



Center for Health

# HealthFlex Plan Strategy

## HealthFlex Exchange Offering

HealthFlex Summit

November 5, 2015



General Board

**Pension and Health Benefits**

*Caring For Those Who Serve*

# Plan Sponsor Considerations—2017

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## Traditional

- Add second plan
  - CDHP vs. HDHP\*
  - Gold vs. silver
- Readiness for HealthFlex Exchange vs. other approach

## HealthFlex Exchange

- Defined contribution (DC) strategy

\* CDHP: Consumer-driven health plan; HDHP: High-deductible health plan

# Roles and Responsibilities

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## General Board

- Maintain system, reporting and billing (to conference)
- Consultation and guidance in DC approach
- Decision support tools (participant and plan sponsor)
- Participant communications and **materials for plan sponsor use**
- Resource for **plan sponsor** questions and clarification

## Plan Sponsor

- Billing, reporting and supports for local churches
- Select DC and default plans
- Obtain annual conference vote; gain participant buy-in
- **Participant education, including workshops** (pre-conference, fall)
- Resource for **participant** questions and clarification

# HealthFlex Exchange—Conceptual Framework

## More Plan Options

5-6 Medical/Rx • 3 Dental • 2 Vision Options



**Higher** premiums,  
**lower** out-of-pocket



**Lower** premiums,  
**higher** out-of-pocket



YOU “shop” for plan with “credit” (DC)



**More** premium owed



**Less** premium owed

Premium costs offset by “credit”  
(fixed defined contribution)



Premium < DC (“credit”)  
= “Excess” deposit to:  
HRA or HSA\*

or



Premium > DC  
= Salary Deduction  
(medical, dental, vision)

\* HRA: Health reimbursement account; HSA: health savings account



# Video Segment A

# HealthFlex Exchange— Different from the ACA Marketplace

## HealthFlex Exchange

- Broad networks
  - Nationwide networks
- No age-band rating
  - Important for clergy at or above our average age (>50)
- Non-taxable plan sponsor contributions
- Wellness programs and related incentives **always included**

## Public Exchange(s)

- Narrow provider networks
  - Up to half of doctors omitted; many don't realize how narrow when selecting
- Age-banded rating
  - Premiums vary up to 3x by age
- No pre-tax funding
  - Tax credits for those who qualify (not everyone)
- No wellness wraparound

# HealthFlex Exchange— Different from Private Exchanges

## HealthFlex Exchange

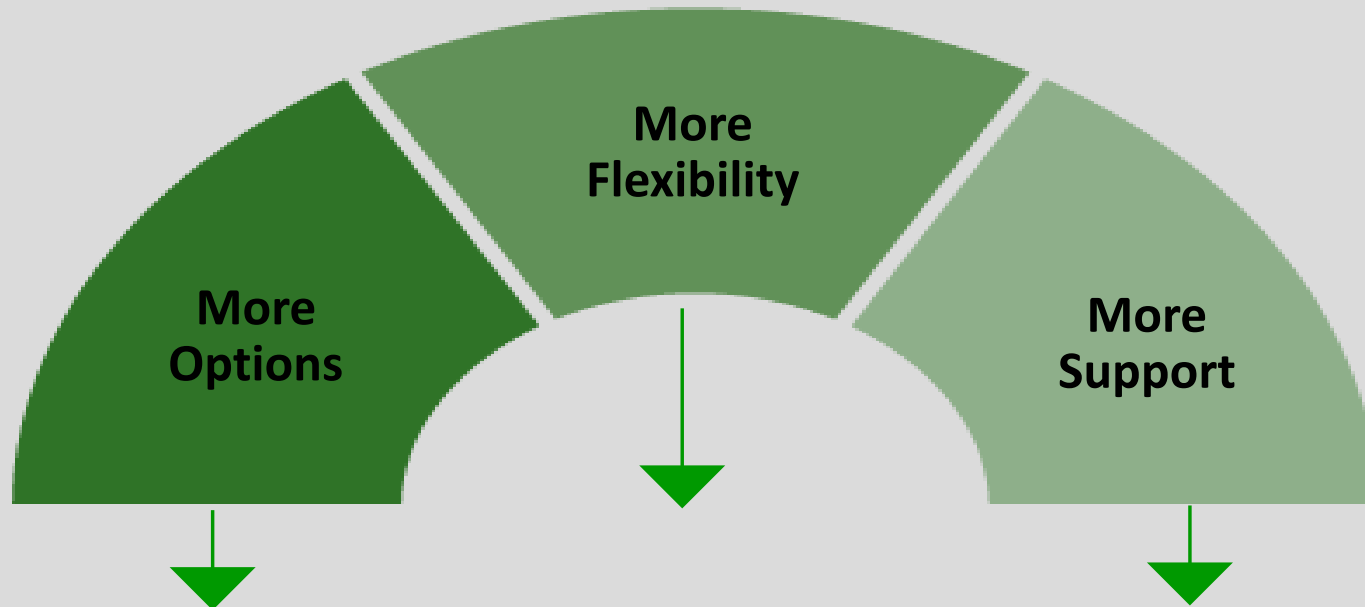
- Broad networks
  - Nationwide networks
- No age-band rating
  - Important for clergy at or above our average age (>50)
- Non-taxable plan sponsor contributions
- Wellness programs and related incentives always included

