

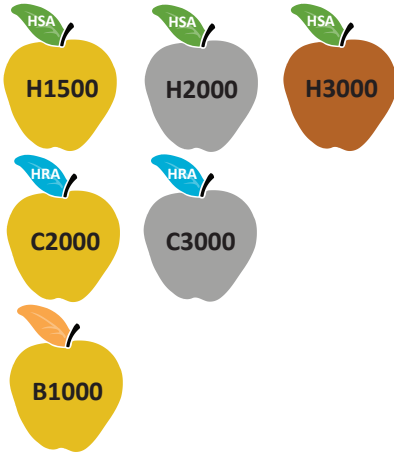


Wespath

BENEFITS | INVESTMENTS

a general agency of The United Methodist Church

2019 HealthFlex Exchange Plans Comparison for Plan Participants



This comparison highlights key differences and similarities between the various plans. Please refer to the *HealthFlex Benefit Booklet* for more details.

For all plans:

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payments and co-insurance from medical, behavioral health and pharmacy services.
- Inpatient services and outpatient services/procedures (other than office visits) require the deductible to be paid first, then the plan pays the associated co-insurance.

There are also important differences in how each type of plan covers some services. These differences may inform your plan selection:

Plan Feature	HSA Plans (H1500, H2000, H3000) In Network	HRA Plans (C2000, C3000) In Network	B1000 In Network
Deductible	Full family deductible applies if any dependents are covered	Separate deductible for individual vs. family	
Office Visits, Urgent Care, Emergency Room	Deductible must be met; then co-insurance		Co-payments; do not need to meet deductible
Behavioral Health Visits	Deductible must be met; then co-insurance	Co-insurance; do not need to meet deductible	Co-payments; do not need to meet deductible
Prescription Drugs (Rx)	Deductible must be met; then co-payment/co-insurance	Co-payment or co-insurance; do not need to meet deductible	
Health Accounts	Includes an HSA*; eligible for limited-use flexible spending account (FSA)**	Includes an HRA; eligible for full-use medical flexible spending account (FSA)	Eligible for full-use medical flexible spending account (FSA)



The deductible, co-payments and annual out-of-pocket limit are the participant's share to pay. All other "benefits" are the amounts or percentages that the plan (HealthFlex) pays for a service. If you do not take the HealthQuotient (HQ) during the 2018 incentive period, your deductible will be increased by \$250 (individual coverage) or \$500 (family coverage)—see *Standard Deductible* details on page 2 (footnote).

* H3000 has no plan sponsor HSA funding

** Limited to dental and vision expenses only until the participant notifies WageWorks that the IRS-defined deductible has been met, then for all eligible health care expenses (2019 IRS-defined deductible: \$1,350 individual coverage/\$2,700 family coverage)

Health Accounts Comparison

Health reimbursement account (HRA) and health savings account (HSA)—applicable accounts and **included** employer contributions

Health Account Type and Employer Contributions	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
HRA Single/Family 	Not applicable			\$1,000/\$2,000	\$250/\$500	Not applicable
HSA Single/Family 	<ul style="list-style-type: none"> • \$750/\$1,500 • personal contribution allowed 	<ul style="list-style-type: none"> • \$500/\$1,000 • personal contribution allowed 	<ul style="list-style-type: none"> • \$0/\$0 • personal contribution allowed 	Not applicable		

In-Network Medical Plan Benefits Comparison

(Please see the HealthFlex Benefit Booklet for out-of-network details.)

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Lifetime Benefit Maximum	None	None	None	None	None	None
Annual In-Network Deductible¹ <i>(Participant pays)</i>	<ul style="list-style-type: none"> • \$1,500 per person • \$3,000 per family Deductible applies to medical, behavioral health and pharmacy	<ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family Deductible applies to medical, behavioral health and pharmacy	<ul style="list-style-type: none"> • \$3,000 per person • \$6,000 per family Deductible applies to medical, behavioral health and pharmacy	<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"> • \$1,000 per person • \$2,000 per family Deductible applies to medical and behavioral health. Co-payments do not count toward deductible
No individual deductible if more than 1 person is covered						
In-Network Co-Insurance <ul style="list-style-type: none"> • Plan pays • Participant pays 	<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% 	<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%
Annual In-Network Out-of-Pocket (OOP) Maximum—Combined Medical, Behavioral Health and Pharmacy Costs <i>(Participant pays)</i> Includes annual deductible, co-insurance and any co-payments	<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 	<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"> • \$5,000 individual • \$10,000 family

¹ **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2018.

