

HealthFlex Summit—October 2019



### **HealthFlex 101**

### Agenda

- HealthFlex Overview and Value Proposition
- HealthFlex Partners
- HealthFlex Plans
- **Decision Support**
- **Annual Timeline**
- Well-Being
- Participant/Plan Sponsor Support
- Reporting



### The Basics—What is HealthFlex?

- Health benefits plan for active participants and pre-65 retirees
- Self-insured by Wespath
- Included:
  - Medical
  - Pharmacy
  - Behavioral health
  - Basic vision
  - Well-being programs
- 30 annual conferences, 3 UMC employers in 2019
- 8,600 primary participants in 2019

17,900 total covered lives...and growing!

#### **Optional:**

- Dental
- Vision materials



# Benefits to Your Participants

- Broad coverage for medical, pharmacy, behavioral health, vision and dental all plans
- Comprehensive well-being programs and incentives
- Tax-advantaged reimbursement accounts
- Strong Wespath customer service support
- Tools/resources to support consumerism



### Benefits to Your Conference

- Strategic leadership and consultation
- Complete vendor management and oversight
- Risk management and premium setting blends stewardship, equity and connectionalism
- Training, reporting, communications
- Strategic vision supporting long-term financial stewardship for churches, conferences and employers



# Stewardship and HealthFlex Premium Rating

Primary Rating Methodology Goals

Fairness and equity across conferences

Connectional in nature

Logical, understandable and stable each year

Delivered in Q1 for spring board meetings

**Principles** 

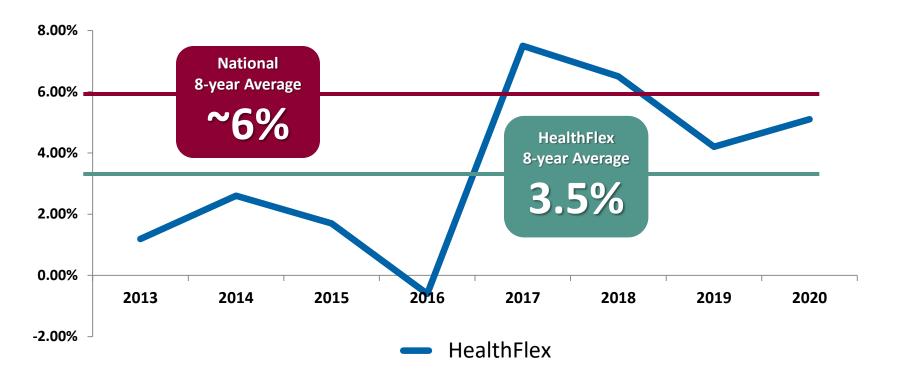
Rate increases are driven by experience

Each conference is responsible for its own experience

Except: High cost claims are shared across all conferences



# History of Rate Increases



# Financial Stewardship for the Church

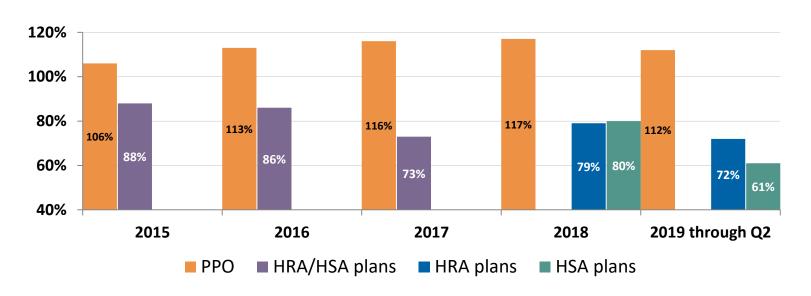
# Award-winning well-being programs that positively influence health risk and cost

- Fuels vitality for those serving the UMC
- Favorable association with costs
- Favorable association with risk factors
- Appreciated by participants