## Private Exchange(s)

### May include:

- Theoretically bigger risk pools (beyond UMC), but still group-rated
- Multiple carriers
- Fully-insured
- Wellness options limited

# HealthFlex Exchange: More Choice



- Medical/Rx, dental and vision options
  - 5-6 medical/pharmacy plan combinations
  - 3 dental choices
  - 2 vision choices

- Align plan with personal needs
  - Medical needs
  - Financial situation
  - Comfort with unexpected expenses

- Guidance for plan selection
  - WebMD's Coverage Advisor
  - MyChoice decision support
  - Telephone support



# HealthFlex Exchange: Same Quality

- BCBSIL or UnitedHealthcare
- OptumRx (formerly Catamaran)
- United Behavioral Health
- VSP and CIGNA

- HealthCash for activity, screening and Wellness Points
- Avoid higher deductible by taking HQ

**Same  
Health Plan  
Partners**

**Same  
Wellness  
Incentives**

**Same  
Provider  
Networks**

**Same  
Award-Winning  
Wellness  
Programs**

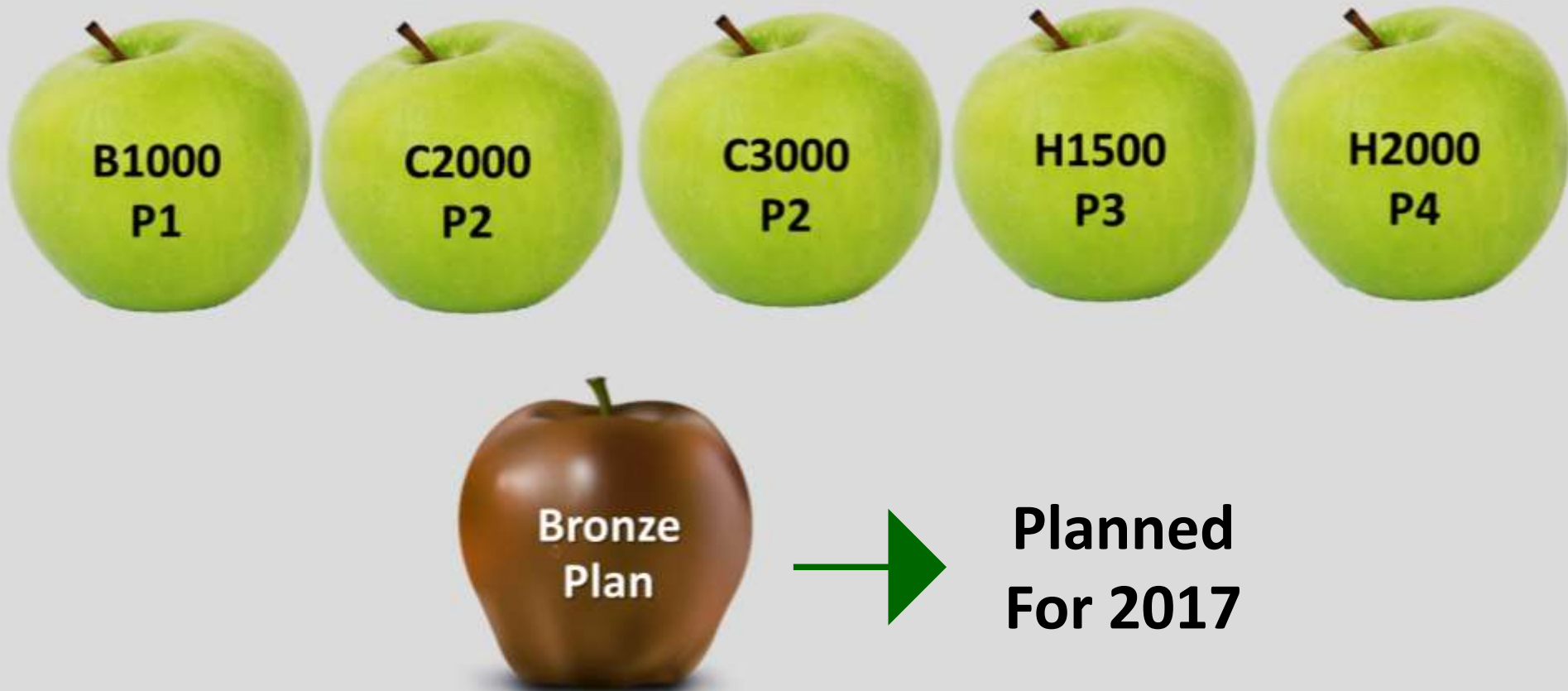
- No narrow networks or restrictive formularies

- WebMD, Virgin Pulse, Quest, Evoke Health and more



Video Segment B: Plans

# Medical/Rx Plan Choices



# Dental and Vision Plan Choices

## Dental\*

- Traditional
- PPO
- Passive PPO



## Vision\*

- **Exam-only**—exams covered (glasses, materials discounted)  
→ **Included with medical**
- **Full service**—exam (glasses, materials benefits)  
→ **Additional cost**



\* Can use defined contribution to pay for applicable premiums;  
2017 plans may have modifications from 2016



