



Center for Health

Plan Sponsor Calls: HealthFlex Exchange

December 15-16, 2015



General Board

Pension and Health Benefits

Caring For Those Who Serve

HealthFlex Exchange Timeline

Q4 2015 – Q1 2016	Board meeting support <ul style="list-style-type: none">• DC modeling assistance• Communications• General Board staff support (in person/phone)
April	Decision (pending AC approval)
June	Formal adoption agreement <ul style="list-style-type: none">• Finalize DC and default plans
June – September	Participant communications <ul style="list-style-type: none">• Tools to support plan sponsor communication• General Board mailing in August
September – October	Participant workshops (conducted by plan sponsors)
Early November	Annual Election period

Transition Factors

- **Transparency**
 - Actual premium rates available to participant
 - Variations between contribution and church deductions
 - **Blending premiums**
 - **Plan sponsor administrative costs**
- **Communication and education**
 - General Board supports (train the trainer, toolkits)
 - Plan sponsor resources (time, trainers)

Roles and Responsibilities

General Board

- Maintain system, reporting and billing (to conference)
- Consultation and guidance in DC approach
- Decision support tools (participant and plan sponsor)
- Participant communications and **materials for plan sponsor use**
- Resource for **plan sponsor** questions and clarification

Plan Sponsor

- Billing, reporting and supports for local churches
- Select DC and default plans
- Obtain annual conference vote; gain participant buy-in
- **Participant education, including workshops** (pre-conference, fall)
- Resource for **participant** questions and clarification

HealthFlex Exchange—Conceptual Framework

More Plan Options

5-6 Medical/Rx • 3 Dental • 2 Vision Options



Higher premiums,
lower out-of-pocket



Lower premiums,
higher out-of-pocket



YOU “shop” for plan with “credit” (DC)



More premium owed



Less premium owed

Premium costs offset by “credit”
(fixed defined contribution)