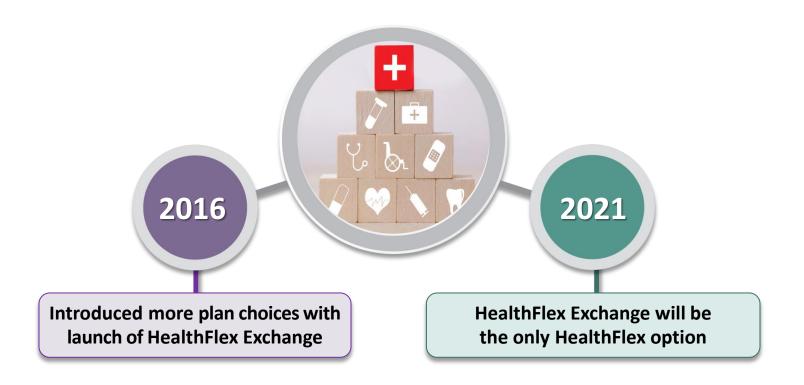


# Consumerism and Stewardship

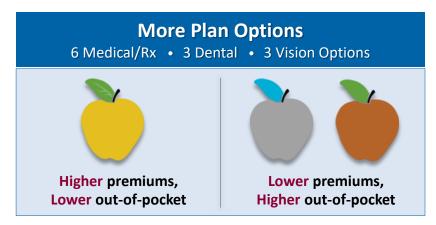
HealthFlex Exchange Associated with Greater Enrollment in **Account-Based Plans, with Improved Loss Ratios** 

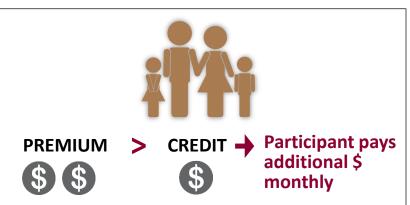


### HealthFlex Exchange—More Choice, More Support

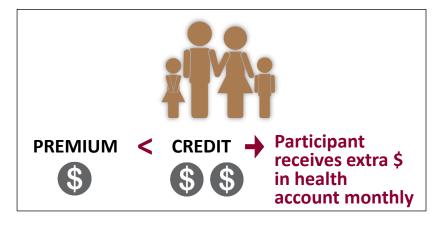


# HealthFlex Exchange—Concept









# What Is a "Premium Credit" (Credit)?

- Different approach to sharing premium cost with participants
- Fixed-dollar amount from the plan sponsor
- Used to "shop for" a HealthFlex plan



# Credit Helps Pay for Plan

		Monthly Credit Amount	Monthly Medical Premium	Difference	
	Pastor John	\$700	\$800	-\$100	
	Premium more than premium credit	Participant owes more Additional monthly cost deducted from paycheck			
7	Pastor Judy	\$700	\$600	\$100	
_	Premium less than premium credit	Participant owes noth	ing Excess depo	osited to HRA or HSA	

# Why HealthFlex Exchange?

### **Offer Participants Choices** to Select Their Own "Best Fit"

- Control how cost increases are absorbed by the conference through fixed contribution premium credit
- Encourage greater consumerism through account-based health plan options
- Same high quality, UMC-focused group health plan that Wespath has always provided



### Overview of Benefits and Vendors

#### Medical—Blue Cross and Blue Shield of Illinois or United HealthCare (plan sponsor choice)

- Choice of six medical plan options
- Includes behavioral health





- Use one ID card for medical, pharmacy and behavioral health
- Nationwide networks for medical and behavioral health (plan sponsor choice)
- Premium Formulary for pharmacy

#### Pharmacy—OptumRx

Choice: aligns with medical plan selection



#### **Dental—Cigna Dental**

Choice of **three** dental plan options



- Only Dental HMO enrollees receive an ID card
- Other dental participants print ID card (optional)
- PPO Advantage or Dental Care Access Plus networks

#### Vision—Vision Service Provider (VSP)

• Choice of **three** vision plan options



No ID card necessary

### Overview of Benefits and Vendors

#### **Health Account Management**

- Flexible Spending Accounts (health and dependent care)
- Health Reimbursement Accounts
- Health Savings Accounts (in partnership with BNY Mellon)



- Convenient debit card with "smart stacking" for all accounts
- Submit claims for reimbursement online or via Mobile app

\$40 service fee is an in-network

benefit for all plans

#### **Telemedicine**

- Included with all medical plans
- Access a physician for non-emergency, acute conditions 24/7 from anywhere via phone or video conference capabilities
- **MDLIVE**\*