**Defined Contribution (DC)**

## Video Segment C: Defined Contribution

# What Is “Defined Contribution” (DC)?

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- New approach to cost share
- Fixed-dollar amount (credit) from the plan sponsor
- Use to “**shop for**” HealthFlex plan



# DC—New Approach to Employer Cost Share



- Can be used for medical/Rx, dental and vision plan premiums
- Appears as monthly “credit” toward HealthFlex plans purchase

Total Employee Cost	
Total Cost	\$778.00
Total Credit ⓘ	\$700.00
Credit Used	\$700.00
Credit Remaining	\$0.00
	<b>\$78.00*</b>
	Monthly

New Hire Enrollment	
<input checked="" type="checkbox"/> Dependent Information	
<input checked="" type="checkbox"/> Election Information	
<input checked="" type="checkbox"/> Defined Contribution	\$-700.00
<input type="checkbox"/> Medical	\$735.00
<input type="checkbox"/> Dental	\$43.00
<input type="checkbox"/> Vision	\$0.00
<input type="checkbox"/> Flexible Spending Medical	\$0.00
<input type="checkbox"/> Flexible Spending Dependent	\$0.00
<input type="checkbox"/> Review	
<input type="checkbox"/> Confirmation	

# DC Helps Participant Pay for Plan(s)

	Monthly DC Amount	Monthly Plan Premium(s)	Difference
 <b>Pastor John</b>	\$600	\$700	-\$100
 <b>Pastor Judy</b>	\$600	\$500	+\$100

Premium (plan choice) more than allocated DC (credit)

PPT owes MORE

Additional monthly cost is deducted from paycheck (if applicable)

or

Premium (plan choice) Less than allocated DC (credit)

PPT owes NOTHING

Remaining monthly DC balance is credited to PPT's HRA or HSA (if applicable; depending on plan selected)



# HealthFlex Premium Funding

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**100%**

**Billed to plan sponsor  
(conference)**

**Conference bills local  
church for DC + any  
participant overage**

- DC could be blended or passed through directly to local church

# DC Modeling

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- Compare current sponsor and participant contributions with potential DC levels
  - Select DC to align with **current vs. gold vs. silver** funding level
  - Assess financial impact of various DC levels across population
- Q4/Q1 preliminary modeling—use 2016 models
- 2017 models available early March

Plan Sponsor Name Here

1

Current Net Sponsor Monthly Cost			
Monthly			
Current Plans	Single	Two Party	Family
PPO B1000 (P 1)	585.53	1,111.85	1,404.15
N/A			
Annual			
Current Plans	Single	Two Party	Family
PPO B1000 (P 1)	7,026	13,342	16,850
N/A	0	0	0

3

Migration Assumptions		
Exchange Plan	Current Plans	
	PPO B1000 (P 1)	N/A
PPO B1000 (P 1)	90%	0%
CDHP Gold (P 2)	0%	50%
HDH Gold (P3)	10%	50%
CDHP Silver (P2)	0%	0%
HDH Silver (P3)	0%	0%
Leave HealthFlex	0%	0%

Migration Guidelines			
Exchange Plan	Current Plans		
	PPO B1000 (P 1)	PPO B1000 (P 2)	CDHP (P 2)
PPO B1000 (P 1)	90%	90%	0%
CDHP Gold (P 2)	0%	0%	50%
HDH Gold (P3)	10%	10%	50%
CDHP Silver (P2)	0%	0%	0%
HDH Silver (P3)	0%	0%	0%

2

Annual Defined Contribution Amounts			
	Single	Two Party	Family
Total	7,000	13,000	16,500

Defined Contribution Guidelines			
No Participant Contributions			
	Single	Two Party	Family
Current	8,148	15,468	19,548
Gold	8,111	15,397	19,458
Silver	7,097	13,473	17,026
Bronze	6,083	11,548	14,594
Maintain Current Net Sponsor Share			
	Single	Two Party	Family
Current	7,026	13,342	16,850
Gold	6,994	13,281	16,773
Silver	6,120	11,621	14,676
Bronze	5,246	9,961	12,579

A

High Level Results Summary	
Percent Change	
Net Sponsor Cost	-1.6%
Participant Cost	7.8%

B

Average Number of Winning Exchange Plans			
	Single	Two Party	Family
PPO B1000 (P 1)	3.8	3.4	3.5
N/A	0.0	0.0	0.0

Results with a slightly lower DC



**Health Reimbursement Account (HRA)**  
**Health Savings Account (HSA)**

# Video Segment D: Health Accounts

# Health Accounts—Overview

**Tax-advantaged accounts offered with deductible-based plans—  
encourage participants to become more involved  
in their own health care decisions**

<b>HRA—CDHP</b>	<b>HSA—Qualified HDHP</b>
<b>C2000</b> (\$1,000 participant / \$2,000 family)	<b>H1500</b> (\$750 participant / \$1,500 family)
<b>C3000</b> (\$250 participant / \$500 family)	<b>H2000</b> (\$500 participant / \$1,000 family)

