

HealthFlex in 2024 and Administrative Updates

HealthFlex Summit | October 2023



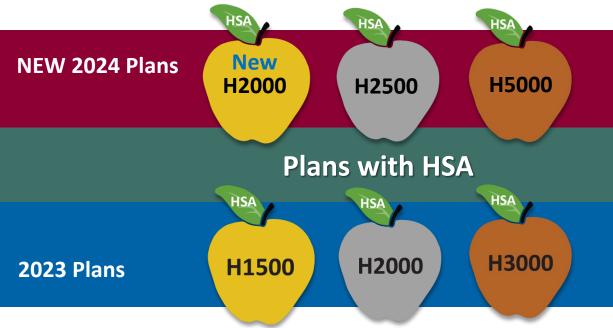
Agenda

- 2024 Plan Updates
- Benefits Access Updates
- Participant Education
- Administrative Reminders
- Care Coordination is (almost) Here!



2024 Plan Changes—Reminder

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	\$1500/ \$3000	\$2000/ \$4000	\$2000/ \$4000	\$2500/ \$5000	\$3000/ \$6000	\$5000*/ \$10000
Coinsurance	80%	80%	70%	70%	40%	N/A
Individual/Family Out of Pocket Maximum	\$5000/ \$10000	\$5000/ \$10000	\$5000/ \$10000	\$5000/ \$10000	\$6000/ \$12000	\$5000/ \$10000
HSA Contribution Included	\$750/ \$1500	\$1000/ \$2000	\$500/ \$1000	\$250/ \$500	\$0	\$0
		Similar design to C2000		Same contribution as C3000		ductible only" blan 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 (\$5000) not the full family deductible. • 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

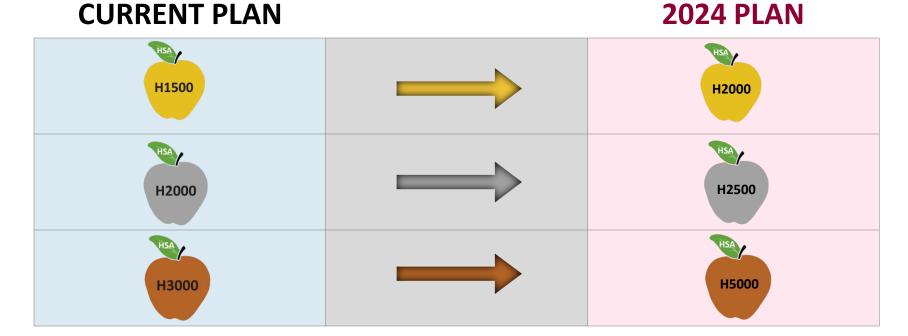
 For members with more than \$6,333 claims, H5000 is the more generous plan

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



HSA Plan Migration

Only applies to those who do not make elections



6 | Wespath

Targeted HSA Webinars

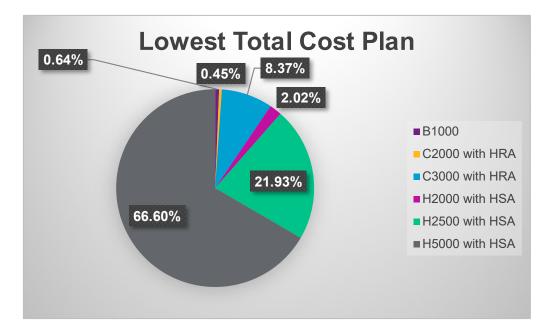
Currently in an HSA plan?

- Participants get custom invites to targeted webinar on Monday, October 23rd
 - H1500 (11 am 12 pm CT)
 - H2000 (12 pm 1 pm CT)
 - H3000 (1 pm 2 pm CT)
- Recordings will be available and emailed to all those in a current HSA plan



Low Cost Plan Data

Lowest Total Cost Plan (2022 Claims Data and 2024 Plan Design)



When 2022 claims (de-identified) were applied to 2024 plan design and costs, nearly 97% (96.9%) of households would pay the lowest net cost in one of the 3 lowest premium plans (H5000, H2500, C3000)

 Slightly > 1% would pay the lowest in the B1000 or C2000

H1500 vs New H2000 – Cost Comparison

Appendix Removal (laparoscopic) Discounted Cost = \$6,000

H1500 – EMP Only \$750 Account Funding \$1,500 Deductible

Total Participant Cost = \$2,400 \$1,500 to meet deductible + \$900 (20% of \$4,500)

Total out of pocket = \$1,650 (\$2,400 - \$750 from HSA) New H2000 – EMP Only \$1,000 Account Funding \$2,000 Deductible

Total Participant Cost = \$2,800 \$2,000 to meet deductible + \$800 (20% of \$4,000)

Total out of pocket = \$1,800 (\$2,800 - \$1,000 from HSA)

