



2018 HealthFlex Plans Comparison for Plan Sponsors

All plans use the same network of providers (physicians, hospitals and other health care providers) and the same prescription drug formulary. The deductible, co-payment and annual expenses up to the out-of-pocket limit are the participant's responsibility to pay. All other "benefits" are the amounts or percentages that the plan (HealthFlex) pays for a service, except where noted (pharmacy).

Plan sponsors using HealthFlex Exchange offer all plan options: 6 medical/Rx, 3 dental and 3 vision. Plan sponsors using the traditional HealthFlex approach typically offer 1-2 medical/Rx plans plus 1-2 vision and dental plans.

Health Accounts Comparison—includes health reimbursement account (HRA) and health savings account (HSA)

Health Account Type and Funding	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"	HDHP H3000 "Bronze"
HRA Single/Family	No HRA unless selected by plan sponsor ¹	\$1,000/\$2,000	\$250/\$500	Not applicable	Not applicable	Not applicable
HSA Single/Family	Not applicable	Not applicable	Not applicable	\$750/\$1,500 Additional personal HSA contribution (optional)	\$500/\$1,000 Additional personal HSA contribution (optional)	\$0/\$0 Personal HSA contribution (optional)

In-Network Medical Plan Benefits Comparison

Plan Feature	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"	HDHP H3000 "Bronze"
Lifetime Benefit Maximum	None	None	None	None	None	None
Annual In-Network Deductible² (Participant pays)	<ul style="list-style-type: none"> \$1,000 per person \$2,000 per family Deductible applies to medical and behavioral health. Co-payments are not included in annual deductible	<ul style="list-style-type: none"> \$2,000 per person \$4,000 per family Deductible applies to medical and behavioral health	<ul style="list-style-type: none"> \$3,000 per person \$6,000 per family Deductible applies to medical and behavioral health	<ul style="list-style-type: none"> \$1,500 per person \$3,000 per family Deductible applies to medical, behavioral health <i>and pharmacy</i> Individual deductible does not apply if more than 1 person is covered	<ul style="list-style-type: none"> \$2,000 per person \$4,000 per family Deductible applies to medical, behavioral health <i>and pharmacy</i> Individual deductible does not apply if more than 1 person is covered	<ul style="list-style-type: none"> \$3,000 per person \$6,000 per family Deductible applies to medical, behavioral health <i>and pharmacy</i> Individual deductible does not apply if more than 1 person is covered
In-Network Co-Insurance	<ul style="list-style-type: none"> Plan pays 80% after deductible Participant pays 20% 	<ul style="list-style-type: none"> 80% after deductible 20% 	<ul style="list-style-type: none"> 50% after deductible 50% 	<ul style="list-style-type: none"> 80% after deductible 20% 	<ul style="list-style-type: none"> 70% after deductible 30% 	<ul style="list-style-type: none"> 40% after deductible 60%

¹ Additional HRA not available for B1000 when plan sponsor elects HealthFlex Exchange.

² **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2017.

Please note: If participant and spouse, if applicable, do not take the HealthQuotient during the incentives period, the deductible will be increased by \$250 for individual deductible/ \$500 for family deductible.

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"	HDHP H3000 "Bronze"
<p>Annual In-Network Out-of-Pocket (OOP) Maximum— Combined Medical, Behavioral Health and Pharmacy Costs (Participant pays)</p> <p>Includes annual deductible, co-insurance and any co-payments</p>	<p>With P1 pharmacy plan</p> <ul style="list-style-type: none"> \$5,000 individual \$10,000 family <p>With P2 pharmacy plan³</p> <ul style="list-style-type: none"> \$5,500 individual \$11,000 family 	<ul style="list-style-type: none"> \$6,000 individual \$12,000 family 	<ul style="list-style-type: none"> \$6,500 individual \$13,000 family 	<ul style="list-style-type: none"> \$6,000 individual \$12,000 family 	<ul style="list-style-type: none"> \$6,500 individual \$13,000 family 	<ul style="list-style-type: none"> \$6,500 individual \$13,000 family
<p>Preventive Care</p> <ul style="list-style-type: none"> Well child benefits (under age 16) Well adult benefits (16 and over) 	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<p>Primary Care Physician (PCP) Office Visit</p> <p>Primary care physicians include internists, general practitioners, family practitioners, obstetricians, gynecologists and pediatricians</p>	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
<p>Behavioral Health Office Visits</p> <p>Psychiatrist, psychologist, other mental health professionals</p>	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
<p>Outpatient Therapies</p> <p>Physical therapy, occupational therapy, speech therapy, dietitian visit, chiropractor visit</p>	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
<p>Specialist Office Visits</p>	\$50 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible

³ Not available with HealthFlex Exchange.