**\* Excess DC from a PPO will fund an HRA;  
Bronze HDHP will be HSA-qualified with no plan contribution**

# HRA vs. HSA

	HealthFlex HRA	HealthFlex HSA
Eligible Expenses	Medical, behavioral health, Rx, dental and vision expenses	Medical, behavioral health, Rx, dental and vision expenses
Fund Accumulation	Unused balance rolls over with no limit on accumulated funds	Unused balance rolls over with no limit on accumulated funds
Ease of Use	Conveniently use single WageWorks debit card	Conveniently use single WageWorks debit card
Funding Limits	No annual limit	<b>Total</b> (combined) annual IRS limit: <ul style="list-style-type: none"> <li>• \$3,350 (self-only)</li> <li>• \$6,750 (family)</li> <li>• Individuals 55 and older may contribute extra \$1,000 annually</li> </ul>



# Video Segment E: Decision Support

# Participant Decision Support

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Online decision support and guidance toward plan selection  
(**Coverage Advisor, MyChoice**)



Telephonic assistance available  
(**Businessolver**)



# Coverage Advisor

- **Coverage Advisor—tool available through WebMD to help participant estimate the costs of HealthFlex plans**
  - Estimate based upon expected use of services
  - Customized based upon information provided for each covered member
  - Annualized premiums
- **Coverage Advisor also provides general plan information**
  - Co-insurance, co-pays and out-of-pocket maximums

## Consumer Tools to Guide your Health Care Choices



### Guide Your Health Care Choices with These Useful Tools!

During Annual Election or any major life event, use [Coverage Advisor](#) to estimate your out-of-pocket medical expenses under the CDHP. Coverage Advisor also can help you estimate how much money to set aside in your flexible spending account (FSA).

All year long, use the following tools to make choices about doctors, hospitals, procedures, and medications that are best for your health and your budget:

- [Estimate prescription drug costs](#)
- Find an in-network [provider](#) for the lowest out-of-pocket costs
- Estimate the [cost of a treatment](#) at different hospitals
- Compare [hospital quality](#) for a treatment or procedure
- Look up eligible expenses under [Flexible Spending Account Information](#)

# Coverage Advisor—Family Profile

**Profile**

We are prefilling the Coverage Advisor with information that we already know about you, your conditions, and your family. Please fill-in the information to the right.

<b>Salary &amp; Location</b>	<b>Tax Information</b>
ZIP Code: <input type="text" value="60025"/>	Update the information below to help us provide estimated tax savings that are available.
Employment Category: <input type="text" value="Active Clergy"/>	Filing Status: <input type="text" value="Single"/>
Pay Period Frequency: <input type="text" value="12 (monthly)"/>	Household Income: <input type="text" value="\$ 40000"/>

[Back](#) [Continue To Family Members](#)






Information prepopulated if participant has used Coverage Advisor in the past

Responses are confidential. Participant’s church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

# Coverage Advisor—Family Profile

Review and update the health information and estimated health care usage below for you and your family members. You can also add or remove family members as appropriate.

As you make adjustments to the health care utilization, the **Estimated Cost** graphs on the left will automatically update.

 <p><b>Jane Doe</b> Female, Age 36 "I'm in Good Health" <a href="#">UPDATE USER INFORMATION »</a></p>	<p>(0) Conditions <a href="#">update conditions</a></p> <p>(2) Visits <a href="#">update visits</a></p> <p>(7) Medications <a href="#">update medications</a></p> <p><a href="#">↓ Show Details</a></p>
 <p><b>John Doe</b> Male Spouse/Domestic Partner, Age 39 "I'm in Good Health" <a href="#">UPDATE USER INFORMATION »</a></p>	<p>(1) Conditions <a href="#">update conditions</a> </p> <p>(11) Visits <a href="#">update visits</a></p> <p>(2) Medications <a href="#">update medications</a></p> <p><a href="#">↓ Show Details</a></p>
 <p><b>Baby Doe</b> Male Child, Age 3 "I'm in OK Health" <a href="#">UPDATE USER INFORMATION »</a></p>	<p>(1) Conditions <a href="#">update conditions</a> </p> <p>(20) Visits <a href="#">update visits</a></p> <p>(10) Medications <a href="#">update medications</a></p> <p><a href="#">↓ Show Details</a></p>

Information about health status of each family member to more accurately estimate costs per plan. General and detailed options available

Responses are confidential. Participant's church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

# Coverage Advisor—Update Conditions

## Update Conditions

### Conditions

Indicate if the family member has any of the conditions below. This will help to provide estimates of health care usage for this family member.

- Asthma or COPD
- Heart disease (Coronary artery disease)
- Chronic musculoskeletal conditions
- Colon cancer
- Depression
- Diabetes (Type 1 or Type 2)
- Prostate cancer
- Stroke

[Hide Conditions ↑](#)

Detailed information regarding each member's medical conditions

# Coverage Advisor—Update Visits

### Update Visits

Set To National Averages

Service Category	In-Network	Out-of-Network
Preventive Care Visits	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>
Primary Care Doctor Visits	1 <span style="font-size: small;">▲▼</span>	0 <span style="font-size: small;">▲</span>
Specialist Doctor Visits	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>
Therapies (Physical, Occupational, Speech)	0 <span style="font-size: small;">▲</span>	N/A
ER Visits	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>
Urgent Care	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>
Hospital Outpatient Visits	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>
Hospital Inpatient Visits	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>
Outpatient Mental Health/Substance Abuse Visits	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>
Inpatient Mental Health/Substance Abuse Visits	0 <span style="font-size: small;">▲</span>	0 <span style="font-size: small;">▲</span>

