications materials to plan sponsors to support their efforts to educate and prepare participants for the changes.**

## Implementation Roles and Responsibilities

### Plan Sponsor

Obtain participant buy-in (if necessary) for Annual Conference vote, including hosting pre-conference meetings if desired

Plan and execute participant education strategy, including workshops (using communications provided by Wespath)

Select premium credit and default plan selections via Exhibit B HealthFlex Adoption Agreement

Overall billing and reporting processes and support for local churches, including educating on salary deductions for premium coverage and/or FSA and/or individual HSA contributions

Resource for participant questions and clarification

### Wespath

Comprehensive communications and educational materials for plan sponsor use (e.g., workshop PowerPoint presentations, handouts and related plan sponsor training materials)

Oversee system development and testing

Provide decision support tools for participants and plan sponsors

Some direct-to-participant communications

Consultation and guidance in premium credit approach

Resource for plan plan sponsor questions and clarification

## Conference/Plan Sponsor Requirements

Plan sponsors should allocate time and resources for a successful HealthFlex Exchange rollout.

### Participant Communication and Education

Wespath provides participant education materials and “Train-the-Trainer” opportunities to prepare conference staff for the educational effort. Plan sponsors will schedule and coordinate the participant workshops in the fall with support from Wespath. Participant communication and education will highlight plan selection mechanics, understanding plan choices and premium cost transparency.

### Local Church Communication and Education

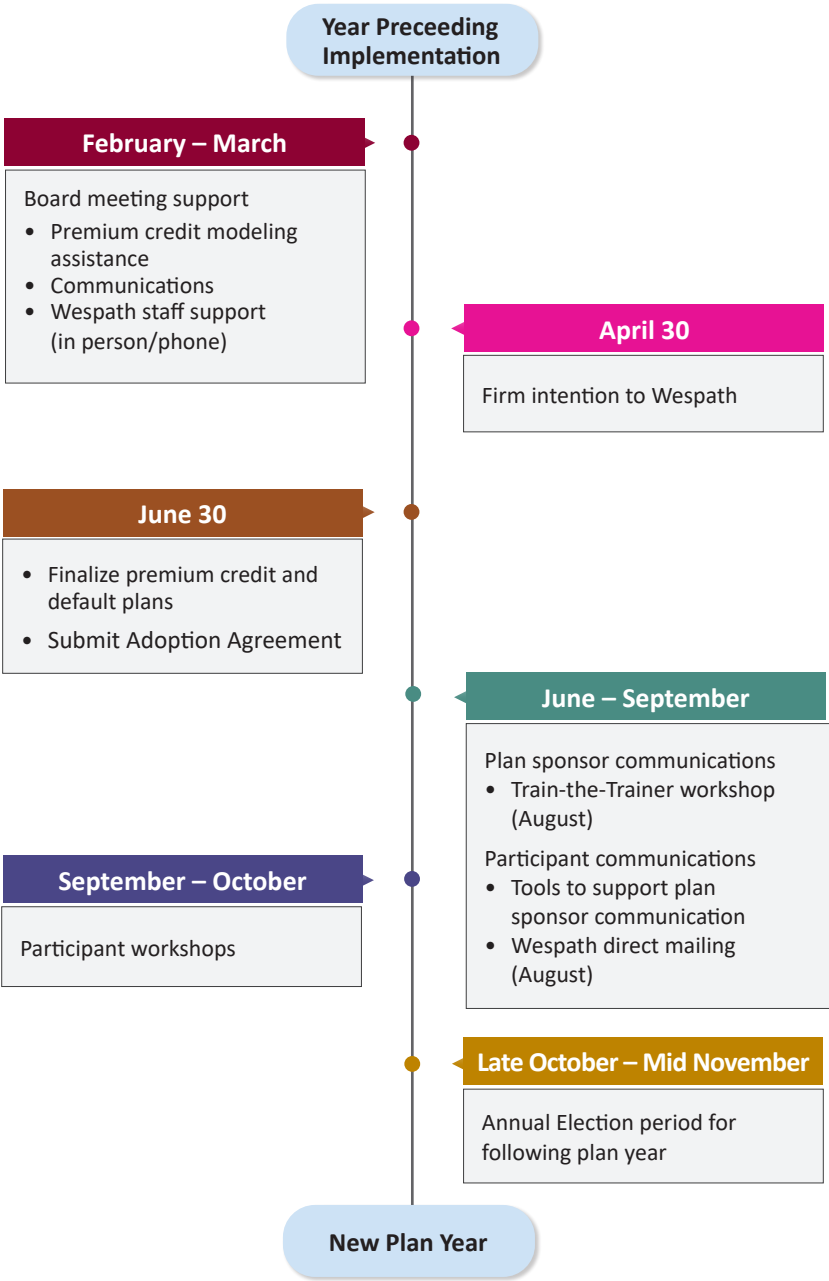
Wespath will provide educational support to help plan sponsors educate church administrators and streamline billing. We provide reports that identify individual participant costs for premiums and health account contributions following Annual Election each year.

Prepare to:

- Host workshops
- Work with Wespath on cost modeling
- Attend Wespath “Train-the-Trainer”



# Timeline



## HealthFlex Exchange

A plan built to be sustainable  
for you, UMC clergy and lay participants





# Wespath

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