



Wespath

BENEFITS | INVESTMENTS



A FRESH APPROACH
TO HEALTH CARE COVERAGE

HealthFlex Health Savings Account (HSA) Plans

a general agency of The United Methodist Church

What Is an HSA Plan?



An HSA Plan is a health coverage plan that allows members (participants) to use a health savings account (HSA) to reimburse out-of-pocket health care expenses, while protecting the participant from very high expenses with an out of pocket maximum.

HSA Funding

An HSA is an IRS-approved tax-exempt account that can reimburse eligible medical expenses. It has a unique tax advantage: contributions are made on a pre-tax basis; interest and earnings accrue tax-deferred; and withdrawals are tax-free for eligible expenses. The HealthFlex HSA Plan may include an “employer” contribution into your HSA at the beginning of the plan year, depending on which plan you select.

See your *Summary of Benefits and Coverage* or plan comparison document for contribution details of your plan.

HSA Plan—A Different Type of Plan

Use of the HSA makes the HSA Plan truly different from health coverage you may have had in the past. The HSA is similar to a savings account designated specifically for eligible health-related expenses, such as deductibles, co-payments, prescription medications and/or medical expenses that are not covered by your health plan or prescription drug plan.

The HealthFlex HSA Plan has a deductible (combined medical, pharmacy and behavioral health) that you must meet before the plan pays any **medical, pharmacy or behavioral health** benefits. If you have covered dependents in HealthFlex, you must meet the **full family deductible** before the plan pays benefits.* The HSA can assist you in meeting this deductible (and other eligible expenses). You have the choice to use your HSA or not, which means you can roll over any unspent HSA funds from one year to the next, so your HSA account can grow for future needs.

**Certain eligible preventive and wellness services are covered at 100% and are not subject to the deductible.*



HSA Plan: A “Consumer” Health Plan

An HSA Plan is a type of health coverage that encourages covered individuals to be informed and thoughtful consumers of health care services, much like they would be informed and thoughtful when purchasing other goods and services. The HSA Plan structure and availability of the HSA motivate participants to take a more active role in selecting their health care providers, managing their health expenses, and improving their overall health through good nutrition, exercise and other factors that they can control.



For example, you might fill a prescription by choosing a generic therapeutic equivalent medication or a generic alternative medication (when available) instead of a more expensive name-brand drug, or you might go to an urgent care center rather than a hospital emergency room for a non-life-threatening medical concern.

Important: Always seek the appropriate level of care for your or your family’s medical needs. While the HealthFlex HSA Plan fosters consumerism by encouraging participants to seek cost-saving measures when appropriate, it in no way expects participants to choose inappropriate or insufficient levels of care as a way to save money.

Comparing your HSA plan to the traditional B1000 plan

	 HSA Plans	 B1000
Allows HSA contributions (may include employer contributions)	●	
Preventive Services (in-network covered at 100%)	●	●
Out-of-Pocket Maximum (includes deductible, co-payments, and co-insurance for medical, behavioral health and pharmacy; does not include dental/vision)	●	●
Inpatient/Outpatient Medical Services After you pay deductible, then plan co-insurance helps pay costs	●	●
Broad, Nation-Wide Networks and drug formularies	●	●
Doctor, Urgent Care, MDLIVE and ER Visits Fixed co-payment		●
Doctor, Urgent Care, MDLIVE and ER Visits Co-insurance <i>after</i> deductible is met	●	
Pharmacy Co-payment or co-insurance <i>before</i> deductible is met		●
Pharmacy Co-payment or co-insurance <i>after</i> deductible is met. Certain Rx are preventive and covered before deductible is required to be met.	●	
Mental Health Outpatient Counseling Fixed co-payment		●
Mental Health Counseling or Telehealth Co-insurance <i>after</i> deductible is met	●	

Another Way to Look at It

	 HSA Plans	 B1000
Medical office and telehealth visits	Deductible and co-insurance	Copay
Urgent care		
ER visits		Deductible and co-insurance
Behavioral health office and telehealth visits		
Hospitalization	Deductible then copay/ co-insurance	Copay/co-insurance
Other medical services		
Prescription drugs		

