



Wespath

BENEFITS | INVESTMENTS



HealthFlex Exchange— Plan Comparisons

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CHOICES—MEDICAL, PHARMACY AND BEHAVIORAL HEALTH

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-payment or co-insurance; 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 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 3 (footnote).

*** Deductible does not have to be met for drugs on the Drugs on the OptumRX Preventive Drug List for HSA Plans Only

* 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 (2020 IRS-defined deductible: \$1,400 individual coverage/\$2,800 family coverage).

HRA: Health reimbursement account

HSA: Health savings account

Health Account Contributions

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 (Participant pays)	<ul style="list-style-type: none"> • \$1,500 per person • \$3,000 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 	<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 	<ul style="list-style-type: none"> • \$1,000 per person • \$2,000 per family
	Deductible applies to medical, behavioral health and pharmacy No individual deductible if more than 1 person is covered			Deductible applies to medical and behavioral health		
In-Network Co-Insurance <ul style="list-style-type: none"> • Plan pays • Participant pays 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible 	<ul style="list-style-type: none"> • 70% after deductible • 30% after deductible 	<ul style="list-style-type: none"> • 40% after deductible • 60% after deductible 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible 	<ul style="list-style-type: none"> • 50% after deductible • 50% after deductible 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible
Annual In-Network Out-of-Pocket (OOP) Maximum—Combined Medical, Behavioral Health and Pharmacy Costs (Participant pays)	<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
	Includes annual deductible, co-insurance and any co-payments ²					

¹ **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.

² Co-payments do not apply to deductible.

In-Network Medical Plan Benefits Comparison

Services	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 <ul style="list-style-type: none"> Internists General practitioners Family practitioners Obstetricians Gynecologists 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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) Pre-notification required—verify with physician	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

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Emergency Care <i>Notification required within 48 hours if admitted</i> Includes behavioral health emergencies <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-payment² per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% \$200 co-payment,^{2,3} then plan pays 100% \$100 co-payment,^{2,3} then plan pays 100% Plan pays 80% after deductible
Maternity Care/ Physician Charges <i>Pre-notification required (verify with physician)</i> <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 Up to \$3,000 (total) every 24 months	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

² Co-payments do not apply to deductible.³ Waived if admitted to hospital.

In-Network Medical Plan Benefits Comparison

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Alternative Therapies <ul style="list-style-type: none"> • Massage therapy • Acupuncture • Naprapathy Coverage 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> <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 	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 Benefits^{1,4}	Individual/Family DEDUCTIBLE: <ul style="list-style-type: none"> • \$2,500/\$5,000 OOP MAX: <ul style="list-style-type: none"> • \$12,000/\$24,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: <ul style="list-style-type: none"> • \$3,000/\$6,000 OOP MAX: <ul style="list-style-type: none"> • \$13,000/\$26,000 Co-insurance (plan pays): 50%	Individual/Family DEDUCTIBLE: <ul style="list-style-type: none"> • \$6,000/\$12,000 OOP MAX: <ul style="list-style-type: none"> • \$13,000/\$26,000 Co-insurance (plan pays): 20%	Individual/Family DEDUCTIBLE: <ul style="list-style-type: none"> • \$3,000/\$6,000 OOP MAX: <ul style="list-style-type: none"> • \$12,000/\$24,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: <ul style="list-style-type: none"> • \$4,500/\$9,000 OOP MAX: <ul style="list-style-type: none"> • \$13,000/\$26,000 Co-insurance (plan pays): 30%	Individual/Family DEDUCTIBLE: <ul style="list-style-type: none"> • \$2,000/\$4,000 OOP MAX: <ul style="list-style-type: none"> • \$10,000/\$20,000 Co-insurance (plan pays): 60%

¹ **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.

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.

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		• \$2,000 individual • \$4,000 family		• \$3,000 individual • \$6,000 family		None		None	
	Combined with medical/behavioral health deductible ¹									
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 With C2000 medical plan • \$6,000 individual • \$12,000 family With C3000 medical plan • \$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

¹ **Standard Deductible:** Assumes participant and covered spouse (if applicable) met HealthQuotient (HQ) incentive requirement in 2019. If not taken, the deductible will be increased by \$250 for individual and \$500 for family deductible.

* Co-payments/co-insurance apply after deductible has been met for most drugs. Deductible does not need to be met for medications on the OptumRx preventive drug list.

