



HealthFlex Mini-Summit—March 2021



Wespath

BENEFITS | INVESTMENTS

Administrative Updates

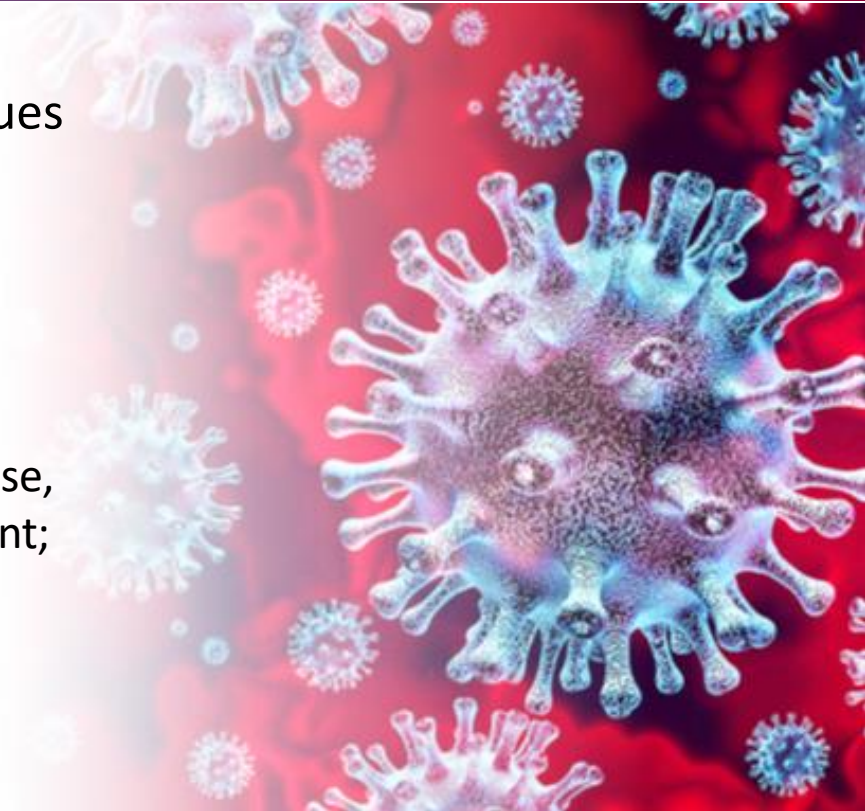
Agenda

- 2021 Updates
- Planning for 2022
- Plan Sponsor Training and Education
- Medicare Education



COVID-19 Update

- Testing and in-network treatment continues to be covered at 100%; MDLIVE services continue to be covered at 100%
 - Through at least end of April
- FSA changes for 2021
 - Mid-year changes allowed (establish, increase, decrease, terminate) without life status event; must be prospective
 - Applies to health care and dependent care FSAs



COVID-19 Vaccinations

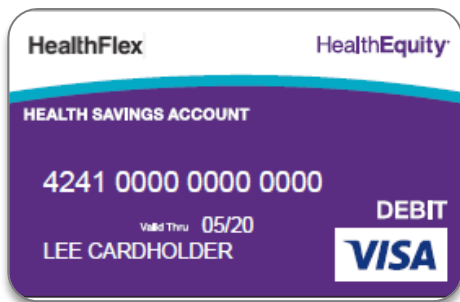
| Vaccination Summary | Moderna COVID-19 | Pfizer COVID-19 | Total |
|--|------------------|-----------------|-------------|
| Total doses administered | 362 | 188 | 550 |
| Unique utilizers | 276 | 136 | 412 |
| Members receiving 2 nd dose | 86 | 52 | 138 |
| • Female | 154 | 73 | 227 |
| • Male | 122 | 63 | 185 |
| • Age >65 | 68 | 20 | 88 |
| Total member paid | \$0 | \$0 | \$0 |
| Total plan paid | \$7,030.17 | \$3,912.03 | \$10,942.20 |

Vaccines are covered 100% through medical and Rx benefit, including administration costs