Hide Visits ↑

Expected number of visits by service type

# Coverage Advisor—Update Medications

Update Medications			
Specific Medications		<a href="#">Set To National Averages</a>	
Medication Name	Drug Type	Retail (30 day supply)	Mail Order (90 day supply)
<a href="#">+ Update Medications</a>			
General Medications			
Drug Type	Retail (30 day supply)	Mail Order (90 day supply)	
Generic Medications	<input type="text" value="0"/>	<input type="text" value="0"/>	
Preferred Brand Medications	<input type="text" value="0"/>	<input type="text" value="0"/>	
Non-preferred Brand Medications	<input type="text" value="0"/>	<input type="text" value="0"/>	
<a href="#">Hide Medications ↑</a>			

Number of prescriptions at retail and/or mail order, and whether they are generic, preferred or non-preferred


# Coverage Advisor—Cost Summary by Plan

	Cost Summary	Savings	Net Costs	Rollover Balance	Lost Funds
BCBSIL B1000P1 PPO	\$12,203	\$3,419	\$8,784	\$0	\$0
BCBSIL CDHP C2000P2 HRA	\$13,191	\$5,295	\$7,896	\$0	\$629
BCBSIL CDHP C3000P2 HRA	\$13,261	\$3,361	\$9,900	\$0	\$0
Your estimated out-of-pocket expenses are detailed by type of expense. These estimates are based on the your health care usage and the plan's benefits.					
	Annual Premium		\$7,164		
	Co-Pay		\$0		
	Deductible		\$3,000		
	Coinsurance		\$2,293		
	Prescriptions		\$520		
	Other Costs		\$285		
	Uncovered Health Care Expenses		\$0		
	<b>Total Expenses</b>		<b>\$13,261</b>		
BCBSIL HDHP H1500... HSA	\$13,062	\$4,905	\$8,157	\$3,222	\$0
BCBSIL HDHP H2000... HSA	\$13,344	\$4,635	\$8,709	\$4,880	\$0

Receive cost comparison by plan, including premium and estimated out-of-pocket costs for each plan

Cost estimates are for illustration only. Actual costs may vary.

# Coverage Advisor—Benefit Comparison

Feature Compare 			
	<a href="#">Hide</a>	<a href="#">Hide</a>	<a href="#">Hide</a>
General Plan Information	<b>BCBSIL B1000</b>	<b>BCBSIL CDHP C2000</b>	<b>BCBSIL CDHP C3000</b>
<a href="#">Hide</a> Plan type	PPO	PPO	PPO
<a href="#">Hide</a> Phone	1-866-804-0976	1-866-804-0976	1-866-804-0976
<a href="#">Hide</a> Website	<a href="https://www.webmdhealth.com/gbophb/default.aspx?secure=1">https://www.webmdhealth.com/gbophb/default.aspx?secure=1</a>	<a href="https://www.webmdhealth.com/gbophb/default.aspx?secure=1">https://www.webmdhealth.com/gbophb/default.aspx?secure=1</a>	<a href="https://www.webmdhealth.com/gbophb/default.aspx?secure=1">https://www.webmdhealth.com/gbophb/default.aspx?secure=1</a>
General Coverage Information	<b>BCBSIL B1000</b>	<b>BCBSIL CDHP C2000</b>	<b>BCBSIL CDHP C3000</b>
<a href="#">Hide</a> Deductible -- Individual	<b>In-Network:</b> \$1,000 <a href="#">Click here for more information</a> <b>Out-of-Network:</b> \$2,000 <a href="#">Click here for more information</a>	<b>In-Network:</b> \$750 <a href="#">Click here for more information</a> <b>Out-of-Network:</b> \$1,500 <a href="#">Click here for more information</a>	<b>In-Network:</b> \$750 <a href="#">Click here for more information</a> <b>Out-of-Network:</b> \$1,500 <a href="#">Click here for more information</a>
<a href="#">Hide</a> Deductible -- Family	<b>In-Network:</b> \$2,000 <a href="#">Click here for more information</a> <b>Out-of-Network:</b> \$4,000 <a href="#">Click here for more information</a>	<b>In-Network:</b> \$1,500 <a href="#">Click here for more information</a> <b>Out-of-Network:</b> \$3,000 <a href="#">Click here for more information</a>	<b>In-Network:</b> \$1,500 <a href="#">Click here for more information</a> <b>Out-of-Network:</b> \$3,000 <a href="#">Click here for more information</a>
<a href="#">Hide</a> Co-insurance	<b>In-Network:</b> 80% after deductible <b>Out-of-Network:</b> 60% after deductible	<b>In-Network:</b> 80% after deductible <b>Out-of-Network:</b> 60% after deductible	<b>In-Network:</b> 80% after deductible <b>Out-of-Network:</b> 60% after deductible



# MyChoice—Online or by Telephone

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- **MyChoice asks questions and uses participant's answers to recommend a medical plan**
  - Questions assess participant's view of overall health, ability to handle a medical emergency, and level of risk aversion
  - Allows participant to personalize usage of medical services to improve the **"Low-Cost" option**
  - **Plan premiums—included**
- **Provides plan comparisons**
  - Participant chooses which plans to see side-by-side

# Businessolver Telephonic Support

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**Participant can contact Businessolver by phone for information regarding HealthFlex Exchange**

- Basic plan information (e.g., PPO vs. CDHP vs. HDHP)
- Health account information (FSA, HRA, HSA differences and limits)
- MyChoice “best options”



**Businessolver**  
Monday – Friday 7a.m.-7 p.m. CST

# MyChoice—Information Gathering

**MyChoice Selection**

STEPS

On average, 86% of employees are confused about healthcare benefits. Does this describe you too?