H2000 vs H2500 – Cost Comparison

Appendix Removal (laparoscopic) Discounted Cost = \$6,000

> H2500 – EMP Only \$250 Account Funding \$2,500 Deductible

Total Participant Cost = \$3,550 \$2,500 to meet deductible + \$1,050 (30% of \$3,500)

Total out of pocket = \$3,300 (\$3,550 - \$250 from HSA)

H2000 – EMP Only \$500 Account Funding \$2,000 Deductible

Total Participant Cost = \$3,200 \$2,000 to meet deductible + \$1,200 (30% of \$4,000)

Total out of pocket = \$2,700 (\$3,200 - \$500 from HSA)

H3000 vs New H5000 – Cost Comparison

Appendix Removal (laparoscopic) Discounted Cost = \$6,000

H3000 – FAM \$6,000 Deductible

Total Participant Cost = \$6,000 \$6,000 to meet full family deductible H5000 – FAM \$5,000 Deductible

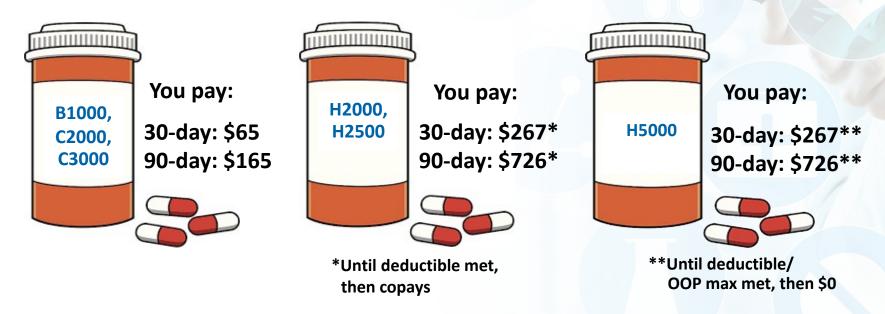
Total Participant Cost = \$5,000 \$5,000 to meet deductible (also met OOP MAX)

Preferred Brand, Non-Preventive Medication Comparison

Full price of medication (discounted by OptumRx):

30-day supply: \$267

90-day supply: \$726



Preferred Brand, Preventive Medication Comparison

Full price of medication (discounted by OptumRx):

30-day supply: \$267

90-day supply: \$726



Preventive Drug List can be found: Welcome.optumrx.com/wespath



PLEASE Direct Participants to ALEX

- Available now
- Explains confusing benefit concepts using simple language
- Approximately 30 minutes to complete
- Personalized recommendation for plan choices and health account contributions
- Find ALEX at benefitsAccess.org

Care Coordination – Impact on UHC Network

- Wespath decided to only offer the Blue Cross Blue Shield nationwide PPO network beginning in 2024
- No impact to pharmacy change in medical/behavioral health network only
- Most providers used by UHC groups remain innetwork
 - 93% to 95% of providers used in 2021-2022 are in-network with Blue Cross Blue Shield
- UHC Network Q&A Webinar (invites emailed)
 - November 2 @ 12 CT



HealthFlex integration in Benefits Access

- New: AE specific information in Benefits Access
- Personalized information
- Targeted messaging



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Public HealthFlex Site Still Available

Visit the Annual Election webpage for basic information about plan options, helpful tools and resources, and more



www.wespath.org/health-well-being/AE

Annual Election Mailings – Next Week

Postcard for those who can make elections online





Annual Election is November 1-16, 2023

Annual Election is your chance to choose your HealthFlex medical, dental, vision and health account options for 2024. Whatever you choose, it's important to review your benefits and make sure they're still right for you. Choosing the right plan could save you hundreds of dollars per year! Follow these simple steps to make an informed choice for 2024



Wespath

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Letter for those who cannot make elections online





2024 Highlights:

Annual Election: Your opportunity* to select 2024 HealthFlex benefits!

1) Use ALEX Benefits Counselor to find the plan that might be the most cost-effective for your family or individual needs

2) Select medical/pharmacy, dental and vision plans 3) Choose which eligible dependents to cover-contact your benefits office if you don't see your dependents listed

4) Utilize health accounts for pre-tax savings this year and to save for future needs



Make your elections online. Scan the QR code to access my.benefitsaccess.org/ HealthFlexBenefits. For Annual Election support call 1-844-688-1375.

information. Learn about your plan options, find helpful resources, watch videos, and much more here at my.benefitsaccess.org/HealthFlexBenefits Important changes are coming to Health Savings Account (HSA) plans for 2024. Learn more at my benefits access.org. Coming January 2024: Wespath Care Coordinators will provide support for all of your health benefits questions and concern

Benefits Access has a new webpage for Annual Election



*After Annual Election, you can only change benefits, add ar drop dependents, or make new health account elections if you experience a qualifying "change of status" event, such as marriage, divoror, death of a sposee, birth/adoption of a child, ar loss of sposes's health coverage. You can change health savings account elections any time during the year.