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 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.
- **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 Wespeth 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.

CHOICES—DENTAL

This comparison highlights key differences and similarities between dental plans offered through HealthFlex Exchange: **Passive PPO 2000**, **Dental PPO** and **Dental HMO**. Dental benefits are provided through Cigna.

The annual deductible and co-insurance amounts (“you pay”) are your share to pay. All other benefits shown are the amounts or percentages that the plan pays for a service. The Passive PPO 2000 and Dental PPO use Cigna’s PPO Advantage Network. The Dental HMO uses the Cigna Dental Care Access Plus network. Visit cigna.com to search for in-network providers.

Note: Only the Dental PPO and the Passive PPO 2000 include Cigna Dental Wellness PlusSM features. When you or your family members receive any preventive care in one plan year, the annual dollar maximum will increase the following plan year, until it reaches the level specified below.

Refer to the HealthFlex Benefit Booklet for additional plan details.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO
		PPO Advantage Network	Out of Network	
Calendar Year Maximum (Class I, II and III expenses)	Year 1: \$2,000	Year 1: \$2,000	Year 1: \$1,000	No benefit maximum
	Year 2: \$2,150 ¹	Year 2: \$2,150 ¹	Year 2: \$1,150 ¹	
	Year 3: \$2,300 ²	Year 3: \$2,300 ²	Year 3: \$1,300 ²	
	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$1,450 ³	
Annual Deductible • Individual • Family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	No deductible

Note:

- A “passive” PPO allows you to benefit from discounts when receiving services from a PPO Advantage network provider—without a reduction in benefits if you choose to go out of network.
- All out-of-network reimbursement levels are based on 90th percentile of reasonable and customary allowance.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO (Shows Participant Cost)
		PPO Advantage Network	Out of Network ⁴	
Class I—Preventive and Diagnostic Care Oral evaluation, routine cleanings, x-rays, sealants	Plan pays 100%	Plan pays 100%	Plan pays 100%	Periodic/comprehensive oral evaluation; prophylaxis: \$0 Sealant: \$12 per tooth Routine cleaning: First two are free; additional cleanings \$45 X-rays panoramic (every 3 years) or bitewings: \$0
Class II—Basic Restorative Fillings, endodontics, periodontics, oral surgery, anesthesia, bridge/crown/denture repair	Plan pays 80%	Plan pays 90%	Plan pays 70%	Each amalgam filling, anterior composite filling: \$0 Posterior composite filling: \$47 – \$115 Oral surgery: Extractions \$12 per tooth; removal of impacted tooth: \$46 – \$125 per tooth Anesthesia: \$190 for the first 30 minutes; \$84 each additional 15 minutes Molar root canal: \$335 Periodontal scaling/root plane: \$42 – \$83 per quad
Class III—Major Restorative Crowns, dentures, implants	Plan pays 50%	Plan pays 60%	Plan pays 50%	Crown: \$88 – \$150, plus \$410 – \$460 for materials Partial dentures: \$525 – \$715
Class IV—Orthodontia Crowns, dentures, implants	Plan pays 50% up to \$2,000 (up to age 19)	Plan pays 50% up to \$2,000 (up to age 19)	Plan pays 50% up to \$1,000 (up to age 19)	Child orthodontics: \$2,040 Adult orthodontics: \$2,376

¹ Increase contingent upon receiving Preventive Services in Plan Year 1.

² Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.

³ Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.

⁴ Benefits for out-of-network provider is based on 90th percentile of reasonable and customary allowances.

CHOICES—VISION

VSP® Vision Benefits

This comparison highlights key differences and similarities between vision plans offered through HealthFlex Exchange:

Exam Core, Full-Service and **Premier**. Vision benefits are provided through VSP.

To use your VSP benefit, register at vsp.com, review your benefit information, and find an eye care provider who is right for you. At your appointment, tell them you have VSP—there is no ID card necessary, but if you would like one as a reference, you can print it at vsp.com. There are no claim forms to submit unless you see an out-of-network provider.