Data as of February 28, 2021

Debit Cards for Health Accounts

Occasional Confusion with Two Cards



Purple:
Health Savings Account only



Teal:
Healthcare FSA and HRA
Teal card is stacked—FSA pays first

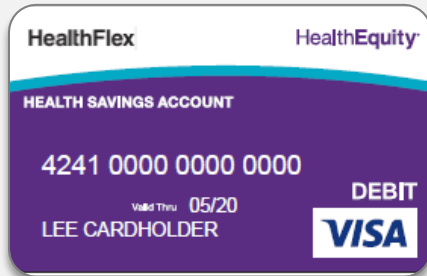


Continue to explore one card for all health accounts with HealthEquity

Purple Health Savings Account Card

WHICH ACCOUNT?

Health Savings Account



WHEN TO USE?

Participant only has an HSA

Use for all eligible expenses—medical, pharmacy, behavioral health, dental and vision.

If participant has an HSA and an FSA/HRA

Beginning January 1:

- Use purple card for medical, pharmacy, behavioral health expenses
- Use teal FSA/HRA card for dental and vision expenses

Once participant has \$1400 (single coverage) or \$2800 (2+ covered) in expenses*:

SAVE HSA until FSA and/or HRA have been exhausted

* Must provide documentation of expenses to HealthEquity

Teal Health Care Card

WHICH ACCOUNT?

- Healthcare FSA
- Health Reimbursement Account



WHEN TO USE?

If a participant has an FSA or HRA

Use for all eligible expenses—medical, pharmacy, behavioral health, dental and vision.

If a participant has an FSA and an HRA

Use for all eligible expenses—medical, pharmacy, behavioral health, dental and vision.

FSA always pays first

If a participant has an FSA/HRA and an HSA

Beginning January 1:

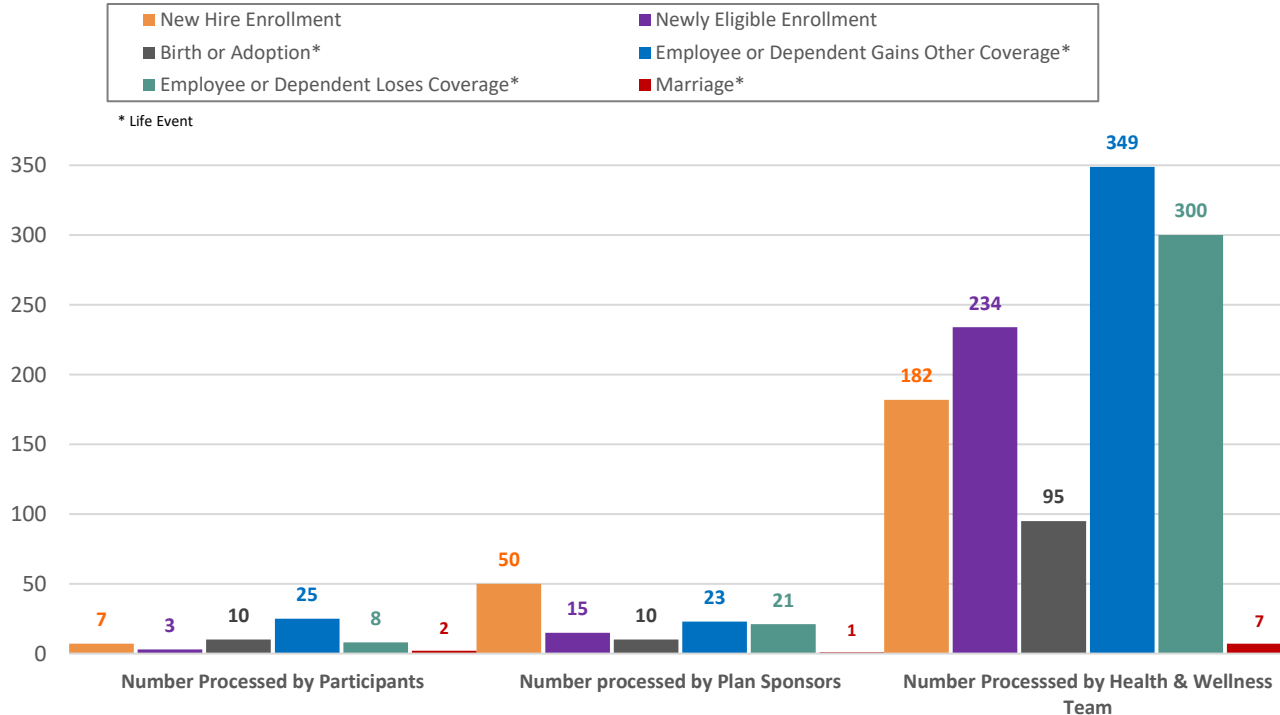
- Use teal card for dental and vision expenses
- Use purple HSA card for medical, pharmacy, behavioral health expenses

