

Your NORTH TEXAS CONFERENCE HealthFlex Plan



HealthFlex Exchange gives you more options than ever before. For 2018, you will select from six HealthFlex medical/pharmacy plans, three dental plans and two vision plans. Vision exams, behavioral health benefits, wellness programs and wellness incentives are included automatically with all HealthFlex plans.

Note: All HealthFlex Exchange participants can choose dental coverage — even if you did not have HealthFlex dental benefits offered previously.

2018 HealthFlex Plan OPTIONS

All employer churches will be billed at the \$10,668 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 CDHP and HDHP plans can offset elected dental or elected vision plans or be added to your corresponding HRA or HSA plans.

Medical + Pharmacy (Rx) > Choose one	Single *	Single + 1*	Family*
PPO B1000 with P1 Rx ¹ (Last year's default plan)	\$11,208	\$21,312	\$26,904
NEW DEFAULT PLAN CDHP C2000 with P2 Rx—includes HRA ²	\$10,668	\$20,256	\$25,584
CDHP C3000 with P2 Rx—includes HRA ²	\$9,180	\$17,436	\$22,020
HDHP H1500 with P3 Rx—includes HSA ³	\$10,572	\$20,076	\$25,344
HDHP H2000 with P4 Rx—includes HSA ³	\$9,672	\$18,384	\$23,196
HDHP H3000 with P5 Rx—no HSA included	\$8,352	\$15,864	\$20,028

* Deduct the employer contribution to arrive at the participant cost. For clergy, the employer contribution is \$10,668.

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

² CDHP — Consumer-Driven Health Plan (CDHP) that 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 HDHP — High-Deductible Health Plan (HDHP) that 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	\$660	\$1,320	\$1,848
Dental PPO	\$540	\$1,080	\$1,536
Dental Passive PPO 1000	\$492	\$960	\$1,344

Vision > VSP (exam only) included at no cost	Single	Single + 1	Family
Vision Full Service	\$67.44	\$108.72	\$171.84
Vision Premier	\$172.56	\$279.84	\$444.24

SAMPLE HEALTH PLAN COSTS

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



SINGLE PARTICIPANT

CDHP C2000 with P2 RX (2018 DEFAULT PLAN)

Total Cost	\$889
Employer Contribution	\$889
Credit Remaining Monthly.....	\$ 0

SINGLE PARTICIPANT

PPO B1000 with P1 RX

Total Cost	\$934
Employer Contribution	\$889
Employee Owes Monthly	\$ 45

SINGLE PARTICIPANT

HCHP H3000 with P5 RX

Total Cost	\$696
Employer Contribution	\$889
Credit Remaining Monthly	\$193

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

CLERGY FAMILY

CDHP C2000 with P2 RX

Total Cost	\$2,132
Employer Contribution	\$ 889
Employee Owes Monthly	\$1,243