Pre-registration makes for easy access

#### **Extensive Well-Being Offerings!**



### HealthFlex Plans—Medical, Pharmacy, Behavioral Health

	HSA Plans			HRA Plans		B1000
	H1500	H2000	H3000	C2000	C3000	B1000
Health Account Employer Contributions	\$750 for 1 person \$1,500 for > 1 person	\$500 for 1 person \$1,000 for > 1 person	None	\$1,000 for 1 person \$2,000 for >1 person	\$250 for 1 person \$500 for >1 person	None
Deductible You pay all	\$1,500 per person \$3,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$1,000 per person \$2,000 per family
	If > 1 person is co	vered the family deductibl	e always applies			
Co-insurance You pay part (Plan pays   You pay)	80%   20%	70%   30%	40%   60%	80%   20%	50%   50%	80%   20%
Out-of-Pocket Max (OOP) After this, plan pays all	\$6,000 per person \$12,000 per family	\$6,500 per person \$13,000 per family	\$6,500 per person \$13,000 per family	\$6,000 per person \$12,000 per family	\$6,500 per person \$13,000 per family	\$5,000 per person \$10,000 per family
Pharmacy Benefit Highlights	Generics \$15 (30 day) after deductible Preferred brand 25% (with min/max cost)	after deductible	You pay 60% after deductible	Generics: \$15 (30 day), \$35 (90 day) Preferred brand: 25% (with min/max cost)		Generics \$15 (30 day), \$35 (90 day) Preferred brand 20% ( min/max )
	Certain preventive	e medications are not subj	ect to deductible			20% ( min/max )

Deductibles illustrated above assume participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement.

### Plan Similarities and Differences

	HSA Plans	HRA Plans	B1000
Doctor, Urgent Care and ER Visits: Fixed co-payment			<b>✓</b>
Doctor, Urgent Care and ER Visits: Co-insurance after deductible is met	<b>✓</b>	<b>~</b>	
Pharmacy: Co-payment or co-insurance before deductible is met		<b>✓</b>	$\checkmark$
<b>Pharmacy:</b> Co-payment or co-insurance after deductible is met (some preventive medications not subject to deductible)	<b>✓</b>		
Mental Health Outpatient Counseling Fixed co-payment (does not apply to deductible)			<b>✓</b>
Mental Health Counseling: Co-insurance before deductible is met (does not apply to deductible)		<b>\</b>	
Mental Health Counseling: Co-insurance after deductible is met	<b>✓</b>		

### Plan Similarities and Differences— Another Way to Look at It

	HSA Plans	HRA Plans	B1000	
Medical office visits				
Urgent care		Deductible and co-insurance	Copay	
ER visits				
Hospitalization			Deductible and	
Other medical services			co-insurance	
Behavioral health office visits		Co-insurance, no deductible	Copay	
Prescription drugs	Deductible, then copay/co-insurance (Preventive drug list = no deductible)	Copay/co-insurance	Copay/co-insurance	

# Pharmacy Benefit Rules

### **Formulary: OptumRx Premium**

- Much of the savings comes from rebates
- Some medications = lower net cost alternative
- Override to formulary exclusion is possible with medical necessity
- Updates to formulary are made and communicated twice per year (January/July)





# Pharmacy Benefit Rules



### **HealthFlex Pharmacy Rules Promote Stewardship**

#### Maintenance medications

- Limited to three 30-day fills at retail
- Participant must transition to 90-day fills at Walgreens or OptumRx Home Delivery

#### Prior authorization/step therapy/quantity limits

- Promotes safe, effective and efficient use
- Based on clinical evidence
- Requires doctor to substantiate need for exceptions



### **Preventive Medications and HSA Plans**



Co-payment and co-insurance apply before the deductible for certain preventive drugs in the following categories:

Antipsychotics and SSRI Anti-depressants

Asthma and COPD, including peak flow meters

Certain breast cancer Rx

Cardiovascular (antianginal, anticoagulants,

blood pressure Rx and monitors, cholesterol)

Contraceptives

Diabetes, including glucometers

Estrogens

GI/Ulcer

HIV/AIDS

Osteoporosis

Transplant

**Smoking cessation** 

List changes 2x/year—subject to OptumRx Preventive drug list for Premium Formulary: www.wespath.org/assets/1/7/5434.pdf