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"	HDHP H3000 "Bronze"
Outpatient Services Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility Includes intensive outpatient and residential behavioral health services	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
Emergency Care <i>Notification required within 48 hours if admitted</i> Includes behavioral health emergencies <ul style="list-style-type: none"> Physician office Hospital emergency room Outpatient facility or other urgent care facility Ambulance (must be a true emergency as defined in the plan) 	<ul style="list-style-type: none"> \$30 co-payment per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% \$200 co-payment⁴, then plan pays 100% \$100 co-payment⁴, then plan pays 100% Plan pays 80% after deductible 	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
Maternity Care/ Physician Charges <i>Pre-notification required (verify with physician)</i> <ul style="list-style-type: none"> Prenatal care (except ultrasounds) Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 50% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 70% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 40% after deductible

⁴ Waived if admitted to hospital.

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"	HDHP H3000 "Bronze"
Newborn Routine Nursery Inpatient Services	Plan pays 80% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)	Plan pays 50% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)	Plan pays 70% (no deductible unless readmitted)	Plan pays 40% (no deductible unless readmitted)
Inpatient Hospital Care <i>Pre-notification required (verify with physician)</i> Includes behavioral health admissions	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
Alternative Therapies Includes massage therapy, acupuncture and naprapathy. Coverage for massage therapy, acupuncture and naprapathy is limited to 35 combined visits per calendar year	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Special Services <i>Pre-notification required</i> Includes skilled nursing facility (120 days maximum per calendar year), private duty nursing, home health care (60-visit maximum per calendar year) and hospice	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible

Out-of-Network Medical Plan Benefits Comparison

Plan Feature	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"	HDHP H3000 "Bronze"
Out-of-Network Benefits⁵	Individual/Family Deductible: • \$2,000/\$4,000 OOP Max: • \$10,000/ \$20,000 with P1 • \$11,000/ \$22,000 with P2 ³ Co-insurance (plan pays): 60%	Individual/Family Deductible: • \$3,000/\$6,000 OOP Max: • \$12,000/ \$24,000 Co-insurance (plan pays): 60%	Individual/Family Deductible: • \$4,500/\$9,000 OOP Max: • \$13,000/ \$26,000 Co-insurance (plan pays): 30%	Individual/Family Deductible: • \$2,500/\$5,000 OOP Max: • \$12,000/ \$24,000 Co-insurance (plan pays): 60%	Individual/Family Deductible: • \$3,000/\$6,000 OOP Max: • \$13,000/ \$26,000 Co-insurance (plan pays): 50%	Individual/Family Deductible: • \$6,000/\$12,000 OOP Max: • \$13,000/ \$26,000 Co-insurance (plan pays): 20%

³ Not available with HealthFlex Exchange.

⁵ **Out-of-Network:** Any and all benefits to be paid are subject to Reasonable and Customary provisions, meaning reimbursements are limited to the Maximum Allowance under the plan. Covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance.

Flexible Spending Accounts (FSAs)—Availability

- Dependent care account (DCA)—available with all plans. Annual contribution limit: \$5,000
- Medical reimbursement account (MRA)—full-use MRA available with B1000, C2000 and C3000 only. HSA-compatible MRA available with H1500, H2000 or H3000.