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	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Preventive Care <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%
Primary Care Physician (PCP) Office Visit Primary care physicians include internists, general practitioners, family practitioners, obstetricians, gynecologists and pediatricians	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$30 co-payment, then plan pays 100%
Behavioral Health Office Visits Psychiatrist, psychologist, other mental health professionals	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80%; do not need to meet deductible	Plan pays 50%; do not need to meet deductible	\$15 co-payment, then plan pays 100%
Outpatient Therapies Physical therapy, occupational therapy, speech therapy, dietitian visit, chiropractor visit	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$30 co-payment, then plan pays 100%
Specialist Office Visits	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$50 co-payment, then plan pays 100%
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 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible
Inpatient Hospital Care (includes behavioral health) <i>Pre-notification required (verify with physician)</i>	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<p>Emergency Care <i>Notification required within 48 hours if admitted</i></p> <p>Includes behavioral health emergencies</p> <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) 	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	<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-payment², then plan pays 100% \$100 co-payment², then plan pays 100% Plan pays 80% after deductible
<p>Maternity Care/ Physician Charges <i>Pre-notification required (verify with physician)</i></p> <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 70% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 40% 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
Newborn Routine Nursery Inpatient Services	Plan pays 80% (no deductible unless readmitted)	Plan pays 70% (no deductible unless readmitted)	Plan pays 40% (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)
Hearing Aids	Plan pays 80% after deductible; up to \$3,000 (total) every 24 months	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

² Waived if admitted to hospital.

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
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% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 50%	Plan pays 50%	Plan pays 50%
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 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

Out-of-Network Medical Plan Benefits Comparison

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Out-of-Network Benefits³	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%	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: • \$2,000/\$4,000 OOP Max: • \$10,000/\$20,000 Co-insurance (plan pays): 60%

³ **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. Behavioral health office visits are paid at in-network level for all plans.

Flexible Spending Accounts (FSAs)—Availability

- Health care FSA—Annual contribution limit: \$2,650. Full-use FSA available with B1000, C2000 with HRA and C3000 with HRA only. Limited-use FSA available with H1500 with HSA, H2000 with HSA or H3000 with HSA. Limited to dental and vision expenses only until the participant notifies WageWorks that the IRS-defined deductible has been met, then for all eligible health care expenses (2019 IRS-defined deductible: \$1,350 individual coverage/\$2,700 family coverage)
- Dependent care FSA—Annual contribution limit: \$5,000. Available with all plans.

Pharmacy Plan Benefits Comparison

Plan	H1500 with HSA		H2000 with HSA		H3000 with HSA		C2000 with HRA and C3000 with HRA		B1000	
Deductible	• \$1,500 individual • \$3,000 family Combined with medical/behavioral health deductible ⁴		• \$2,000 individual • \$4,000 family Combined with medical/behavioral health deductible ⁴		• \$3,000 individual • \$6,000 family Combined with medical/behavioral health deductible ⁴		None		None	
Annual Out-of-Pocket (OOP) Maximum— Combined Medical and Pharmacy Costs	In Network • \$6,000 individual • \$12,000 family		In Network • \$6,500 individual • \$13,000 family		In Network • \$6,500 individual • \$13,000 family		In Network <i>With C2000 medical plan</i> • \$6,000 individual • \$12,000 family <i>With C3000 medical plan</i> • \$6,500 individual • \$13,000 family		In Network • \$5,000 individual • \$10,000 family	
Amounts shown: Participant pays	H1500		H2000		H3000		C2000 and C3000		B1000	
	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day
Co-Payments— Generic	\$15*	\$35*	\$15*	\$35*	Participant pays 60% co-insurance*		\$15	\$35	\$15	\$35
Preferred Brand-Name	25%*	25%*	25%*	25%*	Participant pays 60% co-insurance*		25%	25%	20%	20%
• Minimum	\$25*	\$60*	\$25*	\$60*			\$25	\$60	\$20	\$50
• Maximum	\$65*	\$150*	\$65*	\$150*			\$65	\$150	\$55	\$140
Non-Preferred Brand-Name	30%*	30%*	30%*	30%*	Participant pays 60% co-insurance*		30%	30%	25%	25%
• Minimum	\$50*	\$95*	\$50*	\$95*			\$50	\$95	\$40	\$85
• Maximum	\$120*	\$260*	\$120*	\$260*			\$120	\$260	\$110	\$240

*After deductible is met

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 in 90-day fills through the OptumRx Mail-Order Pharmacy or through a Walgreens Retail Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such refills at the full price, even if it is a 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 your physician, determines the coverage based on clinical guidelines. Prior authorization may include: quantity limits, step therapy, or 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 Wespath Benefits and Investments. 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.

⁴ **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2018.

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.