Premium < DC (“credit”)
= “Excess” deposit to:
HRA or HSA*

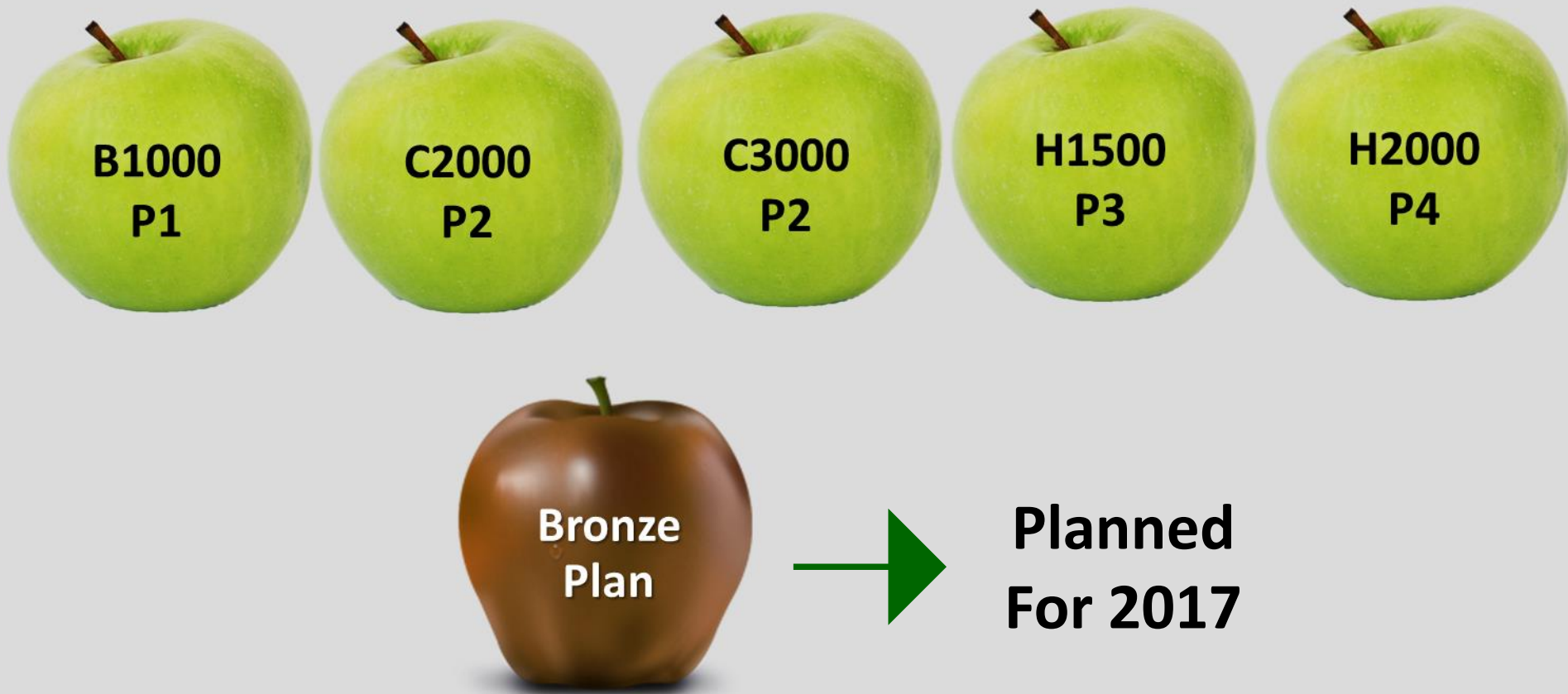
or



Premium > DC
= Salary Deduction
(medical, dental, vision)

* HRA: Health reimbursement account; HSA: health savings account

Medical/Rx Plan Choices



Health Accounts—Overview

**Tax-advantaged accounts offered with deductible-based plans—
encourage participants to become more involved
in their own health care decisions**

HRA—CDHP	HSA—Qualified HDHP
C2000 (\$1,000 participant / \$2,000 family)	H1500 (\$750 participant / \$1,500 family)
C3000 (\$250 participant / \$500 family)	H2000 (\$500 participant / \$1,000 family)

*** Excess DC from a PPO will fund an HRA;
Bronze HDHP will be HSA-qualified with no plan contribution**

Dental and Vision Plan Choices

Dental*

- Traditional
- PPO
- Passive PPO



Vision*

- **Exam-only**—exams covered (glasses, materials discounted)
→ **Included with medical**
- **Full service**—exam (glasses, materials benefits)
→ **Additional cost**



* Can use defined contribution to pay for applicable premiums;
2017 plans may have modifications from 2016

What Is “Defined Contribution” (DC)?

- New approach to cost share
- Fixed-dollar amount (credit) from the plan sponsor
- Use to “**shop for**” HealthFlex plan





DC—New Approach to Employer Cost Share

- Can be used for medical/Rx, dental and vision plan premiums
- Appears as monthly “credit” toward HealthFlex plans purchase

Total Employee Cost	
Total Cost	\$778.00
Total Credit ⓘ	\$700.00
Credit Used	\$700.00
Credit Remaining	\$0.00
	\$78.00*
	Monthly

New Hire Enrollment	
✓ Dependent Information	
➔ Election Information	
➔ Defined Contribution	\$-700.00
<input type="radio"/> Medical	\$735.00
<input type="radio"/> Dental	\$43.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Flexible Spending Medical	\$0.00
<input type="radio"/> Flexible Spending Dependent	\$0.00
<input type="radio"/> Review	
<input type="radio"/> Confirmation	

DC Helps Participant Pay for Plan(s)

	Monthly DC Amount	Monthly Plan Premium(s)	Difference
 Pastor John	\$600	\$700	-\$100
 Pastor Judy	\$600	\$500	+\$100

Premium (plan choice)
more than allocated DC (credit)

PPT owes
MORE

Additional monthly cost is
deducted from paycheck
(if applicable)

or

Premium (plan choice)
Less than allocated DC (credit)

PPT owes
NOTHING

Remaining monthly DC balance
is credited to PPT's HRA or HSA
(if applicable; depending on
plan selected)

HealthFlex Premium Funding

100%

**Billed to plan sponsor
(conference)**

**Conference bills local
church for DC + any
participant overage**

- DC could be blended or passed through directly to local church

DC Modeling

- Compare current sponsor and participant contributions with potential DC levels
 - Select DC to align with **current vs. gold vs. silver** funding level
 - Assess financial impact of various DC levels across population
- Q4/Q1 preliminary modeling—use 2016 models
- 2017 models available early March

General Board of Pension and Health Benefits of the United Methodist Church

Defined Contribution Exchange Model

Inputs

Plan Sponsor Name Here

Current Net Sponsor Monthly Cost

Monthly			
Current Plans	Single	Two Party	Family
PPO B1000 (P 1)	585.53	1,111.85	1,404.15
N/A			
Annual			
Current Plans	Single	Two Party	Family
PPO B1000 (P 1)	7,026	13,342	16,850
N/A	0	0	0