How the HealthFlex HSA Plan Works



- **Preventive services**—Such as annual checkups and age-appropriate screening tests (such as mammograms or colonoscopies) are covered by HealthFlex at no cost to you when in-network providers are used.
- **Other medical and pharmacy services**—You must first meet the deductible before the plan pays for services. *If you have dependents covered in HealthFlex, you must meet the full family deductible.* You can see the same doctors, receive the same treatment, and get the same medications covered as in any HealthFlex plan.
- **After the deductible is satisfied**—HealthFlex will pay a percentage of all remaining eligible expenses for in-network providers, and you (the participant) will pay a percentage (your co-insurance)—up to the annual out-of-pocket maximum.
- **Out-of-network doctors**—If you choose these hospitals or other providers, your out-of-pocket costs may be higher, including a higher deductible, co-insurance and out-of-pocket maximum. This is also true in any HealthFlex plan.
- **Employer contribution**—Each year, your “employer” or plan sponsor may contribute to your HSA via the HealthFlex HSA Plan, depending on which plan you select. You can contribute your own funds up to the IRS maximum (\$3,650 individual/\$7,300 family for 2022—maximum includes employer and personal contributions).
- **HSA funds**—You may use funds to pay your out-of-pocket expenses, including deductibles and co-payments. In addition, you can use the HSA to pay for dental and vision expenses. A detailed list of eligible expenses is available online from HealthEquity (after you log in to Benefits Access, select the **Health** tab then “**Health & Reimbursement Accounts**”).
- **Unused HSA funds**—At the end of the plan year, unused funds roll over for the next plan year. Although there *is* an annual limit of how much can be contributed to an HSA, there is *no limit* to the amount that can accumulate in your HSA year after year. Many individuals choose to maximize their HSA rollover to save for future health expenses.
- **With FSA**—You may contribute to an HSA and a health care flexible spending account (FSA), but the FSA must be used for dental and vision claims only until the IRS-defined deductible is met (\$1,400 individual/\$2,800 family for 2022). *This also applies if your spouse has a health care FSA outside of HealthFlex—the FSA must be a limited-use FSA.* Electing a limited-use health care FSA is optional. If you want to set aside money into a limited-use health care FSA, you must do so during the Annual Election period in November.

You can use an HSA for any expenses you can use an FSA for—and more. It may only make sense to contribute to an FSA if you have already contributed the maximum to your HSA and you are sure you will have FSA-eligible expenses. Learn more about pairing a health care FSA with an HSA [here](#).
- **Unspent HSA**—The balance is portable and remains with you indefinitely regardless of appointment/employment.

Steps You Can Take to Manage Your Health Expenses

You have more control over your health care expenditures than you may realize. Here are a few steps you can take to spend less on health care—without compromising the quality of care you receive:

- Fill prescriptions with generic medications instead of name-brand medications. Ask your doctor if a generic is available and appropriate.
- Fill maintenance (long-term) prescriptions in a 90-day supply using mail order or a Walgreens pharmacy, instead of 30-day fills at any retail pharmacy.
- Go to the doctor's office or urgent care center—instead of a hospital emergency room—when you feel sick, or have symptoms or an injury that is not life-threatening or limb-threatening. You can also use telemedicine services through MDLIVE when your symptoms are not life-threatening.
- Practice healthy habits to improve your overall well-being, including getting preventive screenings, managing chronic conditions, eating well and being active.

Important: Always seek the appropriate level of care for your or your family's medical needs. While the HealthFlex HSA Plan fosters consumerism by encouraging participants to seek cost-saving measures when appropriate, it in no way expects participants to choose inappropriate or insufficient levels of care as a way to save money.

Preventive and Wellness Services Are Covered

We are committed to your good health. The HSA Plan—like all HealthFlex plans—covers preventive and wellness services at 100%. When in-network providers are used, you have no out-of-pocket costs (no co-insurance or deductible) for eligible preventive and wellness services, including checkups, vaccines and age-appropriate preventive testing (such as routine blood tests, mammograms or colonoscopies).

HealthEquity® Card

HealthEquity will administer and act as custodian for the HSA. You will receive a purple debit card from HealthEquity to be used for the HSA funds only. Access your HealthEquity account online through Benefits Access and via phone at 1-866-346-5800.