Retirees Disabled MSP SEE

Regulatory Notices

- Emails to those who opted in for electronic delivery
- USPS for those who opted out of electronic delivery
- All will be sent by 10/13
- Non-delivered emails be sent via USPS ~1 week later



Important HealthFlex Information from Wespath

Under federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Wespath Benefits and Investments (Wespath) is required to provide certain health care notices to you upon becoming eligible or enrolling into HealthFlex¹ (the "Plan") and at certain other times. The following is a list of the required notices and a brief description of each notice.

Coverage for Reconstructive Surgery Following Mastectomy

This notice describes the mastectomy-related benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

• HealthFlex Notice of Privacy Practices

This notice explains your rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

• Important Notice About Your Prescription Drug Coverage and Medicare

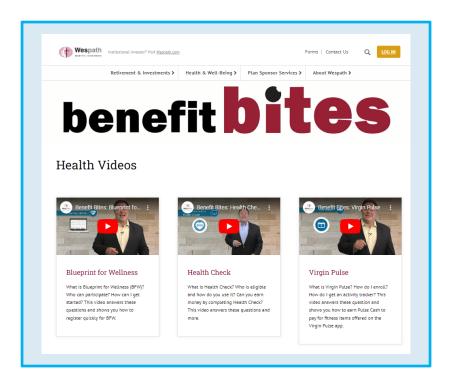
This notice contains information about current prescription drug coverage under the Plan and about options under Medicare Part D's prescription drug coverage. It also explains what happens to your Plan coverage if you decide to join a Medicare Prescription Drug Plan.

• Medicaid and the Children's Health Insurance Program (CHIP)

This notice informs you of the states that offer premium assistance programs that can help pay for health coverage for your children. These states use funds from their Medicaid or Children's Health Insurance Program (CHIP) programs to help low-income families who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

Participant Education—Benefit Bites

- New HealthFlex-focused series
- Refreshed existing videos
 - HealthFlex Overview
 - HealthFlex Plan Options
 - Premium Credits
 - Health Accounts
- More on the way
 - Series on Rx cost comparisons across plans



Participant Education—Webinars

HSA Changes webinars (current HSA enrollees) October 23 @ 11:00 a.m., 12:00 p.m. and 1:00 p.m., CT

Annual Election webinar (all HealthFlex) October 26 @ 1:00 p.m., CT

Rx Q&A Opportunity (all HealthFlex) November 1 @ 1:00 p.m., CT

Network Change Q&A (current UHC enrollees) November 2 @ 12:00 p.m., CT

General AE Q&A (all HealthFlex)

November 7 @ 1:00 p.m., CT



HSA Reporting Reminder

- Employers (salary-paying units) are required to report HSA contributions on IRS Form W-2
 - Must include Plan Sponsor funded, Excess Premium Credit, and personal contributions
- Wespath provides true-up reports quarterly and the final report for W-2s annually **in December**
 - Includes amount to be attributed to the salary-paying unit
 - Multiple SPUs listed in case of appointment change
- Contact Nicole Valentino (<u>nvalentino@wespath.org</u>) with questions



AE Reporting Reminder

- Annual Election Status—provided twice during AE
 - Lists who has made active elections
- Final Election Report—provided early December
 - Who made elections vs. enrolled in default
 - Compares current elections to new elections for existing groups
 - Includes employer/local church information if applicable



Health Equity Card Updates Coming



Current: Teal card = FSA/HRA, Purple = HSA

New cards only, starting mid-October: Solid purple = FSA/HRA Purple & White = HSA

Mid-2024: One card for all accounts

Care Coordination

- Through Quantum Health
- One number to call
- High-touch guided support for participants
- Member support from diagnosis through treatment
- Find the best care for the best cost
- Live on January 2



Balancing Quantum, BCBS-TPA and Wespath

- Along with adding care coordination, Quantum shifts many tasks away from the carrier (BCBS-TPA) that were previously handled by BCBS/UHC
- Certain existing customer service processes will also shift away from Wespath



Roles of Quantum

- First point of service for medical, Rx, and behavioral health
- Clinical support and care coordination services
- Connect participants to "point solutions" like MDLIVE or Omada
- Handles all appeals
- Number on ID card
- And more



Roles of BCBS-TPA

- Generates ID cards and EOBs (accessed on Quantum's website)
- BCBS-TPA provides network (BCBS National PPO) access
- Receives and processes all medical and behavioral health claims

Participants contact Care Coordinators — not BCBS-TPA



Roles of Wespath

- Participants will continue to reach out to Wespath regarding eligibility and enrollment
- First stop for dental/vision/well-being
- Active Benefits Team will handle all Via Benefits inquiries
- Monthly billing to plan sponsors
- Handles all plan sponsor questions and escalations, including billing



ID Card

- Contains Medical/Behavioral Health and Rx information (just like today)
- Every covered member gets an ID card
 - Dependents get own card (do not have to use)
- Preauthorization information on the back

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BlueCross BlueShield	<u>é</u>	Wespath
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Group Number: PL5020	33. 19	
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Thank you for your partnership.

We appreciate your feedback.