### HealthFlex Plans—Dental



	PPO	Passive PPO 2000	Dental HMO Sample Participant Costs*
Deductible	\$50 per person \$150 per family	\$50 per person \$150 per family	None
Annual Maximum	\$2,000 in-network \$1,000 out of network	\$2,000 (in or out-of network)	None
Preventive / Diagnostic Care	Plan pays 100%	Plan pays 100%	<ul> <li>Periodic/Comprehensive oral evaluation; prophylaxis (cleaning): \$0</li> <li>X-rays panoramic (every 3 yrs) or bitewings: \$0</li> </ul>
Basic Restorative (Fillings, root canal, extractions)	Plan pays 90% in-network Plan pays 70% out-of-network	Plan pays 80%	<ul> <li>All amalgam filling, anterior composite filling: \$0</li> <li>Posterior composite filling: \$47 - \$115</li> <li>Molar Root canal: \$335</li> <li>Periodontal scaling/root plane: \$42 - \$83/quad</li> </ul>
Major Restorative (Crowns, dentures, implants)	Plan pays 60% in-network Plan pays 50% out-of-network	Plan pays 50%	<ul> <li>Crown: \$88 - \$150 + \$410 - \$460 for materials</li> <li>Partial dentures: \$525 - \$715</li> </ul>
Orthodontia (Up to age 19)	50% up to \$2,000 in-network 50% up to \$1,000 out-of-network	50% up to \$2,000	<ul><li>Child orthodontics: \$2,040</li><li>Adult orthodontics: \$2,376</li></ul>

<sup>\*</sup> HMO dentists not available in all areas. Full Patient Charge Schedule (PCS) online lists member cost share for detailed services/

### HealthFlex Plans—Vision

	Exam Core	Full Service	Premier
Exam Every 12 months	\$20 co-pay	\$20 co-pay	\$20 co-pay
Glasses / Lenses Every 12 months	No coverage	\$20 co-pay	\$20 co-pay
Glasses / Frames	No coverage	\$160 allowance every 24 months	\$200 allowance every 12 months
Contact Lenses	No coverage	\$160 allowance for contacts and exam; every 12 months instead of glasses	\$200 allowance for contacts and exam, every 12 months in addition to glasses



### Health Accounts Included with HealthFlex Plans

### Tax-advantaged accounts help you decrease how much money is spent on health care

	HSA Plans			HRA Plans		
	H1500	H2000	H3000	C2000	C3000	B1000
Employer Contributions (included)	\$750 for 1 person \$1,500 for > 1 person	\$500 for 1 person \$1,000 for > 1 person	No employer contribution	\$1,000 for 1 person \$2,000 for >1 person	\$250 for 1 person \$500 for >1 person	No employer contribution

**HSA** FSA (all plans)

Personal **Contributions** (optional)

Participants can also contribute to a health savings or flexible spending account—IRS limits apply

# HealthFlex/WebMD Website

### **Gateway to all HealthFlex Exchange information, including:**

- **ALEX Benefits Counselor**
- All other tools
  - Annual Election portal
  - Consumer Education Tools
  - Details and FAQs
  - HealthFlex Partner Links



# HealthFlex Decision Support Tools

#### **HealthFlex Consumer Tools via HealthFlex/WebMD**

- ALEX Benefits Counselor
  - Learn about plan(s) and estimate out of pocket costs
- Resources to minimize costs
  - Provider finder (medical)
  - Treatment cost estimator (medical)
  - Pharmacy cost estimator
- Making the Most of your Plan
  - Cost saving tips
- More detailed plan information
  - Details and FAQs and Reference Center



# HealthFlex Well-Being Focus



Well-Being programs drive better outcomes and participant satisfaction



# Well-Being Programs



**HealthFlex / WebMD website**—This is the hub to vendor partner websites, benefits information, health tools, wellness success stories, videos and more. Start at wespath.org—select HealthFlex / WebMD



Virgin Pulse—Track physical activity and healthy habits, and learn new well-being tips and hints every day. Participants also receive **PulseCash** along the way



Diabetes Prevention Program—Online program for those at risk for diabetes, heart disease or with non-insulin dependent diabetes; reimbursement for participation in a local community-based program



Health Coaching (WebMD)—Confidential, phone-based coaching can help the participant stay on track toward achieving well-being goals



**EY Financial Planning Services**—Web and phone based help for everything from financial planning, managing debt, estate planning and more

### Well-Being Programs



**Employee Assistance Program (EAP)**—Contact the EAP for confidential counseling related to work, relationship, family life, relocation and more (8 EAP sessions at no cost)



Work/Life Services—Phone-based representatives help find local resources for child care, elder care, legal needs and more; especially helpful during appointment changes relocation



**MDLIVE**—Consult with physicians by phone, secure video or mobile app when a regular provider is unavailable



**WeightWatchers**—HealthFlex offers a 50% subsidy on WeightWatchers membership fees for local meetings and WeightWatchers OnlinePlus