If you also have an FSA or HRA with HealthFlex, you may also receive a teal HealthEquity Healthcare Card. This cannot be used to access HSA funds. You can request reimbursements through HealthEquity's website or mobile app if you do not use the debit card.

HealthFlex HSAs can earn interest or investment earnings depending on investment options. Please contact HealthEquity for current account information. You may want to contact EY Financial Planning Services** at **1-800-360-2539** for guidance on investing your HSA.



****EY Financial Planning Services** are available to active participants and surviving spouses with account balances in Wespath-administered retirement plans. Costs for EY services are included in Wespath's operating expenses that are paid for by the funds Wespath administers.

HSA FAQs



Q: Can I use HSA funds for emergency or hardship purposes?

A: HSA funds are not accessible for hardship purposes without possible tax penalties. Non-eligible medical and nonmedical withdrawals from an HSA are taxable income and subject to a tax penalty. **Exception:** This tax penalty does not apply if the withdrawal is made after the date a participant:

1. Attains age 65;
2. Becomes totally and permanently disabled; or
3. Dies.

Q: How would the HSA work if one of the family members has a major medical incident? Would the entire HSA balance be available to the person who incurred the major medical expense?

A: The entire HSA balance is eligible for use, for eligible expenses incurred by:

- primary participant,
- spouse, or
- all dependents you claim on your tax return.

***Note:** Eligible expenses incurred by a tax dependent or a spouse may be applied to the primary participant's HSA—even if the dependent or spouse is not in the HealthFlex HSA Plan.*

Q: What happens if I have a family status change (a qualified “life event” such as marriage, divorce or birth of a child) during the year?

A: If your coverage changes from “individual” to “family” coverage, you may receive an additional employer contribution to your HSA up to the family contribution amount, if included with the plan you selected (please see the *Summary of Benefits and Coverage* for specific plan information). You may also be able to increase your personal contributions, up to the IRS family limit*. If your coverage changes from “family” to “individual” coverage, you will not see any change to your employer contribution. Your IRS maximum contribution limit may be lower*.

**Please contact your tax adviser for advice on how changing coverage mid-year may influence your annual HSA contribution limit, as set by the IRS*

Q: If I am no longer in a qualified HSA Plan through HealthFlex, what happens to my HSA?

A: If you are no longer enrolled in a qualified HSA Plan, you are not eligible to make or receive additional contributions to your HSA. However, your HSA balance will remain available for you to use until it is exhausted. This applies to the following scenarios:

- Termination from HealthFlex or plan sponsor
- Selection of another non-HSA Plan HealthFlex plan
- Plan sponsor no longer offers HealthFlex or HSA Plan
- Reappointment to a conference that does not offer HealthFlex or HSA Plan
- Retirement, even if your plan sponsor does not offer retiree coverage through HealthFlex/Via Benefits

HSA FAQs (continued)



Q: If I retire (and leave the HSA Plan) but my dependents remain covered in the HSA Plan, what happens to any accumulated HSA fund balance?

A: Both you and your covered dependents may use the accumulated fund balance available at the time you retire. Additional funds may be contributed to an HSA by your plan sponsor after you retire if you still have dependents in a qualified HSA Plan, depending on which plan was selected. These funds would also be available to you and your covered dependents.

Q: Can I have a health care FSA if I am in the HSA Plan?

A: Yes. You may combine a health care FSA with an HSA. However, it will be a *limited-use* FSA that can be used for dental and vision claims only, until the IRS-defined deductible has been met*. If your spouse has a separate FSA, it must also be *limited-use* or HSA-compatible. Participants are responsible for complying with IRS regulations and for notifying HealthEquity when the IRS-defined deductible has been met. More information available [here](#).

Q: Can I choose whether to use my HSA or limited-use health care FSA dollars to cover dental and vision expenses?

A: Yes. If you wish to use your HSA for dental/vision expenses, you should use your purple HSA card instead of your teal FSA card. However, since an FSA is “use it or lose it,” you may want to consider using your limited-use FSA* for dental/vision instead of your HSA. Once you have met the IRS-defined deductible, you can notify HealthEquity and have your FSA converted to full use. Then you can use your FSA for medical/prescription drug/behavioral health as well as dental/vision.