Once participant has \$1400 (single coverage) or \$2800 (2+ covered) in expenses*:

Use teal card for all eligible expenses—medical, pharmacy, behavioral health, dental and vision.

*** Must provide documentation of expenses to HealthEquity**

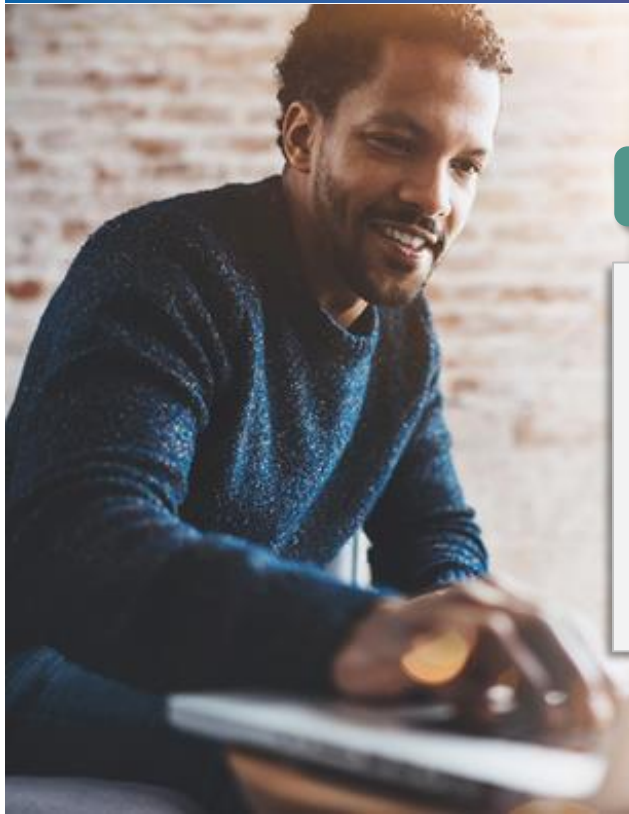
Events Processed in 2020



Total Number Processed
1,167 Health & Wellness Team
120 Plan Sponsor
55 Participants

Health Team processes additional **3,455** events not listed here.
 With full self/ps service on the events above, ability to reduce Health Team events processing by approximately **33%**

Everyone Benefits from Self-Service



Plan Sponsor

- No need to complete a form
- Stronger data security
- Shorter turnaround

Participant

- No need to complete a form
- Stronger data security
- Immediate confirmation

Automatic System Transactions

What Is Processed Automatically?

- Newly eligible mandatory clergy enrolled in single coverage, default plan
 - 31 days to change from default
- Terminations for dependents reaching age 26, employment terminations, transfers, deaths (survivors maintain coverage)

Who Should a Participant Call?

