



Wespath

BENEFITS | INVESTMENTS

a general agency of The United Methodist Church

2020 HealthFlex Plan Comparison: B1000 and C2000 with HRA

This comparison highlights key differences and similarities between the HealthFlex B1000 plan and the C2000 with HRA plan. Please refer to the *HealthFlex Benefit Booklet* for more details.

For both 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 plan covers some services. These differences may inform your plan selection:

Plan Feature	B1000 – In Network	C2000 with HRA – In Network
Office Visits, Urgent Care, Emergency Room	Co-payments; ¹ do not need to meet deductible	Deductible must be met; then co-insurance
Behavioral Health Visits	Co-payments; ¹ do not need to meet deductible	Co-insurance; do not need to meet deductible
Health Accounts	Eligible for full-use medical flexible spending account (FSA)	Includes a health reimbursement account (HRA); eligible for full-use medical flexible spending account (FSA)

The deductible, co-payment and annual out-of-pocket limit are the participant’s share to pay. All other “benefits” are the amount or percentage that the plan (HealthFlex) pays for a service. If you did not take the HealthQuotient (HQ) during the 2019 incentive period, your deductible will be increased by \$250 (individual coverage) or \$500 (family coverage)—see *Standard Deductible details on page 2 (footnote)*.

Health Accounts Comparison

Health Account Type and Employer Contributions	B1000	C2000 with HRA
HRA Single/Family	Not applicable	<ul style="list-style-type: none"> • \$1,000 individual coverage • \$2,000 family coverage

¹ Co-payments do not apply to deductible.

HRA—Health reimbursement account

Medical Plan Benefits Comparison

Plan Feature	IN-NETWORK Participating Provider Benefit		OUT-OF-NETWORK ² Non-Participating Provider Benefit	
	B1000	C2000 with HRA	B1000	C2000 with HRA
Lifetime Benefit Maximum	None	None	None	None
Annual Deductible³ (Participant pays) Deductible includes medical and behavioral health.	<ul style="list-style-type: none"> \$1,000 per person \$2,000 per family 	<ul style="list-style-type: none"> \$2,000 per person \$4,000 per family 	<ul style="list-style-type: none"> \$2,000 per person \$4,000 per family 	<ul style="list-style-type: none"> \$3,000 per person \$6,000 per family
Annual Out-of-Pocket Maximum (Participant pays) Includes annual deductible, co-insurance and any office visit co-payments. Excludes any charges in excess of Reasonable and Customary charges and non-participating hospital admission co-payment. ²	<ul style="list-style-type: none"> \$5,000 per person \$10,000 per family 	<ul style="list-style-type: none"> \$6,000 per person \$12,000 per family 	<ul style="list-style-type: none"> \$10,000 per person \$20,000 per family 	<ul style="list-style-type: none"> \$12,000 per person \$24,000 per family
Co-Insurance (Plan pays)	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 60% after deductible 	<ul style="list-style-type: none"> 60% after deductible
Primary Care Physician (PCP) Office Visits Primary care physicians include internists, general and family practitioners, obstetricians, gynecologists and pediatricians.	<ul style="list-style-type: none"> \$30 co-payment,¹ then plan pays 100% 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 60% after deductible 	<ul style="list-style-type: none"> 60% after deductible
Behavioral Health Office Visits Psychiatrist, psychologist, other mental health professionals.	<ul style="list-style-type: none"> \$15 co-payment,¹ then plan pays 100% 	<ul style="list-style-type: none"> 80%; no deductible required 	<ul style="list-style-type: none"> \$15 co-payment,* then plan pays 100%³ 	<ul style="list-style-type: none"> 80%; no deductible required³
Outpatient Therapies Physical therapy, occupational therapy, speech therapy, dietitian visit, chiropractor visit.	<ul style="list-style-type: none"> \$30 co-payment,¹ then plan pays 100% 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 60% after deductible 	<ul style="list-style-type: none"> 60% after deductible
Specialist Office Visits	<ul style="list-style-type: none"> \$50 co-payment,¹ then plan pays 100% 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 60% after deductible 	<ul style="list-style-type: none"> 60% after deductible
Preventive Care				
Well child benefits (under age 16)	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 60%, no deductible required, up to reasonable and customary amount 	<ul style="list-style-type: none"> 60%, no deductible required, up to reasonable and customary amount
Well adult benefits (16 and over)	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 60%, no deductible required, up to reasonable and customary amount 	<ul style="list-style-type: none"> 60%, no deductible required, up to reasonable and customary amount

**If the \$15 co-payment exceeds 40% of the covered allowed charges, you will be refunded the difference*

¹ Co-payments do not apply to deductible.

² **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, and covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance.

³ **Standard deductible:** Assumes participant and covered spouse met the HealthQuotient (HQ) incentive requirement in 2019. If not taken, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage.

⁴ In-network deductible applies to out-of-network behavioral health office visits.