**Yep! That's me**  
I don't understand benefits

**I know where my ID card is**  
I understand some benefits

**I'm a pro**  
I understand benefits really well

**MyChoice Selection**

STEPS

What does your medicine cabinet look like?

**Empty**  
No regular prescriptions

**There is some room**  
1-2 prescriptions per month

**It's full**  
3-4 prescriptions per month

**I need two cabinets**  
5+ prescriptions per month

**MyChoice Selection**

STEPS

Would your rainy day fund cover a \$3000 emergency room visit?

**I'd get soaked**  
I don't have much in savings

**A light sprinkle**  
I could cover some of it

**I've got an umbrella**  
My savings will cover it

Questions about health, risk tolerance, financial situation

Responses are confidential. Participant's church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

# MyChoice—Medical/Rx Options

Select your plan

MyChoice Personalize My Usage ▼

Annual estimated costs are based on national averages.


[Edit](#)

Your Cost Monthly

[Select](#) BCBS CDHP C2000-P2

Employee Only	\$820.00
Employee and One Dependent	\$1,558.00
Family	\$1,967.00


[Plan Details](#)  Compare Plan

 MyChoice Minimum Annual Cost: \$9,840.00  
Estimated Annual Cost: \$13,722.60

[Select](#) BCBS HDHP H1500-P3

Employee Only	\$807.00
Employee and One Dependent	\$1,533.00
Family	\$1,935.00

[Plan Details](#)  Compare Plan

 Low Cost Minimum Annual Cost: \$9,684.00  
Estimated Annual Cost: \$12,977.00

“Best MyChoice Match”



Based on health and financial circumstances

“Low-Cost” Option



If primary goal is to limit out-of-pocket expenses

*One plan can be both!*

*Options are a suggestion only, based on decision support tool.  
Participant can select any available plan(s). Cost estimates are for illustration only.  
Actual costs may vary.*

# MyChoice—Personalize My Usage

**MyChoice Personalize My Usage** ^

These usage statistics are based on how you rated the health for all of the individuals to be covered by this policy.

Preventive care/screening/immuni... <input type="text" value="1"/>	Inpatient Hospital Care <input type="text" value="0"/>
Specialist visit <input type="text" value="3"/>	Primary care visit to treat an injury... <input type="text" value="4"/>
Outpatient Lab and Pathology <input type="text" value="8"/>	Outpatient X-Ray <input type="text" value="3"/>
Emergency room services <input type="text" value="0"/>	Outpatient Surgery <input type="text" value="1"/>
Preferred brand drugs <input type="text" value="16"/>	Generic drugs <input type="text" value="3"/>

Personalize usage to help estimate costs

Responses are confidential. Participant’s church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

# Businessolver—Plan Comparison

## Detailed Plan Comparison

	UHC PPO B1000-P1	UHC CDHP C2000-P2	UHC HDHP H1500-P3
	<a href="#">Select</a>	<a href="#">Select</a>	<a href="#">Select</a>
Deductible (Individual)	\$1,000 (assumes completion of the Health Quotient requirements)	\$2,000 (assumes completion of the Health Quotient requirements)	\$1,500 Applies to participant-only coverage. Assumes completion of the HealthQuotient requirement.
Deductible (Family)	\$2,000 (assumes completion of the Health Quotient requirements)	\$4,000 (assumes completion of the Health Quotient requirements)	\$3,000 Applies to participant + 1 and family coverage. Assumes completion of the HealthQuotient requirement.
Coinsurance	80% (plan responsibility)	80% (plan responsibility)	80% (plan responsibility)

[View side-by-side coverage comparisons](#)



**Choosing Your Plan Online**

**Video Segment F: Annual Election**



# Once Plan Selected: View Defined Contribution

### Defined Contribution

The Defined Contribution provided by your Plan Sponsor appears as a monthly credit that is applied to the monthly cost of your benefits. Once you have elected a medical plan and coverage tier and click 'Next,' your Defined Contribution will be reflected as 'Total Credit' in the 'Total Employee Cost' window to the right. The Total Credit and Total Employee Cost amounts may adjust if the coverage tier is changed, if you add or remove dependents from coverage, and as you select your other benefits (e.g., dental).

Your Defined Contribution / Total Credit may not be accurate until you select a medical plan and click 'Next.'

### Select your plan

Your current credit amount of \$838.00 Monthly can be applied toward your Medical, Dental, Vision benefits.

