



HealthFlex Mini-Summit—April 2023

Changes and Enhancements: 2024 Plan Year



Wespath
BENEFITS | INVESTMENTS

Agenda

- 2023 Mid-Year Updates
- HSA Plan Changes
- Network Changes – UHC Only
- Introducing Concierge Support: Quantum Health



A hand holding a blue pencil is writing on a calendar page. The calendar has several dates circled, including 11, 16, 17, 18, 19, 20, 24, 25, 26, and 27. There are several sticky notes of various colors (pink, yellow, blue, green) attached to the calendar. The background shows a laptop keyboard and a small container of yellow beads.

2023 Mid-Year Updates



2023 Mid-Year Updates

- MDLIVE at \$0 cost share for all plans – April 1
- Changes due to end of COVID-19 emergency period – May 11

MDLIVE for Emotional Health

- No-cost access to licensed therapist or board-certified psychiatrist starting April 1
- Participants and covered dependents age 10+
- All plans through at least December 2024



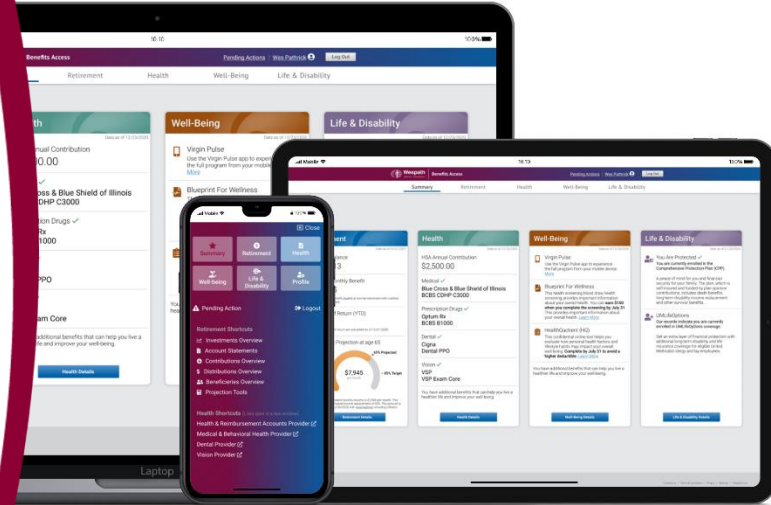


MDLIVE for Acute Medical Needs

- No-cost virtual visits for common issues like flu, allergies, ear infections and more
- Participants and covered dependents
- All plans through at least December 2024

Accessing MDLIVE

- Primary participants
 - Access through [Benefitsaccess.org](https://benefitsaccess.org)
 - No additional username and password needed
 - Access for covered dependents
- Covered spouses
 - Access through Virgin Pulse or directly at mdlive.com
 - Username and password needed





Post-COVID-19 Emergency Period – May 11

- No longer covered
 - At-home COVID-19 tests
- Covered at regular plan cost sharing (deductible/coinsurance)
 - COVID-19 tests performed at a provider's location
 - In-network COVID-19 treatment
- COVID-19 vaccines are considered preventive and are covered at 100%

Participant-Facing Communications

- Wespath Update week of March 20
- Direct email week of March 27
- MDLIVE updates in plan comparison document (in progress)
- Ongoing communications will promote MDLIVE at no cost



2024 Plan Changes



2024 Plan Design Changes

Which 2023 Plans Are Impacted?