VSP provider network: VSP Choice

Benefit	Exam Core	Full-Service	Premier
WellVision Exam <i>Description</i> <ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$20 co-payment	\$20 co-payment	\$20 co-payment
Prescription Glasses	No coverage	\$20 co-payment	\$20 co-payment
Frame Details	No coverage	<ul style="list-style-type: none"> • Includes \$160 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 24 months 	<ul style="list-style-type: none"> • Includes \$200 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months
Lens Details	No coverage	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months 	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months
Lens Enhancements	No coverage	<ul style="list-style-type: none"> • Standard progressive lenses: \$55 • Premium progressive lenses: \$95 – \$105 • Custom progressive lenses: \$150 – \$175 • Average savings of 20% – 25% on other lens enhancements • Every 12 months 	<ul style="list-style-type: none"> • Anti-reflective and UV coating: \$25 • Standard progressive lenses: \$55 • Premium progressive lenses: \$95 – \$105 • Custom progressive lenses: \$150 – \$175 • Average savings of 20% – 25% on other lens enhancements • Every 12 months`
Contact Lenses	No coverage	<i>Instead of glasses</i> <ul style="list-style-type: none"> • Includes \$160 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam • Every 12 months 	<i>In addition to glasses</i> <ul style="list-style-type: none"> • Includes \$200 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam • Every 12 months
Additional Coverage	NA	Diabetes Eyecare Plus Program	Diabetes Eyecare Plus Program

VSP Vision Benefits




Benefit	Exam Core	Full-Service	Premier
Out-of-Network Coverage	No coverage	<ul style="list-style-type: none"> Exam up to \$45 Frame up to \$70 Single vision lenses up to \$30 Lined bifocal lenses up to \$50 Lined trifocal lenses up to \$65 Progressive lenses up to \$50 Contacts up to \$105 	<ul style="list-style-type: none"> Exam up to \$45 Frame up to \$70 Single vision lenses up to \$30 Lined bifocal lenses up to \$50 Lined trifocal lenses up to \$65 Progressive lenses up to \$50 Contacts up to \$105
Extra Savings	<ul style="list-style-type: none"> 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam 15% savings on a contact lens exam (fitting and evaluation) 	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities 	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility

Coverage with a participating retail chain may be different. Once your benefits are effective, visit vsp.com for details.

HEALTH ACCOUNTS

Comparing HSA vs. HRA vs. FSA




Health reimbursement accounts (HRAs), health savings accounts (HSAs) and health care flexible spending accounts (FSAs) are all offered by HealthFlex. They share some similar traits, but have important differences. Learn more below.

	 HealthFlex HSA	 HealthFlex HRA	 HealthFlex Health Care FSA
Which Plans?	H1500 with HSA, H2000 with HSA, H3000 with HSA	C2000 with HRA, C3000 with HRA	H1500 with HSA, H2000 with HSA, H3000 with HSA, C2000 with HRA, C3000 with HRA, B1000
How Funded?	<ul style="list-style-type: none"> • May be funded by plan sponsor* • You may add money to an HSA (optional) • May include extra premium credit (if applicable) 	<ul style="list-style-type: none"> • Funded by plan sponsor • You are not permitted to add money • May include extra premium credit (if applicable) 	<ul style="list-style-type: none"> • You fund your FSA
Earnings / Interest	May earn tax-deferred interest or dividends based on account or fund you select	No interest	No interest
Tax Implications**	Triple tax advantage: <ol style="list-style-type: none"> 1. Contributions are deductible from gross income and are not subject to federal income tax 2. HSA earnings accrue tax-free 3. HSA withdrawals, including investment earnings, are tax-free for eligible expenses 	<ul style="list-style-type: none"> • Plan sponsor contributions are excluded from your gross income and are not subject to federal income tax 	<ul style="list-style-type: none"> • Your contributions are excluded from gross income and are not subject to federal income tax
Annual Funding Limit 2020	Annual federal limit for total HSA contributions (plan sponsor + your money). <ul style="list-style-type: none"> • \$3,550 (self-only) or • \$7,100 (family) • Individuals 55 and older may contribute extra \$1,000 annually (\$4,550 self-only, \$8,100 family) 	<ul style="list-style-type: none"> • No annual limit • Amount determined by plan sponsor 	<ul style="list-style-type: none"> • \$300 minimum—\$2,700 maximum
Funds Availability	<ul style="list-style-type: none"> • Any plan sponsor contributions* are available for use upon deposit at beginning of plan year • Participant contributions and any excess premium credit are available monthly as they are deposited to the HSA on 5th of the month 	<ul style="list-style-type: none"> • Available for use at beginning of plan year 	<ul style="list-style-type: none"> • Available for use at beginning of plan year

* H3000 has no plan sponsor contribution for HSA.