#### Credit Summary

Total Credit Used: \$768.00  
Credit Remaining: \$70.00

### Total Employee Cost

Total Cost	\$768.00
Total Credit	\$838.00
Credit Used	\$768.00
Credit Remaining	\$70.00
	<b>\$0.00</b> Monthly

### New Hire Enrollment

- Dependent Information
- MyChoice
- Election Information
  - Defined Contribution **\$-838.00**
  - Medical **\$768.00**
  - Additional Benefits **\$0.00**
  - Dental **\$0.00**
  - Vision **\$0.00**
  - Health Savings Account **\$0.00**
  - Flexible Spending Medical **\$0.00**
  - Flexible Spending Dependent **\$0.00**
- Review
- Confirmation

Your Cost Monthly

<input checked="" type="checkbox"/> Selected	<b>Employer Defined Contribution</b>	<b>\$-838.00</b>
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### Credit Balance Options

Credit Balance: \$70.00

Excess defined contribution will be funded to your HRA or HSA.

Defined contribution amount shows how much money plan sponsor will contribute; amount will change based upon tier or waiving coverage.

Any unspent dollars will be added to participant's HRA or HSA (depending upon medical plan selected).



# Dental and Vision

## Dental

Please make your dental election. The Plan requires the same individuals be enrolled in medical and dental coverage.

### Select your plan

Your Cost Monthly

**Select** Passive PPO

Employee Only	\$40.00
Employee and One Dependent	\$80.00
Family	\$111.00

**Selected** PPO

Employee Only	\$44.00
Employee and One Dependent	\$88.00
Family	\$124.00

**Select** Traditional

Employee Only	\$56.00
Employee and One Dependent	\$112.00
Family	\$157.00

## Vision

Please make your vision election. The Plan requires the same individuals be enrolled in medical and vision coverage.

VSP Exam Core is included with your medical coverage at no additional cost. VSP Full Service may be elected at an additional cost. Dropping vision coverage does not reduce your monthly cost.

### Select your plan

Your Cost Monthly

**Select** VSP Exam Core

Employee Only	\$0.00
Employee and One Dependent	\$0.00
Family	\$0.00

**Selected** VSP Full Service

Employee Only	\$5.11
Employee and One Dependent	\$7.95
Family	\$13.02

Participants choose dental and vision plans or “drop” this coverage.

# Health Savings Account (HSA) Election and Attestation

## Health Savings Account

Please make your Health Savings Account (HSA) personal contribution election. The maximum amount you can elect has been reduced by the HSA plan contribution from your plan sponsor so you do not exceed the HSA Annual Contribution Limit established by the Internal Revenue Service (IRS).

Note 1: Please enter \$0 if you prefer not to contribute your own money to your HSA (HealthFlex contribution only).

Note 2: Participants receiving an HSA are not eligible for a full-use Medical Reimbursement Account (MRA, i.e., a health flexible spending account (FSA)) or full-use Health Reimbursement Account (HRA), including a spouse's MRA or HRA. An MRA or HRA balance that is a carryover from a previous year will be converted to a limited-use MRA or limited-use HRA. Any current year MRA contributions will be contributed to a limited-use MRA. Limited-use MRAs and limited-use HRAs can be used for dental and vision claims only. Participants receiving an HSA are eligible for a full-use Dependent Care Account (DCA, i.e., a dependent care FSA).

## Select your plan

Selected **H1500 HSA**

There are 5 remaining pay periods.  
You can elect an annual amount up to \$6,250.00 ⓘ

Annual HSA Contribution: \$

**Select Waive Coverage**

By selecting the Health Savings Account, I confirm that: I am not enrolled in Medicare, TriCare or any other Health Care Plan, and I agree that HealthFlex can establish an HSA account on my behalf.  I Agree  I Disagree

I have read and I understand and accept the terms and conditions of the HSA Bank Disclosure Form, the Certifications and HSA Adoption Agreement, and the Custodial Account Agreement which are included in the links below. This includes my authorization for the Custodian or its affiliate Bank of New York Mellon to accept instructions from me to exchange shares in my account by telephone, in accordance with HSA program restrictions and the procedures and conditions set forth in the applicable Funds' prospectuses. I also understand that I may update or change my account beneficiaries at any time using the BNY Mellon's *Beneficiary Designation Form* or the WageWorks/BNY Mellon HSA website via the "Reimbursement Accounts" link through HealthFlex/WebMD. Further, I have elected to apply electronically to open a Health Savings Account. Therefore, my "signature" on this application will be electronic. By submitting this application electronically, I understand that my electronic "signature" is binding to the same extent as my written signature. I have read and understand and accept the terms of this agreement.

### Important Notice - The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open your Health Savings Account, we ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals.

### Terms

[https://www.smart-hsa.com/pdf/getpdf.asp?id=WW-GBP\\_AgreementDoc](https://www.smart-hsa.com/pdf/getpdf.asp?id=WW-GBP_AgreementDoc)

### Electronic Statement Delivery

Registering for the electronic delivery of documents service indicates your desire to decline paper statement delivery. If you elect to register for this service, instead of receiving your account statement by regular mail, you will receive an e-mail prompting you to visit your account via the WageWorks/BNY Mellon HSA website via the "Reimbursement Accounts" link through HealthFlex/WebMD when your statement is available on the Internet. We will maintain online access to current statement and prior year statement from the date on which the electronic statement or disclosure is available for viewing at the WageWorks/BNY Mellon HSA website. You understand that, by clicking the "Accept" button below, you are consenting to receive the materials described above electronically over the Internet and that the posting of such materials at the WageWorks/BNY Mellon HSA website constitutes delivery of the materials to you.