Pharmacy Plan Benefits Comparison

Plan Feature	P1 Available with B1000 only		P2 ⁶ Available with C2000 or C3000. Available with B1000 for <i>non-Exchange</i> only		P3 Available with H1500 only		P4 Available with H2000 only		P5 Available with H3000 only	
	Deductible	None	None	<ul style="list-style-type: none"> • \$1,500 individual • \$3,000 family Combined with medical/behavioral health deductible ⁷	<ul style="list-style-type: none"> • \$2,000 individual • \$4,000 family Combined with medical/behavioral health deductible ⁷	<ul style="list-style-type: none"> • \$3,000 individual • \$6,000 family Combined with medical/behavioral health deductible ⁷				
Annual Out-of-Pocket (OOP) Maximum—Combined Medical and Pharmacy Costs	In Network <ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	With B1000 medical plan (<i>non-Exchange</i> only) <ul style="list-style-type: none"> • \$5,500 individual • \$11,000 family With C2000 medical plan <ul style="list-style-type: none"> • \$6,000 individual • \$12,000 family With C3000 medical plan <ul style="list-style-type: none"> • \$6,500 individual • \$13,000 family 	In Network <ul style="list-style-type: none"> • \$6,000 individual • \$12,000 family 	In Network <ul style="list-style-type: none"> • \$6,500 individual • \$13,000 family 	In Network <ul style="list-style-type: none"> • \$6,500 individual • \$13,000 family 					
Amounts shown: Participant pays	P1		P2		P3		P4		P5	
	Retail 30-Day	Mail ⁸ 90-Day	Retail 30-Day	Mail ⁸ 90-Day	Retail 30-Day	Mail ⁸ 90-Day	Retail 30-Day	Mail ⁸ 90-Day	Retail 30-Day	Mail ⁸ 90-Day
Co-Payments—Generic	\$15	\$35	\$15	\$35	\$15*	\$35*	\$15*	\$35*	After deductible ⁷ , Participant pays 60% co-insurance	
Preferred Brand-Name	20%	20%	25%	25%	25%*	25%*	25%*	25%*	After deductible ⁷ , Participant pays 60% co-insurance	
• Minimum	\$20	\$50	\$25	\$60	\$25*	\$60*	\$25*	\$60*		
• Maximum	\$55	\$140	\$65	\$150	\$65*	\$150*	\$65*	\$150*		
Non-Preferred Brand-Name	25%	25%	30%	30%	30%*	30%*	30%*	30%*	After deductible ⁷ , Participant pays 60% co-insurance	
• Minimum	\$40	\$85	\$50	\$95	\$50*	\$95*	\$50*	\$95*		
• Maximum	\$110	\$240	\$120	\$260	\$120*	\$260*	\$120*	\$260*		

*After deductible is met

⁶ P2 pharmacy cannot be paired with B1000 through HealthFlex Exchange.

⁷ **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2017.

Please note: If participant and spouse, if applicable, do not take the HealthQuotient during the incentives period, the deductible will be increased by \$250 for individual deductible/ \$500 for family deductible.

⁸ **Mail:** Includes 90-day maintenance prescription filled through either the OptumRx Mail-Order Pharmacy or through a Participant Walgreens retail pharmacy.

Pharmacy Plan Benefits Comparison (continued)

HealthFlex includes a number of drug utilization management programs to maximize safety and cost efficiencies. These include:

- **Mandatory Generics:** HealthFlex (plan) will cover only the cost of the Generic Drug equivalent. If a participant requests a Brand-Name Drug when there is an equivalent Generic Drug available, the participant will be charged one amount equal to the applicable Generic Drug Co-payment (e.g., \$15 at retail) plus the cost difference between the Brand-Name Drug and the Generic Drug.
- **Maintenance Medication Requirement:** Under the plan, participants are allowed a total of three 30-day fills of a maintenance medication at a Retail Pharmacy (one original fill plus two refills), at which time the medication must be obtained through the OptumRx Mail-Order Pharmacy or through a Participating Walgreens Retail Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such fills at the full price if a Retail Pharmacy is used, even if it is Participating (in-network) pharmacy. Each Retail prescription fill can be for no more than a 30-day supply.
- **Prior Authorization and Step Therapy Programs:** Some medications are only covered for specific medical conditions or for a specific quantity and duration. OptumRx, in cooperation with the participant's provider, determines coverage based on clinical guidelines. Prior authorization may include: quantity limits, step therapy, or a restriction of coverage to certain populations or conditions.

This summary highlights some of the features of these benefit plans. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by Wespeth Benefits and Investments (Wespeth). If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.

Please note: Due to federal health care reform legislation, certain benefits may be subject to change in the future.