

Your NORTH TEXAS CONFERENCE HealthFlex Plan



HealthFlex Exchange gives you more options than ever before. For 2021, 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.

2021 HealthFlex Plan OPTIONS

All employer churches will be billed at the \$10,860 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	\$11,316	\$21,504	\$29,424
C2000 includes HRA²	\$10,860	\$20,640	\$28,248
C3000 includes HRA ²	\$9,456	\$17,976	\$24,600
H1500 includes HSA ³	\$10,584	\$20,100	\$27,504
H2000 includes HSA ³	\$9,588	\$18,216	\$24,924
H3000 with no HSA included	\$8,352	\$15,864	\$21,708

NEW
DEFAULT
PLAN

* Deduct the employer contribution to arrive at the participant cost. For clergy, the employer contribution is \$10,860

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	\$648	\$1,296	\$1,944
Dental PPO	\$528	\$1,068	\$1,596
Dental HMO <small>Call 1-800-244-6224 to see if available in your zip code.</small>	\$168	\$312	\$540

Vision > VSP (exam only) included at no cost	Single	Single + 1	Family
Vision Full Service	\$95.52	\$154.32	\$244.08
Vision Premier	\$169.92	\$275.28	\$436.56

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 (2021 DEFAULT PLAN)

Total Cost	\$905
Employer Contribution	\$905
Credit Remaining Monthly.....	\$ 0

SINGLE PARTICIPANT B1000

Total Cost	\$943
Employer Contribution	\$905
Employee Owes Monthly	\$ 38

SINGLE PARTICIPANT H3000

Total Cost	\$696
Employer Contribution	\$905
Credit Remaining Monthly	\$209

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

CLERGY FAMILY C2000

Total Cost	\$2,354
Employer Contribution	\$ 905
Employee Owes Monthly.....	\$1,449