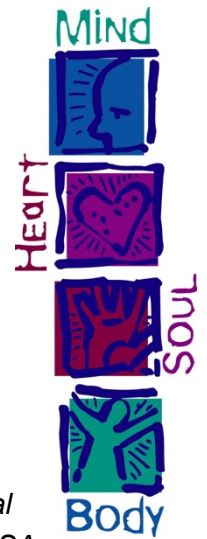


Your NORTH TEXAS CONFERENCE HealthFlex Plan



HealthFlex Exchange gives you more options than ever before. For 2024, you will select from six HealthFlex medical/pharmacy plans, three dental plans and three vision plans. Behavioral health benefits, wellness programs and wellness incentives are included automatically with all HealthFlex plans.

2024 HealthFlex Plan OPTIONS

All employer churches will be billed at the \$11,844 single participant rate for each person (clergy or employed laity) active in HealthFlex. Annual rates reflected below are the actual costs for the primary medical + pharmacy plan. The difference in costs in the HRA and HSA plans can offset elected dental or elected vision plans or be added to your corresponding account.

Medical + Pharmacy (Rx) > Choose one	Single*	Single + 1*	Family*
PPO B1000 ¹	\$14,736	\$27,996	\$38,316
C2000 includes HRA ²	\$14,148	\$26,880	\$36,780
C3000 includes HRA ²	\$12,324	\$23,412	\$32,028
H2000 includes HSA ³	\$13,788	\$26,208	\$35,856
H2500 includes HSA³	\$11,844	\$22,500	\$30,792
H5000 with no HSA included	\$11,112	\$21,120	\$28,896

NEW
DEFAULT
PLAN

* Deduct the employer contribution to arrive at the participant cost. For clergy, the employer contribution is \$11,844.

¹ B1000 — A traditional preferred provider organization (PPO) plan with co-payments for office visits.

² HRA Plan — Allows you to use or save funds from a health reimbursement account (HRA). Deductible must be met, then the plan pays a fixed percentage.

³ HSA Plan — Includes a health savings account (HSA), giving you the option to also contribute to an HSA. This plan has a combined medical/pharmacy deductible that must be met, then the plan pays a fixed percentage.

Dental > Choose one (optional)	Single	Single + 1	Family
Dental Passive PPO 2000	\$684	\$1,368	\$2,052
Dental PPO	\$564	\$1,140	\$1,704
Dental HMO <small>Call 1-800-244-6224 to see if available in your Zip Code</small>	\$192	\$360	\$636

Vision > Choose one (optional)	Single	Single + 1	Family
Vision Exam Core (exam only)	\$0	\$0	\$0
Vision Full Service	\$96	\$156	\$240
Vision Premier	\$168	\$276	\$432

SAMPLE HEALTH PLAN COSTS



If your church/employer pays your single participant premium, your costs may look like one of these samples:

SINGLE PARTICIPANT H2500 (2024 DEFAULT PLAN)

Total Cost	\$987
Employer Contribution	<u>\$987</u>
Credit Remaining Monthly	\$ 0

SINGLE PARTICIPANT B1000

Total Cost	\$1,228
Employer Contribution	<u>\$ 987</u>
Employee Owes Monthly	\$ 241

SINGLE PARTICIPANT H5000

Total Cost	\$926
Employer Contribution	<u>\$987</u>
Credit Remaining Monthly	\$ 61

Credit can be added to Health Savings Account (HSA), or used to purchase dental/vision plans.

CLERGY FAMILY H2500

Total Cost	\$2,566
Employer Contribution	<u>\$ 987</u>
Employee Owes Monthly	\$1,579