<https://www.smart-hsa.com/ElectronicDeliveryAgreement.pdf>

I Agree  I Disagree

Individuals can attest to HSA eligibility or waive HSA participation.

# Medical Reimbursement Account (MRA)

## Flexible Spending Medical

Please make your Medical Reimbursement Account (MRA) election. MRA funds are pre-tax dollars available at the beginning of the year when out of pocket medical expenses may be higher (before meeting the deductible). MRA funds must be used by December 31. Up to \$500 can be carried over for use into the following plan year.

You have made an election into a Health Savings Account (HSA) plan, which limits how and when you can use your Medical Reimbursement Account (MRA). If you choose to enroll into a MRA, it will be a Limited-Use MRA that may only be used for dental and vision expenses. Please plan accordingly.

### Select your plan

Selected **Medical Reimbursement Account**

Annual Amount: \$ 1500  
(Annual amount up to a maximum of \$2,550)

Select **Waive Coverage**

Participants who elect an HDHP are notified that all MRA elections are limited-use only.

# Review/Approve and Confirm

## 2-step process to review, approve and confirm elections

### Review Enrollment

#### New Hire Enrollment

The following summarizes your elections, pending your approval. After you have verified your information, click the "Approve" button (you must complete this step for elections to be saved). If you would like to make changes or new selections, click on the "Edit" link to the right of the area that you would like to change. You can also return and make changes through your election end date. All elections are subject to The Plan eligibility rules.

If you do not click "Approve", any changes or new elections will not be saved.

Total Employee Cost	
Total Cost	\$3,072.02
Total Credit ⓘ	\$838.00
Credit Used	\$838.00
Credit Remaining	\$0.00
	<b>\$2,234.02*</b>
	Monthly

**APPROVE** ➔

### Confirmation

By selecting "I Agree" you confirm your benefits elections. Your request will be submitted for final approval by the Plan.

By selecting "I Disagree" your elections will not be submitted and any elections or changes you have made will not be captured.

You can return to Benefitsolver through the end of your election period to update your elections. You must approve and confirm any changes for them to be submitted.

To view and print a complete Benefit Summary, which includes a listing of all benefits, follow these instructions after selecting "I Agree" below: 1. Click on "Benefit" from the horizontal menu above 2. Select "Benefit Summary" 3. Select "Print."

Please note: If you made any elections that are not in accordance with the rules and policies of the Plan, the Plan reserves the right to correct your elections and send you an updated confirmation of benefits.

⏪ I Disagree

Total Employee Cost	
Total Cost	\$3,072.02
Total Credit ⓘ	\$838.00
Credit Used	\$838.00
Credit Remaining	\$0.00
	<b>\$2,234.02*</b>
	Monthly

**I AGREE** ➔

# HealthFlex Exchange Timeline

<p><b>Q4 2015 – Q1 2016</b></p>	<p>Board meeting support</p> <ul style="list-style-type: none"> <li>• DC modeling assistance</li> <li>• Communications</li> <li>• General Board staff support (in person/phone)</li> </ul>
<p><b>April</b></p>	<p>Decision (pending AC approval)</p>
<p><b>June</b></p>	<p>Formal adoption agreement</p> <ul style="list-style-type: none"> <li>• Finalize DC and default plans</li> </ul>
<p><b>June – September</b></p>	<p>Participant communications</p> <ul style="list-style-type: none"> <li>• Tools to support plan sponsor communication</li> <li>• General Board mailing in August</li> </ul>
<p><b>September – October</b></p>	<p>Participant workshops (conducted by plan sponsors)</p>
<p><b>Early November</b></p>	<p>Annual Election period</p>


# Transition Factors

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- **Transparency**
  - Actual premium rates available to participant
  - Variations between contribution and church deductions
    - **Blending premiums**
    - **Plan sponsor administrative costs**
- **Communication and education**
  - General Board supports (train the trainer, toolkits)
  - Plan sponsor resources (time, trainers)



# 2016 HealthFlex Exchange— Plan Sponsor Feedback



**Metabolic Syndrome**

Combination of the factors—often occurring together—  
which greatly increase risk of heart disease, stroke, diabetes

Any three of the following (or being treated to control):

- “Metabolic syndrome”
- High blood pressure > 130/85
- High cholesterol > 175
- High triglycerides > 150
- Low HDL cholesterol < 40 (men) < 50 (women)
- High waist circumference > 40 inches (men) > 35 inches (women)

Source: National Heart, Lung, and Blood Institute

# Discussion Questions

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- Why did you decide to transition to HealthFlex Exchange in 2016?
- What worked well in your communication to board members/participants/other stakeholders?
- What is your defined contribution strategy and why?
- How did you approach participant workshops (number, staffing, etc.) and how did participants react?
- What would you do differently if you had it to do again?
- Any other words of wisdom for future groups?





**Center for Health**