# Participant Support

**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

WageWorks: 1-877-924-3967

**MDLIVE Telemedicine: 1-888-750-4991** 



# Additional Advocacy/Escalation











**Participant Issues/Inquiries** 

**Health and Wellness Team** 1-800-851-2201 Dial "2" for Health and press "0"

health@wespath.org

**Plan Sponsor: Escalated Issues** 

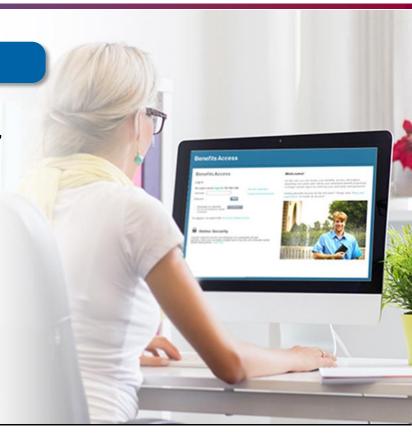
Nikki Landing-Hill Vendor Relations Manager 847-866-4309 landing-hill@wespath.org

Additional layer of customer service, advocacy and expertise

# **Automatic System Transactions**

### What Is Processed Automatically?

- Newly eligible clergy into single coverage, default plan
- Employment terminations, transfers to a non-eligible status
- Termination for deaths (survivors maintain coverage)



# **Eligible Life Events**

- Eligible life event for plan changes
  - Birth/adoption
  - Death
  - Marriage, divorce
  - Loss or gain of other coverage
- 31 days from date event to process benefit changes
- 60 days for retroactive requests



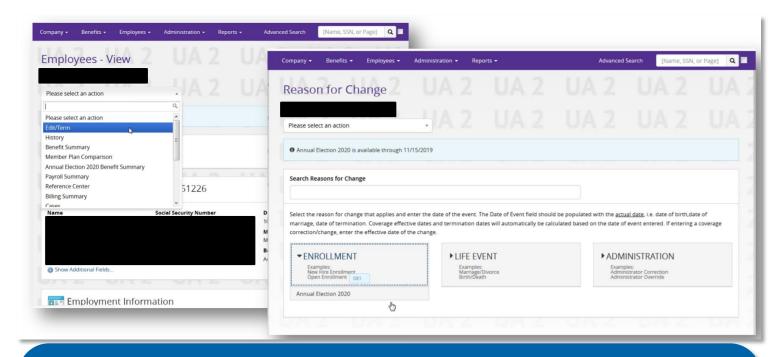
# Access to Information and Reporting 24/7

- Plan sponsor can get necessary information on demand
- Online transactions help avoid extra work and data security concern of a form
- Go green!

No need to submit a form for an election already made online!