**Limited use until participant notifies HealthEquity that the IRS-defined deductible has been met; then can be used for all eligible health care expenses. (2022 IRS-defined deductible: \$1,400 individual coverage; \$2,800 family coverage)*

Q: If I have an HSA but not a limited-use FSA, or if I use up all of my limited-use FSA funds, do claims always need to be applied to the HSA? Can I choose to pay out of pocket instead?



A: You always have the option to pay for health expenses “out of pocket” (on your own), instead of using your available HSA funds. In this case, you would pay directly (not using the debit card) and not request reimbursement.

Comparing HSA vs. FSA

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

	 HealthFlex HSA	 HealthFlex Health Care FSA
Which plans?	H1500 with HSA, H2000 with HSA, H3000 with HSA	Can be used with any plan if you elect an FSA.
How funded?	<ul style="list-style-type: none"> • May be funded by plan sponsor¹ • You may add money to an HSA (optional) • 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
Tax Implications²	Triple tax advantage: 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	1. Your contributions are excluded from gross income and are not subject to federal income tax 2. FSA withdrawals are tax-free for eligible expenses
Annual Funding Limit (2022)	Annual federal limit for total HSA contributions (plan sponsor + your money). <ul style="list-style-type: none"> • \$3,650 (self-only) or • \$7,300 (family) • Individuals 55 and older may contribute extra \$1,000 annually (\$4,650 self-only, \$8,300 family) 	<ul style="list-style-type: none"> • \$300 minimum—\$2750 currently, may increase
Funds Availability	<ul style="list-style-type: none"> • Any plan sponsor contributions¹ are available for use upon deposit at beginning of plan year • Participant contributions and any excess premium credit (prorated, monthly amount) 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
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 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 only³</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"> • Required* • <i>*May not be required with debit card use</i>

Comparing HSA vs. FSA (continued)

	 HealthFlex HSA	 HealthFlex Health Care FSA
Carry-Over at Year-End	<ul style="list-style-type: none"> Unused balance carries over year to year No dollar limit on accumulated balance 	<p><i>Special COVID-related rules temporarily apply</i></p> <ul style="list-style-type: none"> Full unused balance as of December 31, 2020 and December 31, 2021 will automatically carry over to the following plan year <p><i>Normal IRS “use it or lose it” rules resume with balance remaining on December 31, 2022</i></p> <ul style="list-style-type: none"> \$550 carryover permitted to the following plan year. Remainder forfeited if not spent by December 31 (run-out 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 limited-use HRA If contributing to HSA, HRA and FSA are limited to dental and vision expenses only³ (including FSA balance carried over from a prior year and spouse’s FSA/spouse’s HRA) 	<ul style="list-style-type: none"> Compatible with HRA. FSA pays first—HRA pays only after FSA funds are exhausted If contributing to HSA, FSA is limited to dental and vision expenses only³
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"> 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"> Eligible expenses can only be incurred through your last date of HealthFlex coverage Deadline to file claims: 90 days after leaving HealthFlex
Other Details	<ul style="list-style-type: none"> HSA: a low balance account fee of \$2/month will be deducted from your balance if your balance is less than \$5,000. Investment fees may apply if you use HealthEquity’s investment support. Eligible Wespath retirement plan participants can use EY for investment consultation at no additional fee. 	

More information is available through the Benefits Access website at benefitsaccess.org, log in, then select the **Health** tab and click the “**Health & Reimbursement Accounts**” button.

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¹H3000 has no plan sponsor contribution for HSA unless there is excess premium credit.

²There 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.

³Limited use until participant notifies HealthEquity that the IRS-defined deductible has been met; then can be used for all eligible health care expenses. (2022 IRS-defined deductible: \$1,400 individual; \$2,800 family)

Learn More About the HSA Plans and Your HealthFlex Benefits

Start at the Benefits Access website to access online resources
about the HSA Plans and your HealthFlex benefits.

benefitsaccess.org

Log in by entering your **username** and **password**.

Call Wespath Customer Service at **1-800-851-2201**
if you are unable to obtain your username/password online.

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Caring For Those Who Serve

1901 Chestnut Ave.
Glenview, IL 60025-1604
1-800-851-2201
wespath.org