Step 1: Try the Vendor Directly (Participant)

BCBSIL: 1-866-804-0976

UHC: 1-800-901-1939

OptumRx: 1-855-239-8471

Cigna: 1-800-244-6224

VSP: 1-800-877-7195

EAP: 1-866-881-6800

HealthEquity: 1-877-924-3967

Step 2: Involve the Health Team (Participant or Plan Sponsor)

Participant Issues/Inquiries

Health and Wellness Team

- **1-800-851-2201**
Dial “2” for Health—
press “0”
- **health@wespath.org**

Step 3: Participant Escalations (Plan Sponsor Only)

Reach out to Nikki

Nikki Landing-Hill

Vendor Relations Manager

- **847-866-4309**
- **nlanding-hill@@wespath.org**

Continuation Coverage Period Extended

Maximum duration increased to 18 months

- Already required in some states
- Administrative simplicity
- Most people are on continuation less than 12 months



Adoption Agreements—Overview

- Main agreement (evergreen)
- Exhibits (updated exhibits submitted each year)
 - A** Select who you want to cover
 - B** Plan defaults and premium credit
 - E** Well-being programs for Via Benefits and non-Via Benefits populations
- Sub adoption agreements—allows local churches or other salary paying units to elect through plan sponsor

The image shows three overlapping documents from Westpath. The top document is a 'HealthFlex Plan Sponsor Adoption Agreement' form. The middle document is a 'HealthFlex Plan Sponsor Adoption Agreement' form. The bottom document is a 'HealthFlex Plan Sponsor Adoption Agreement' form.

Westpath
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HealthFlex Plan Sponsor Adoption Agreement

Plan Sponsor name: _____
HealthFlex ID #: _____ UMC ID #: _____

Whereas, the General Board of Pension and Health Benefits of The United Methodist Church, incorporated in Illinois (Westpath), administers the Hospitalization and Medical Expense Program (the Plan), also known as HealthFlex;

Whereas, the Plan includes a group health plan that includes several group Health benefits options and group mental health benefits options, a group dental benefits plan, a group vision benefits plan, a premium reversion plan, a medical reimbursement account, a dependent care reimbursement account, a health reimbursement account (HRA), a health savings account (HSA) and various other programs;

Whereas, Westpath administers the Plan generally with respect to active clergy and lay employees, as a criteria plan, under §125 of the Internal Revenue Code of 1986 (the Code), which includes a premium reversion plan for all required contributions and premiums (Required Contributions) related to group health, dental and vision benefits, and reimbursement accounts for health care expenses and dependent care expenses;

Whereas, under the terms of the Plan, a Plan Sponsor may, by execution of a proper Adoption Agreement, adopt the Plan for the benefit of all eligible clergy and eligible lay employees of all eligible Salary Paying Units, located within the jurisdiction of such Plan Sponsor, which shall be limited to those Salary Paying Units specified in the Plan materials and in Exhibit A attached hereto and incorporated herein by reference (the Salary Paying Units); and

Whereas _____, hereinafter the Plan Sponsor under the terms of this Adoption Agreement, is eligible for and wishes to adopt the Plan;

Now, therefore, by this instrument, effective as of _____, the Plan Sponsor hereby adopts the Plan for all eligible employees of the eligible Salary Paying Units that have executed appropriate documents registering their participation in the Plan in accordance with the following:

- 1.a) The Plan Sponsor agrees to be bound by the terms, provisions, administrative policies and guidelines of the Plan (including, but not limited to, the plan document and this Adoption Agreement) as administered by Westpath (the administrator) as the Plan Sponsor with respect to the eligible employees of the eligible Salary Paying Units.
- 1.b) The Plan Sponsor agrees to comply fully with all financial, actuarial, legal and administrative policies, guidelines and procedures of the Plan as required or directed by Westpath.
- 2.a) The Plan Sponsor shall elect in Exhibit A, attached hereto the optional categories of coverage that will be provided under the Plan, as adopted by the Plan Sponsor.
- 2.b) The Plan Sponsor agrees to offer Plan coverage to all of the eligible clergy and eligible employees of the participating Salary Paying Units (eligible Personnel). The Plan Sponsor will offer coverage under the Plan to those eligible Personnel and their families, to the extent that the Plan allows such participation by such eligible Persons, those enrolled eligible Personnel will proceed to elect whether to participate in the Plan. The Plan Sponsor agrees to make any necessary records and data available to Westpath in order to determine the eligibility of eligible and potentially eligible employees, spouses and other dependents pursuant to the terms of the Plan and this Adoption Agreement.