Migration Assumptions

Current Plans		
Exchange Plan	PPO B1000 (P 1)	N/A
PPO B1000 (P 1)	90%	0%
CDHP Gold (P 2)	0%	50%
HDH Gold (P3)	10%	50%
CDHP Silver (P2)	0%	0%
HDH Silver (P3)	0%	0%
Leave HealthFlex	0%	0%

Migration Guidelines

Current Plans			
Exchange Plan	PPO B1000 (P 1)	PPO B1000 (P 2)	CDHP (P 2)
PPO B1000 (P 1)	90%	90%	0%
CDHP Gold (P 2)	0%	0%	50%
HDH Gold (P3)	10%	10%	50%
CDHP Silver (P2)	0%	0%	0%
HDH Silver (P3)	0%	0%	0%

Annual Defined Contribution Amounts

	Single	Two Party	Family
Total	7,000	13,000	16,500

Defined Contribution Guidelines

No Participant Contributions			
	Single	Two Party	Family
Current	8,148	15,468	19,548
Gold	8,111	15,397	19,458
Silver	7,097	13,473	17,026
Bronze	6,083	11,548	14,594
Maintain Current Net Sponsor Share			
	Single	Two Party	Family
Current	7,026	13,342	16,850
Gold	6,994	13,281	16,773
Silver	6,120	11,621	14,676
Bronze	5,246	9,961	12,579

High Level Results Summary

Percent Change	
Net Sponsor Cost	-1.6%
Participant Cost	7.8%

Average Number of Winning Exchange Plans

	Single	Two Party	Family
PPO B1000 (P 1)	3.8	3.4	3.5
N/A	0.0	0.0	0.0

Results with a slightly lower DC

Participant Decision Support



Online decision support and
guidance toward plan selection
(**Coverage Advisor, MyChoice**)



Telephonic assistance available
(**Businessolver**)

Coverage Advisor

- **Coverage Advisor—tool available through WebMD to help participant estimate the costs of HealthFlex plans**
 - Estimate based upon expected use of services
 - Customized based upon information provided for each covered member
 - Annualized premiums
- **Coverage Advisor also provides general plan information**
 - Co-insurance, co-pays and out-of-pocket maximums

Consumer Tools to Guide your Health Care Choices



Guide Your Health Care Choices with These Useful Tools!

During Annual Election or any major life event, use [Coverage Advisor](#) to estimate your out-of-pocket medical expenses under the CDHP. Coverage Advisor also can help you estimate how much money to set aside in your flexible spending account (FSA).

All year long, use the following tools to make choices about doctors, hospitals, procedures, and medications that are best for your health and your budget:

- [Estimate prescription drug costs](#)
- Find an in-network [provider](#) for the lowest out-of-pocket costs
- Estimate the [cost of a treatment](#) at different hospitals
- Compare [hospital quality](#) for a treatment or procedure
- Look up eligible expenses under [Flexible Spending Account Information](#)

Coverage Advisor—Family Profile

Profile

We are prefilling the Coverage Advisor with information that we already know about you, your conditions, and your family. Please fill-in the information to the right.

Salary & Location

ZIP Code:

Employment Category:

Pay Period Frequency:

Tax Information

Update the information below to help us provide estimated tax savings that are available.

Filing Status:

Household Income:




Information prepopulated if participant has used
Coverage Advisor in the past

Responses are confidential. Participant's church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

Coverage Advisor—Family Profile

Review and update the health information and estimated health care usage below for you and your family members. You can also add or remove family members as appropriate.

As you make adjustments to the health care utilization, the **Estimated Cost** graphs on the left will automatically update.

 <div>Jane Doe <i>Female, Age 36</i> "I'm in Good Health" UPDATE USER INFORMATION »</div>	<div>(0) Conditions update conditions</div> <div>(2) Visits update visits</div> <div>(7) Medications update medications</div> <div>↓ Show Details</div>
 <div>John Doe <i>Male, Spouse/Domestic Partner, Age 39</i> "I'm in Good Health" UPDATE USER INFORMATION »</div>	<div>(1) Conditions update conditions</div> <div>(11) Visits update visits</div> <div>(2) Medications update medications</div> <div>↓ Show Details</div>
 <div>Baby Doe <i>Male Child, Age 3</i> "I'm in OK Health" UPDATE USER INFORMATION »</div>	<div>(1) Conditions update conditions</div> <div>(20) Visits update visits</div> <div>(10) Medications update medications</div> <div>↓ Show Details</div>

Information about health status of each family member to more accurately estimate costs per plan. General and detailed options available

Responses are confidential. Participant's church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

Coverage Advisor—Update Conditions

Update Conditions

Conditions

Indicate if the family member has any of the conditions below. This will help to provide estimates of health care usage for this family member.