Medical Plan Benefits Comparison (continued)

Plan Feature	IN-NETWORK Participating Provider Benefit		OUT-OF-NETWORK ² Non-Participating Provider Benefit	
	B1000	C2000 with HRA	B1000	C2000 with HRA
<p>Outpatient Services Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility.</p> <p>Includes intensive outpatient and residential behavioral health services.</p>	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 60% after deductible 	<ul style="list-style-type: none"> 60% after deductible
<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) 	<ul style="list-style-type: none"> \$30 co-payment⁴ per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% \$200 co-payment,^{1,6,7} then plan pays 100% \$100 co-payment,^{1,6,7} then plan pays 100% 80% after deductible 	<ul style="list-style-type: none"> 80% after deductible 80% after deductible 80% after deductible 80% after deductible 	<ul style="list-style-type: none"> \$30 co-payment¹ per PCP visit or \$50 co-payment¹ per specialist visit, then plan pays 100%⁵ \$200 co-payment,¹ then plan pays 100%⁵ \$100 co-payment,¹ then plan pays 100%⁵ 80% after deductible 	<ul style="list-style-type: none"> 80% after deductible⁵ 80% after deductible⁵ 80% after deductible⁵ 80% after deductible
<p>Maternity Care/Physician Charges <i>Pre-notification required (verify with physician)</i></p>	<ul style="list-style-type: none"> 100% for prenatal care (except ultrasounds) 80% after deductible for ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> 100% for prenatal care (except ultrasounds) 80% after deductible for ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> 60% after deductible 	<ul style="list-style-type: none"> 60% after deductible
<p>Newborn Inpatient Services (NICU and other non-routine) <i>Separate deductible for newborn</i></p>	<ul style="list-style-type: none"> 80% (no deductible unless readmitted) 	<ul style="list-style-type: none"> 80% (no deductible unless readmitted) 	<ul style="list-style-type: none"> 60% (no deductible unless readmitted) 	<ul style="list-style-type: none"> 60% (no deductible unless readmitted)
<p>Inpatient Hospital Care (includes Behavioral Health) <i>Pre-notification required (verify with physician)</i></p>	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> \$200 co-payment¹ per hospital admission, then 60% after deductible 	<ul style="list-style-type: none"> \$200 co-payment¹ per hospital admission, then 60% after deductible

¹ Co-payments do not apply to deductible.

² **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, and covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance.

⁵ For "true" emergency as defined in the plan; if not a true emergency, the benefit is 60% after the deductible.

⁶ For "true" emergency as defined in the plan; if not a true emergency, the benefit is 80% after the deductible.

⁷ Waived if admitted to hospital.

Medical Plan Benefits Comparison (continued)

Plan Feature	IN-NETWORK Participating Provider Benefit		OUT-OF-NETWORK ² Non-Participating Provider Benefit	
	B1000	C2000 with HRA	B1000	C2000 with HRA
Alternative Therapies <ul style="list-style-type: none"> Chiropractic Care Massage therapy Acupuncture Naprapathy <p><i>Coverage for naprapathy, acupuncture and massage therapy is limited to 35 combined visits per calendar year.</i></p>	<ul style="list-style-type: none"> \$30 co-payment,⁴ then plan pays 100% 50% (no deductible) 	<ul style="list-style-type: none"> 80% after deductible 50% (no deductible) 	<ul style="list-style-type: none"> 60% after deductible 50% (no deductible) 	<ul style="list-style-type: none"> 60% after deductible 50% (no deductible)
Special Services <i>Pre-notification required</i> <ul style="list-style-type: none"> Skilled nursing facility: 120 days maximum per calendar year Private duty nursing Home health care: 60-visit maximum per calendar year Hospice 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 80% after deductible 	<ul style="list-style-type: none"> 60% after deductible 	<ul style="list-style-type: none"> 60% after deductible
Hearing Benefit <ul style="list-style-type: none"> Hearing aids—every 24 months (not bone anchored) Exam 	<ul style="list-style-type: none"> 50% up to \$3,000, no deductible required \$50 co-payment,⁴ then plan pays 100% 	<ul style="list-style-type: none"> 50% after deductible, up to \$3,000 80% after deductible 	<ul style="list-style-type: none"> 50% up to \$3,000, no deductible required 60% after deductible 	<ul style="list-style-type: none"> 50% after deductible, up to \$3,000 60% after deductible

See Pharmacy Plan Benefits Comparison—page 5.

Flexible Spending Accounts (FSAs) Availability

Dependent care FSA <ul style="list-style-type: none"> Available with both plans 	Annual contribution limit: \$300-\$5,000
Health care FSA <ul style="list-style-type: none"> Available with both plans 	Annual contribution limit: \$300-\$2,650

Health Reimbursement Account (HRA)—available with C2000 with HRA. Your plan sponsor funds HRA accounts annually based on individual or family coverage. You cannot make personal HRA contributions.

¹ Co-payments do not apply to deductible.

² **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, and covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance.

Pharmacy Plan Benefits Comparison—Your Share to Pay

Medical Plan	B1000		C2000 with HRA	
Deductible	None		None	
Annual Out-of-Pocket Maximum—Combined Medical and Pharmacy Costs	In Network: <ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 		In Network: <ul style="list-style-type: none"> • \$6,000 individual • \$12,000 family 	
Co-Payments ¹	<i>30-day supply</i>	<i>90-day supply*</i>	<i>30-day supply</i>	<i>90-day supply*</i>
Generic	\$15	\$35	\$15	\$35
Preferred Brand Name	20%	20%	25%	25%
• Minimum	\$20	\$50	\$25	\$60
• Maximum	\$55	\$140	\$65	\$150
Preferred Brand Name	25%	25%	30%	30%
• Minimum	\$40	\$85	\$50	\$95
• Maximum	\$110	\$240	\$120	\$260

**OptumRx Mail-Order Pharmacy or a Walgreens Retail Pharmacy*

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 (i.e., \$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 full price, even if it is a Participating (in-network) pharmacy. Each Retail prescription 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 plans are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by Wespath Benefits and Investments (Wespath). 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.

¹ Co-payments do not apply to deductible.