** There may be additional tax implications for individuals approaching Medicare eligibility within the plan year. Please consult your tax adviser if you will soon be Medicare eligible.

Comparing HSA vs. HRA vs. FSA

	 HealthFlex HSA	 HealthFlex HRA	 HealthFlex Health Care FSA
Eligible Expenses / Usage	<ul style="list-style-type: none"> Use primarily for eligible health care expenses for tax dependents If used for non-health care expenses, tax penalty may apply Limited use for premiums: Limited to continuation coverage, long-term care or Medicare (not including Medicare supplement) 	<ul style="list-style-type: none"> Use only for eligible health care expenses for those covered in the medical plan (not premiums, except after retirement) After retirement: May use for premiums (medical, dental, vision and long-term care)—primary participant only 	<ul style="list-style-type: none"> Use for eligible health care expenses for tax dependents May not use for premiums or long-term care <i>If contributing to HSA, FSA is limited to dental and vision expenses only***</i>
Substantiation / Documentation ("Proof" of Claim)	<ul style="list-style-type: none"> Not required, but you are responsible for reporting any taxable HSA distributions to the IRS 	<ul style="list-style-type: none"> Required¹ ¹ May not be required with debit card use 	<ul style="list-style-type: none"> Required¹ ¹ May not be required with debit card use
Carry-Over at Year-End	<ul style="list-style-type: none"> Unused balance carries over year to year No dollar limit on accumulated balance 	<ul style="list-style-type: none"> Unused balance carries over year to year <i>as long as you remain in HealthFlex</i> and through retirement No dollar limit on accumulated balance 	<p><i>IRS "use it or lose it" rules apply</i></p> <ul style="list-style-type: none"> \$500 carryover permitted to the following plan year. Remainder forfeited if not spent by December 31 (runout period to file claims: through April 30 of the following year)
Compatibility with Other Reimbursement Accounts	<ul style="list-style-type: none"> Compatible with limited-use FSA or HRA <i>If contributing to HSA, HRA and FSA are limited to dental and vision expenses only***</i> (including FSA balance carried over from a prior year and spouse's FSA/spouse's HRA) 	<ul style="list-style-type: none"> Compatible with FSA <i>If contributing to HSA, HRA is limited to dental and vision expenses only***</i> 	<ul style="list-style-type: none"> Compatible with HRA. FSA pays first—HRA pays only after FSA funds are exhausted. <i>If contributing to HSA, FSA is limited to dental and vision expenses only***</i>
If You Retire	<ul style="list-style-type: none"> Unused balance is <i>portable; remains with you indefinitely</i> regardless of UMC employment/appointment 	<ul style="list-style-type: none"> Unused balance remains until exhausted 	<ul style="list-style-type: none"> Eligible expenses can only be incurred through your last date of HealthFlex coverage pre-retirement Deadline to file claims: 90 days after leaving HealthFlex
If You Terminate UMC Employment or Waive HealthFlex	<ul style="list-style-type: none"> Unused balance is <i>portable; remains with you indefinitely</i> regardless of UMC employment/appointment 	<ul style="list-style-type: none"> Unused balance can be used for eligible expenses for up to 90 days after termination or waiver 	<ul style="list-style-type: none"> Eligible expenses can only be incurred through your last date of HealthFlex coverage Deadline to file claims: 90 days after leaving HealthFlex
*** Limited use until participant notifies WageWorks that the IRS-defined deductible has been met; then can be used for all eligible health care expenses. (2020 IRS-defined deductible: \$1,400 individual, \$2,800 family).			

Dependent care FSA: Annual contribution limit—\$5,000. Contributions are available monthly as they are deposited to the FSA on 5th of the month.

More information is available through the [HealthFlex/WebMD](https://www.wespath.org/HealthFlex/WebMD) website at [wespath.org](https://www.wespath.org) (scroll down to select "HealthFlex/WebMD"; then log in).

Disclaimer: This document is provided as a general informational and educational service to HealthFlex participants. The document does not constitute legal, tax or consumer advice. Readers may want to consult with a tax adviser, legal counsel or other professional adviser before acting on any information in this document. Wespath Benefits and Investments (Wespath) expressly disclaims all liability in respect to actions taken or not taken based on the contents of this document. Readers also may want to review additional documents provided by HealthFlex for more information about the plans and HRA or HSA reimbursement accounts.