- ☐ Asthma or COPD
- ☐ Heart disease (Coronary artery disease)
- ☐ Chronic musculoskeletal conditions
- ☐ Colon cancer
- ☐ Depression
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Prostate cancer
- ☐ Stroke

Hide Conditions ↑

Detailed information regarding each member's medical conditions

Coverage Advisor—Update Visits

Update Visits

Set To National Averages

Service Category	In-Network	Out-of-Network
Preventive Care Visits	0	0
Primary Care Doctor Visits	1	0
Specialist Doctor Visits	0	0
Therapies (Physical, Occupational, Speech)	0	N/A
ER Visits	0	0
Urgent Care	0	0
Hospital Outpatient Visits	0	0
Hospital Inpatient Visits	0	0
Outpatient Mental Health/Substance Abuse Visits	0	0
Inpatient Mental Health/Substance Abuse Visits	0	0

Hide Visits ↑

Expected number of visits by service type

Coverage Advisor—Update Medications

Update Medications

Specific Medications

Set To National Averages

Medication Name	Drug Type	Retail (30 day supply)	Mail Order (90 day supply)
<div><div>+</div> Update Medications</div>			

General Medications

Drug Type	Retail (30 day supply)	Mail Order (90 day supply)
Generic Medications	<div>0</div>	<div>0</div>
Preferred Brand Medications	<div>0</div>	<div>0</div>
Non-preferred Brand Medications	<div>0</div>	<div>0</div>

Hide Medications ↑

Number of prescriptions at retail and/or mail order,
and whether they are generic, preferred or non-preferred







Coverage Advisor—Cost Summary by Plan

	Cost Summary	Savings	Net Costs	Rollover Balance	Lost Funds
BCBSIL B1000P1 PPO	\$12,203	\$3,419	\$8,784	\$0	\$0
BCBSIL CDHP C2000P2 HRA	\$13,191	\$5,295	\$7,896	\$0	\$629
BCBSIL CDHP C3000P2 HRA	\$13,261	\$3,361	\$9,900	\$0	\$0
Your estimated out-of-pocket expenses are detailed by type of expense. These estimates are based on the your health care usage and the plan's benefits.					
Annual Premium		\$7,164			
Co-Pay		\$0			
Deductible		\$3,000			
Coinsurance		\$2,293			
Prescriptions		\$520			
Other Costs		\$285			
Uncovered Health Care Expenses		\$0			
Total Expenses		\$13,261			
BCBSIL HDHP H1500... HSA	\$13,062	\$4,905	\$8,157	\$3,222	\$0
BCBSIL HDHP H2000... HSA	\$13,344	\$4,635	\$8,709	\$4,880	\$0

Receive cost comparison by plan, including premium and estimated out-of- pocket costs for each plan

Cost estimates are for illustration only. Actual costs may vary.

Coverage Advisor—Benefit Comparison

Feature Compare 				
	General Plan Information	Hide 	 Hide 	 Hide 
		BCBSIL B1000	BCBSIL CDHP C2000	BCBSIL CDHP C3000
Hide	Plan type	PPO	PPO	PPO
Hide	Phone	1-866-804-0976	1-866-804-0976	1-866-804-0976
Hide	Website	https://www.webmdhealth.com/gbophb/default.aspx?secure=1	https://www.webmdhealth.com/gbophb/default.aspx?secure=1	https://www.webmdhealth.com/gbophb/default.aspx?secure=1

	General Coverage Information	BCBSIL B1000	BCBSIL CDHP C2000	BCBSIL CDHP C3000
Hide	Deductible -- Individual	In-Network: \$1,000 Click here for more information Out-of-Network: \$2,000 Click here for more information	In-Network: \$750 Click here for more information Out-of-Network: \$1,500 Click here for more information	In-Network: \$750 Click here for more information Out-of-Network: \$1,500 Click here for more information
Hide	Deductible -- Family	In-Network: \$2,000 Click here for more information Out-of-Network: \$4,000 Click here for more information	In-Network: \$1,500 Click here for more information Out-of-Network: \$3,000 Click here for more information	In-Network: \$1,500 Click here for more information Out-of-Network: \$3,000 Click here for more information
Hide	Co-insurance	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 80% after deductible Out-of-Network: 60% after deductible