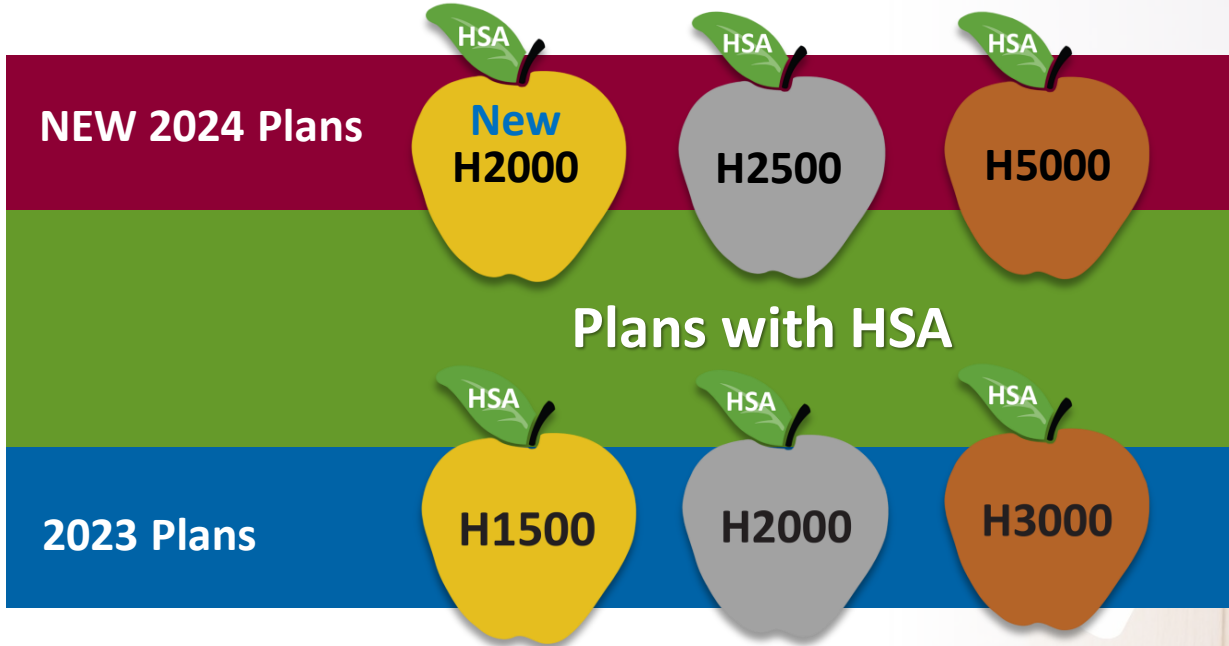
HealthFlex with Health Savings Account (HSA)	All plans with HSAs will change
H1500	
H2000	
H3000	
HealthFlex with Health Retirement Account (HRA)	No change
C2000	
C3000	
HealthFlex B1000	No change

Why Now?

- Minimum deductible for HSA plans is \$1,500/\$3,000 in 2023
- We expect IRS to increase the 2024 minimum deductible
- By proactively changing plans now, we hope not to have to make annual changes

2024 Plan Changes

We have designed the new HealthFlex HSA plans to align with the needs of participants on the current plans:






2024 Plan Changes

	H1500	New H2000		Old H2000	H2500		H3000	H5000
Individual/Family Deductible	\$1,500/ \$3,000	\$2,000/ \$4,000		\$2,000/ \$4,000	\$2,500/ \$5,000		\$3,000/ \$6,000	\$5,000*/ \$10,000
Coinsurance	80%	80%		70%	70%		40%	N/A
Individual/Family Out of Pocket Maximum	\$5,000/ \$1,000	\$5,000/ \$10,000		\$5,000/ \$10,000	\$5,000/ \$10,000		\$6,000/ \$12,000	\$5,000/ \$10,000
HSA Contribution Included	\$750/ \$1,500	\$1,000/ \$2,000		\$500/ \$1,000	\$250/ \$500		\$0	\$0
		Similar design to C2000			Same contribution as C3000			"Deductible only" plan design

*For the H5000, once the deductible is met, no further out of pocket costs for covered, in-network services. Unlike other HSA plans if only one family member has expenses in the H5000, they only have to meet the individual (\$5,000) not the full family deductible.

2024 Plan Changes

	 H2000	 H2500	 H5000
	New H2000	H2500	H5000
Deductible	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000*/\$10,000
Coinsurance	80%	70%	N/A
Out of Pocket Maximum	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
HSA Contribution	\$1,000/\$2,000	\$250/\$500	\$0
Best For	<ul style="list-style-type: none"> Happy with current H1500 First trying an HSA plan 	<ul style="list-style-type: none"> Happy with old H2000 More experience with an HSA plan or has HSA balance 	<ul style="list-style-type: none"> Happy with H3000 Not expecting many health care costs OR Definitely reaching OOP max Maximizing HSA contributions

All plans still have the same nationwide PPO network and OptumRx premium formulary

H3000 vs. H5000: Which Plan is “Better”?

- For members with low claim volume (below the deductible), **costs under both plans are the same**

- For members with claims between \$3,000 and \$6,333, **H3000 is the more generous plan**

- For members with more than \$6,333 claims, **H5000 is the more generous plan**

80% or more of households will be “better off” with the H5000

H3000 vs. H5000: Single Coverage

What does the member pay?


H5000



OOP Max
\$5,000 paid by member

vs.