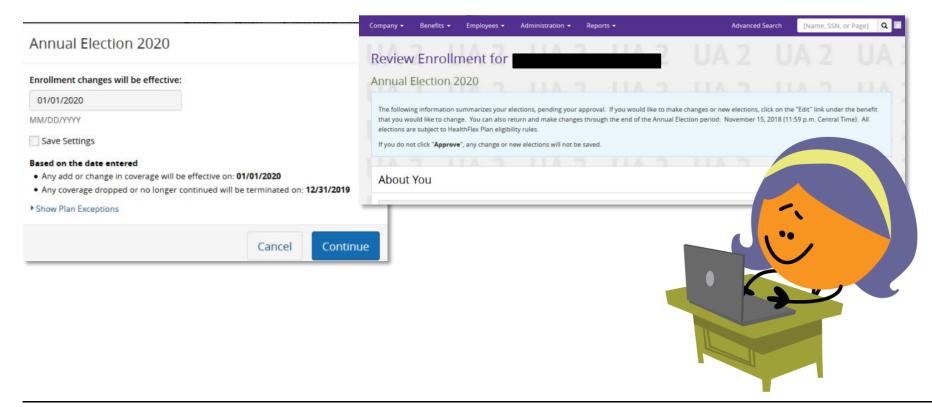


# Enter Elections Online (AE or Life Events)

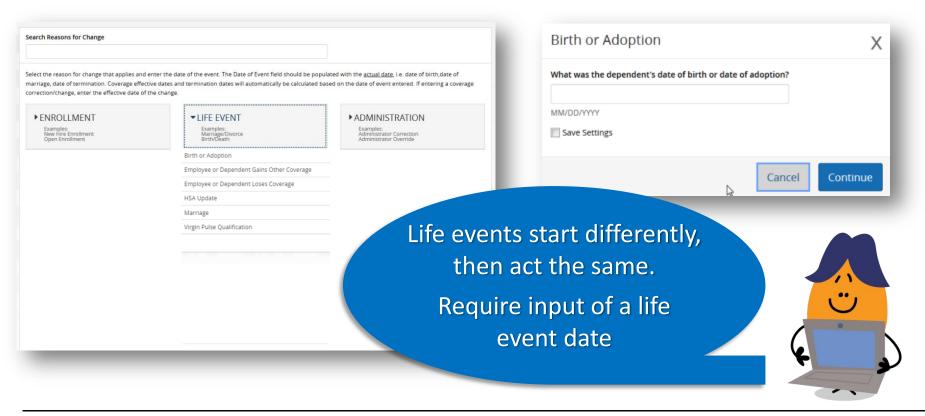


Log in to Benefitsolver via the Wespath Portal

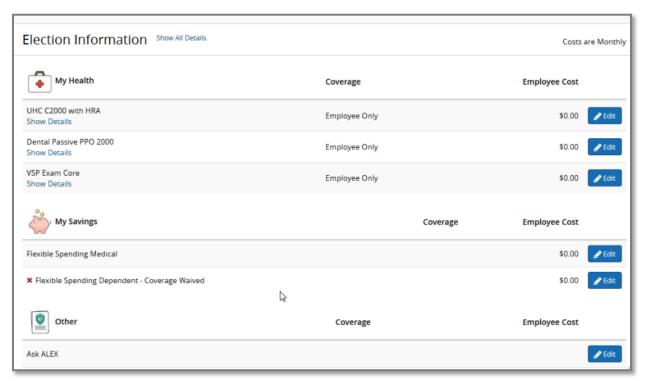
### Enter Elections Online—AE



### Enter Elections Online—Life Events



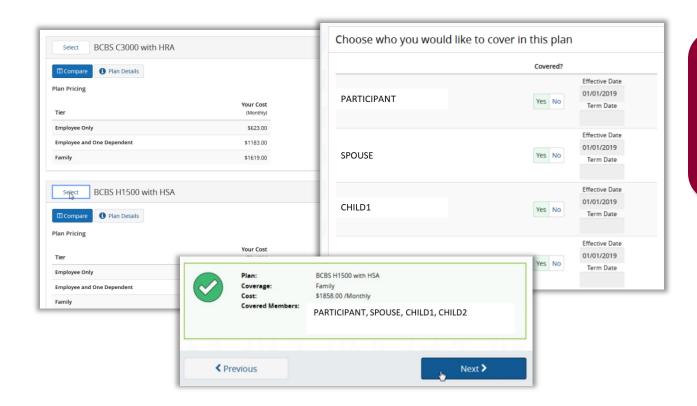
### **Enter Elections Online**



Click **Edit** for any elections you wish to update



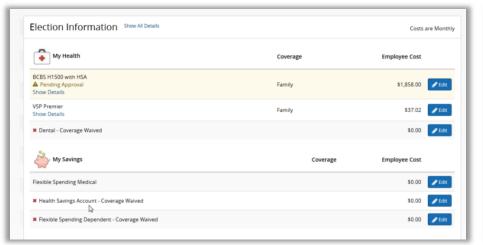
### **Enter Elections Online**

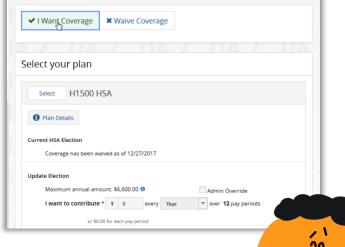


Select the desired plan and make sure desired dependents are covered, then click **NEXT** 



### Enter Elections Online—HSA Plans



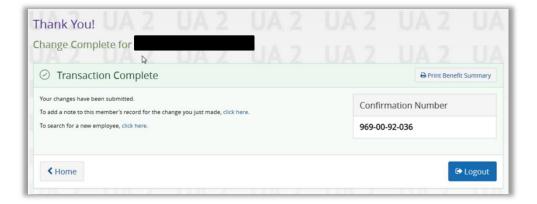


Don't forget to elect the correct Health Savings Account for HSA Plans!

### **Enter Elections Online**



**Important:** Two-step approval process





### Plan Sponsor Online/On-Demand Reports

- Payroll Reports—run/pushed automatically
- Submitted Changes Report—on demand
- Annual Election Report—on demand (does not replace the AE reports from Wespath)
- Customer Information Program (CIP)

Job Aids available for these reports