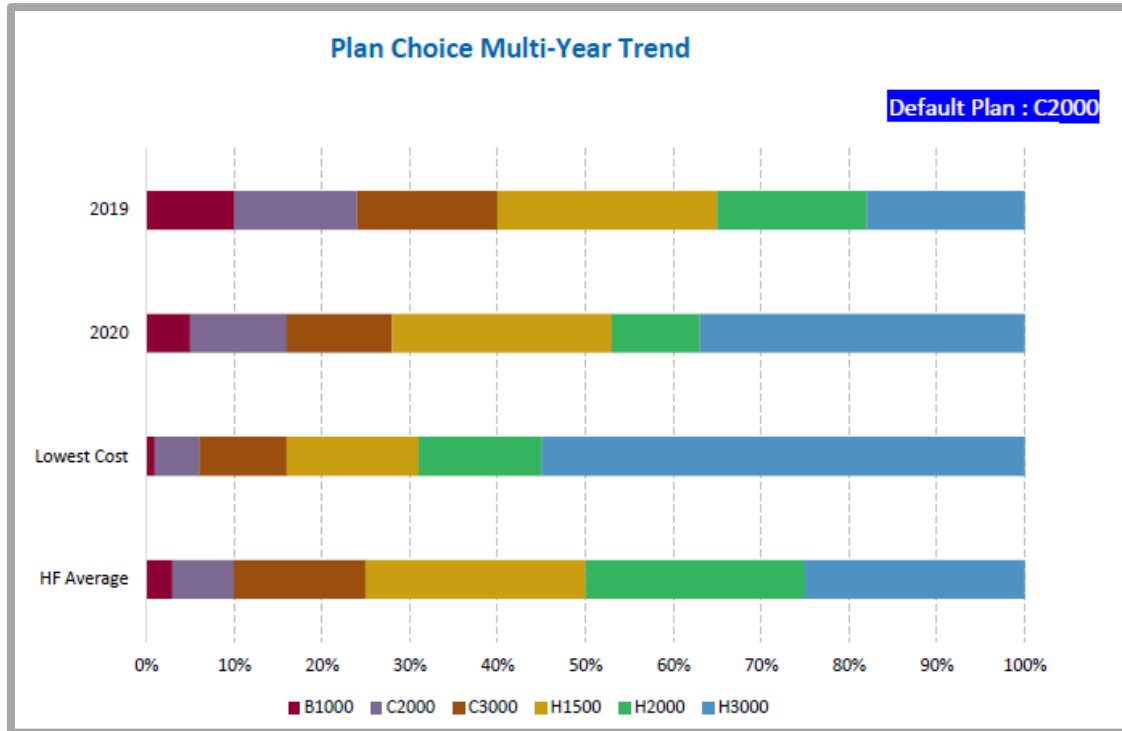
Page 1 of 3
A general agreement of The United Methodist Church 1401022306

Reviewing Premium Credits and Defaults

- Premium Credit gives plan sponsor control how cost increases are applied
 - HealthFlex team can model different options
- Default plans can be changed
 - Consider available data (low-cost plan analysis, current enrollment), blended rate budget and premium credit to determine most appropriate default plans



Enrollment, Low-Cost Data in Summary Report



Differences in How Plans Pay

4-month plan comparison

- Realistic claims scenarios
- Custom premium credit and premiums
- Shows how the plans pay differently and identifies savings opportunities
- Also helps participants understand difference in plans in the fall, whether you change defaults or not



Educational Opportunities for Participants

HealthFlex Options Refresher

- Overview of plan options (medical/Rx, dental, vision)
- Customizable to focus on changes in default plan or premium credit
- Annual Election web-conference in the fall

Medicare Process

- Overview—including Parts A & B, payment and penalties
- Timing for enrollment



Mentimeter



**Wespath and HealthFlex
positively impacts the
health and productivity of
those who serve the UMC**



Wespath

BENEFITS | INVESTMENTS