H3000



OOP Max
\$6,000 paid by member

Deductible (100%)
\$3,000



Example 1:
\$3,000 bill for MRI*

H3000 and H5000 –
Member pays **\$3,000**

Example 2:
\$5,000 bill for
outpatient procedure*

H3000 – Pay \$4,200
(\$3,000 deductible +
60% of \$2,000)

H5000 – Pay \$5,000 and
reach OOP max

Example 3:
\$8,000 bill for
in-patient procedure*

H3000 – Pay \$6,000 (\$3,000
deductible + 60% of \$5,000) and
reach OOP max, plan covers
remaining \$2,000

H5000 – Pay \$5,000 and reach
OOP max, plan covers remaining
\$3,000

*Bill amounts assume allowed costs

H3000 vs. H5000:

Family Coverage

(One Person With Claims)

What does the family pay?

H5000



OOP Max
\$5,000 paid by member

VS.

H3000



OOP Max (100%)
\$6,000 paid by member



Example 1:

\$5,000 bill for outpatient procedure

H3000 and H5000 – Pay \$5,000

Example 2:

\$8,000 bill for outpatient procedure

H3000 – Pay **\$6,000** and reach OOP max, plan pays remaining \$2,000

H5000 – Pay **\$5,000** and reach OOP max, plan pays remaining \$3,000

H3000 vs. H5000:

Family Coverage

(Two People With Claims)

What does the family pay?


H5000



OOP Max
\$10,000 paid by member

vs.

H3000



OOP Max
\$12,000 paid by member

Deductible (100%)
\$6,000



Example 1:

2 x \$2,500 bills for outpatient procedures

H3000 and H5000 – Household pays \$5,000

Example 2:

2 x \$5,000 bills for outpatient procedures

H3000 – First pays \$5,000. Second pays \$3,400 (\$1,000 to deductible + 60% of \$4,000)

H5000 – Pay \$10,000 and reach OOP max

Example 3:

2 x \$7,000 bills for inpatient procedures

H3000 – First pays \$6,000 deductible + reaches OOP, plan pays remaining \$1,000. Second pays \$4,200 (60%)

H5000 – Each pays \$5,000 and household reaches family OOP max

Participant-Facing Communications

- Plan Comparison (5258) – End of April
- How Do I Choose? (4915) – End of April
- Live and Recorded webinars in September-October
 - General Plan Comparison
 - Targeted webinars/videos for HSA plan participants
- Updates to ALEX – September
- Other requests?

