

Your NORTH TEXAS CONFERENCE HealthFlex Plan



HealthFlex Exchange gives you more options than ever before. For 2019, 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.

2019 HealthFlex Plan OPTIONS

All employer churches will be billed at the \$10,632 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 HRA or HSA plans.

| Medical + Pharmacy (Rx) > Choose one | Single * | Single + 1* | Family* |
|---------------------------------------|----------|-------------|----------|
| B1000 ¹ | \$11,400 | \$21,672 | \$27,360 |
| C2000 includes HRA² | \$10,632 | \$20,184 | \$25,488 |
| C3000 includes HRA ² | \$9,180 | \$17,436 | \$22,020 |
| H1500 includes HSA ³ | \$10,536 | \$20,004 | \$25,260 |
| H2000 includes HSA ³ | \$9,648 | \$18,336 | \$23,136 |
| H3000 with no HSA included | \$8,400 | \$15,972 | \$20,160 |

NEW
DEFAULT
PLAN

* Deduct the employer contribution to arrive at the participant cost. For clergy, the employer contribution is \$10,632.

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 | \$672 | \$1,344 | \$1,872 |
| Dental PPO | \$552 | \$1,092 | \$1,560 |
| Dental Passive PPO 1000 | \$504 | \$972 | \$1,368 |

| Vision > VSP (exam only) included at no cost | Single | Single + 1 | Family |
|--|----------|------------|----------|
| Vision Full Service | \$71.52 | \$115.20 | \$181.92 |
| 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 C2000 (2019 DEFAULT PLAN)

| | |
|--------------------------------------|-------------|
| Total Cost | \$886 |
| Employer Contribution | \$886 |
| Credit Remaining Monthly..... | \$ 0 |

SINGLE PARTICIPANT B1000

| | |
|------------------------------------|--------------|
| Total Cost | \$950 |
| Employer Contribution | \$886 |
| Employee Owes Monthly | \$ 64 |

SINGLE PARTICIPANT H3000

| | |
|---------------------------------------|--------------|
| Total Cost | \$700 |
| Employer Contribution | \$886 |
| Credit Remaining Monthly | \$186 |

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

CLERGY FAMILY C2000

| | |
|-----------------------------------|----------------|
| Total Cost | \$2,124 |
| Employer Contribution | \$ 886 |
| Employee Owes Monthly..... | \$1,238 |