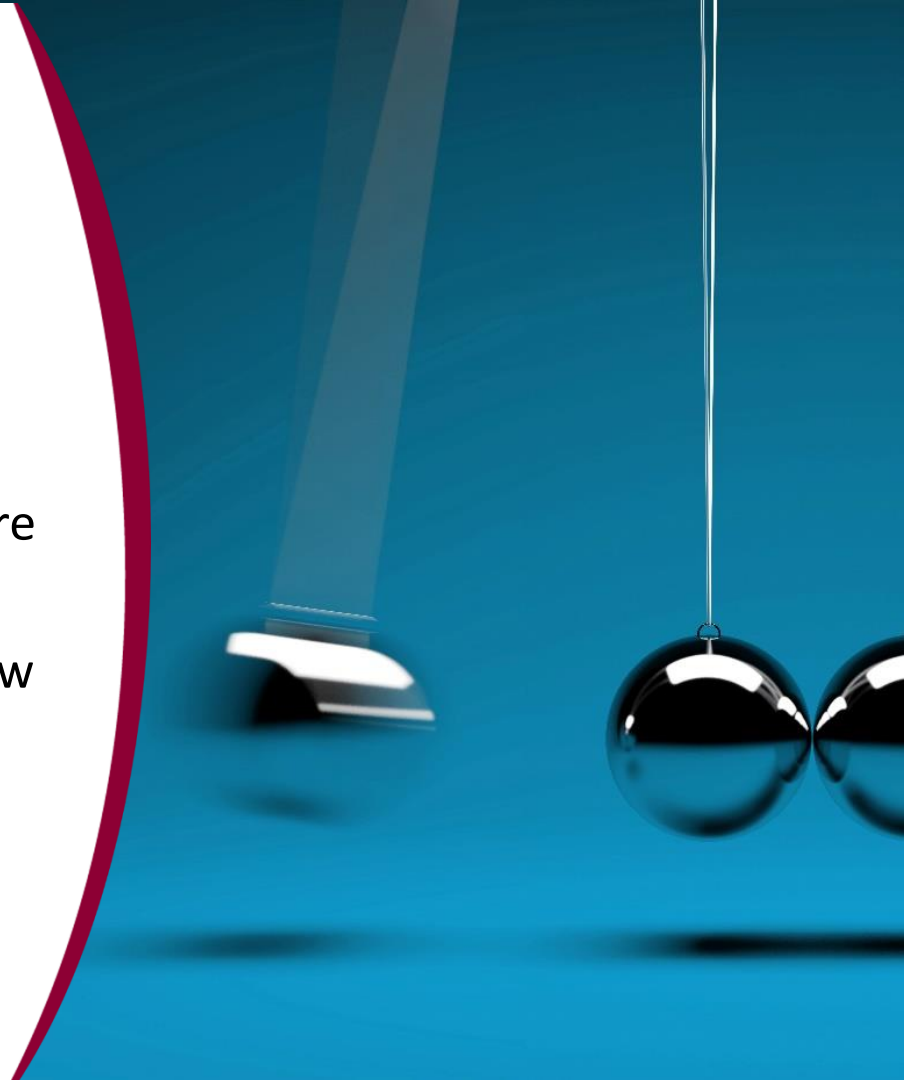


2024 Network Changes—UHC Only



Why Only Offering BCBS Network?

- Administrative efficiency and ability to negotiate lower fees
- BCBS network discounts have been more competitive over last several years
- Overall provider disruption relatively low
- Overall favorable impact on 2024 rates with transition to BCBS Third Party Administrator and Quantum Health



Continuity for Active Treatment

Individuals in active treatment with a BCBS non-network provider

- Apply for short-term network exception (up to 90 days)
 - **Members can take action in December**
- Limited to certain types of active care
- Types of treatments that *may* qualify
 - Second/third trimester pregnancy
 - Newly diagnosed or relapsed cancer
 - Transplant candidates and recipients
 - Recent major surgeries
 - Acute conditions in active treatment (e.g., heart attack, stroke)

Quantum can help all members find quality, in-network providers

Participant-Facing Communications

- How to find a doctor handout – Spring/Early Summer
- Webinars – September-October
 - Targeted webinars/videos for UHC Plan Sponsors
- Targeted outreach in fall, directing to Quantum for 1:1 assistance finding a new provider
- Other requests?

Finding a Network Provider

1. Visit bcbsil.com
2. Click “Find Care”
3. Click “Find a Doctor or Hospital”
4. Click “Search as a Guest”
5. Under plans, select
“Participating Provider Organization [PPO]”
6. Enter city, state or zip information
7. Search for Names and Specialties
8. List of providers is returned

Formal participant-facing document to come from Wespath



BlueCross BlueShield
of Illinois



Find Care

Shop Plans

Providers in Your Network

Find a Doctor or Hospital

Find a Dentist

Find a Vision Provider

Virtual Visit

Providers Outside of U.S.

Breastfeeding Counseling



Medicine

Technology

Medical Network

GLOBAL

Ophthalmologist

Heart Disease

Concierge Support From Quantum Health—Coming in 2024

MEDICAL

Stethoscope

Medical icons: pill, globe, heart, eye, network, stethoscope, calculator, laptop, stethoscope

Current Problem— Health Care is Challenging

- Complicated system navigated when individuals are most vulnerable
- Siloed providers and payers
- No cost transparency
- Language hard to understand

Need a “health care provider in the family”



OFF FORMULARY

Step therapy

Pre-certification

QUANTITY LIMITS

Medical necessity

Prior authorization

Reasonable and Customary

Out of network

**NOT
ALLOWED**

Denied

Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

95%

180

140

120

100

80

60

40

20

0

How We Currently Support Members

Advocate with vendor partners

Work through escalated issues

Intervention after challenges occur

A Better Solution

- High-touch concierge: Quantum Health
- Currently used by peers in the Church Benefits Association
 - Presbyterian Church of the USA
 - Southern Baptist Convention
 - Evangelical Lutheran Church in America



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)



PORTICO®

Benefit Services | A Ministry of the ELCA

Scenes from Quantum Headquarters



A hand holding a target with three darts hitting the bullseye. The target is silver and black, and the darts are orange, blue, and purple. A red curved line separates the image from the text on the right.

Objectives

**Better member
experience**

**Cost efficiency
and sustainability**

What is a Concierge/Navigation Solution?

- Supporting Members
 - Guidance from diagnosis through treatment
 - Advocacy around cost, coverage, social determinants of health, and efficient/quality care

- Supporting Providers
 - Clinical experts bridge provider and plan
 - Obtain needed documentation for medical necessity
 - Gather information to educate member

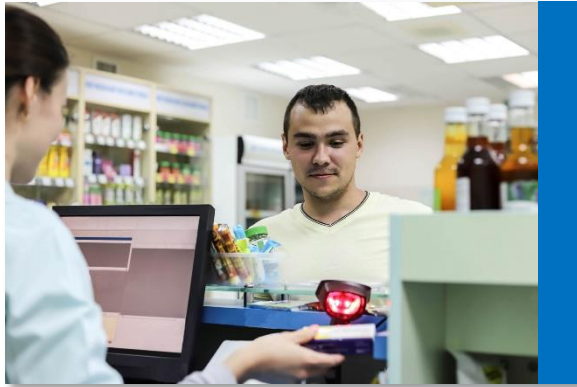
Intervention before challenges occur

Financial Considerations

- Expect improved efficiency and reduction in claims to offset cost
- Portico (ELCA) has reported positive return on investment (ROI)
- Quantum guarantees a 2:1 ROI, modeling shows potential up to 4:1



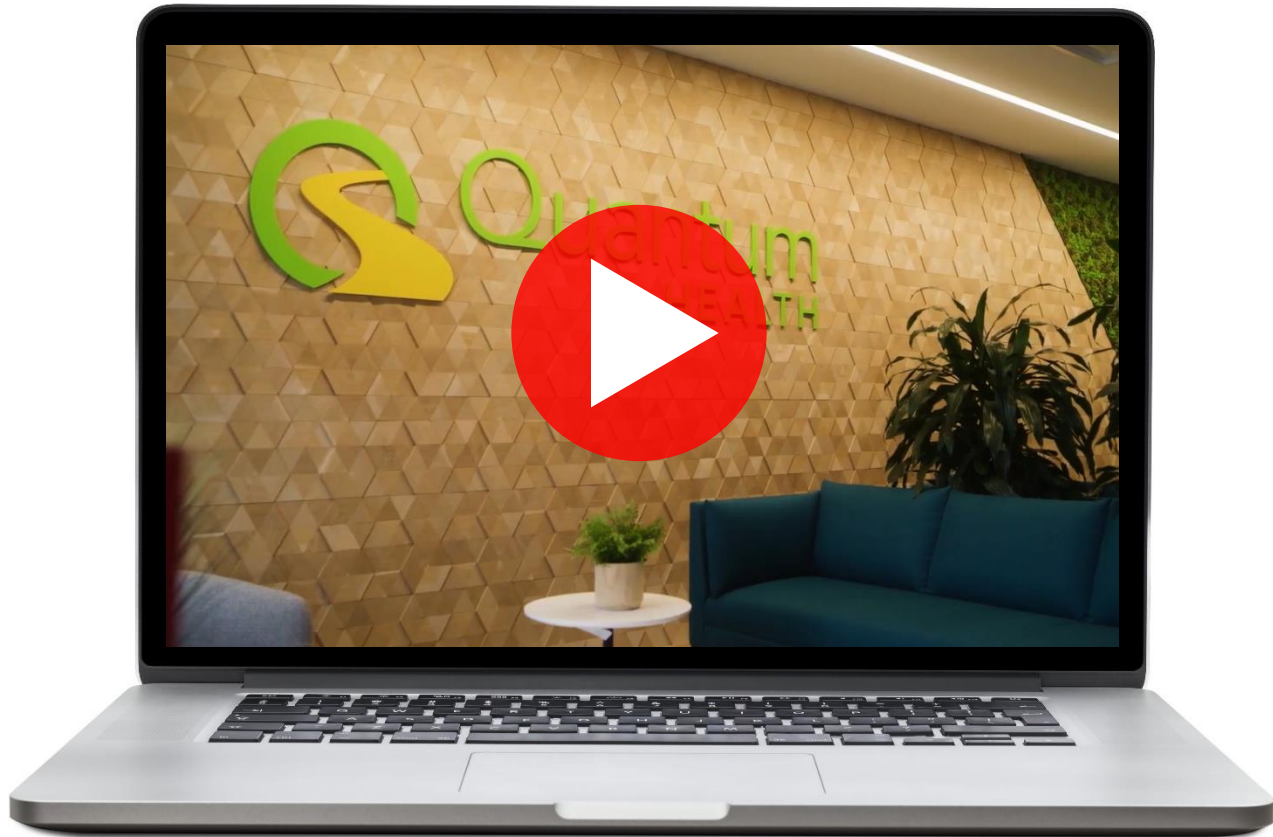
Envisioning a New Member Experience





Participant-Facing Communications

- Leveraging strategy and collateral from Presbyterian Church and Quantum
- Incorporating in AE communications
- Targeted outreach to UHC Participants
- New ID Cards in December
- Expanded promotion and communications in 2024
- Other requests?





Questions?





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