MyChoice—Online or by Telephone

- **MyChoice asks questions and uses participant's answers to recommend a medical plan**
 - Questions assess participant's view of overall health, ability to handle a medical emergency, and level of risk aversion
 - Allows participant to personalize usage of medical services to improve the **"Low-Cost" option**
 - **Plan premiums—included**
- **Provides plan comparisons**
 - Participant chooses which plans to see side-by-side

Businessolver Telephonic Support

Participant can contact Businessolver by phone for information regarding HealthFlex Exchange

- Basic plan information (e.g., PPO vs. CDHP vs. HDHP)
- Health account information (FSA, HRA, HSA differences and limits)
- MyChoice “best options”



Businessolver
Monday – Friday 7a.m.-7 p.m. CST

MyChoice—Information Gathering

MyChoice Selection

STEPS

On average, 86% of employees are confused about healthcare benefits. Does this describe you too?

Yep! That's me
I don't understand benefits

I know where my ID card is
I understand some benefits

I'm a pro
I understand benefits really well

MyChoice Selection

STEPS

What does your medicine cabinet look like?

Empty
No regular prescriptions

There is some room
1-2 prescriptions per month

It's full
3-4 prescriptions per month

I need two cabinets
5+ prescriptions per month

MyChoice Selection

STEPS

Would your rainy day fund cover a \$3000 emergency room visit?

I'd get soaked
I don't have much in savings

A light sprinkle
I could cover some of it


I've got an umbrella
My savings will cover it

Questions about health,
risk tolerance, financial situation

Responses are confidential. Participant's church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

MyChoice—Medical/Rx Options

Select your plan

MyChoice Personalize My Usage 

Annual estimated costs are based on national averages.



[Edit](#)

Your Cost Monthly

[Select](#) BCBS CDHP C2000-P2

Employee Only	\$820.00
Employee and One Dependent	\$1,558.00
Family	\$1,967.00



[Plan Details](#) ☐ Compare Plan

 **MyChoice** Minimum Annual Cost: \$9,840.00
Estimated Annual Cost: \$13,722.60 

[Select](#) BCBS HDHP H1500-P3

Employee Only	\$807.00
Employee and One Dependent	\$1,533.00
Family	\$1,935.00

[Plan Details](#) ☐ Compare Plan

 **Low Cost** Minimum Annual Cost: \$9,684.00
Estimated Annual Cost: \$12,977.00 

“Best MyChoice Match”



Based on health and financial
circumstances

“Low-Cost” Option



If primary goal is
to limit out-of-pocket expenses

One plan can be both!

*Options are a suggestion only, based on decision support tool.
Participant can select any available plan(s). Cost estimates are for illustration only.
Actual costs may vary.*

MyChoice—Personalize My Usage

MyChoice Personalize My Usage

These usage statistics are based on how you rated the health for all of the individuals to be covered by this policy.

Preventive care/screening/immuni...	1	Inpatient Hospital Care	0
Specialist visit	3	Primary care visit to treat an injury...	4
Outpatient Lab and Pathology	8	Outpatient X-Ray	3
Emergency room services	0	Outpatient Surgery	1
Preferred brand drugs	16	Generic drugs	3

Personalize usage to help estimate costs

Responses are confidential. Participant's church, annual conference, employer, HealthFlex, the General Board or insurance carrier cannot access personal responses. Businessolver is bound by the HIPAA Privacy Rule to protect participant privacy.

Businessolver—Plan Comparison

Detailed Plan Comparison

	UHC PPO B1000-P1	UHC CDHP C2000-P2	UHC HDHP H1500-P3
	Select	Select	Select
Deductible (Individual)	\$1,000 (assumes completion of the Health Quotient requirements)	\$2,000 (assumes completion of the Health Quotient requirements)	\$1,500 Applies to participant-only coverage. Assumes completion of the HealthQuotient requirement.
Deductible (Family)	\$2,000 (assumes completion of the Health Quotient requirements)	\$4,000 (assumes completion of the Health Quotient requirements)	\$3,000 Applies to participant + 1 and family coverage. Assumes completion of the HealthQuotient requirement.
Coinsurance	80% (plan responsibility)	80% (plan responsibility)	80% (plan responsibility)

View side-by-side coverage comparisons

Once Plan Selected: View Defined Contribution

Defined Contribution

The Defined Contribution provided by your Plan Sponsor appears as a monthly credit that is applied to the monthly cost of your benefits. Once you have elected a medical plan and coverage tier and click 'Next,' your Defined Contribution will be reflected as 'Total Credit' in the 'Total Employee Cost' window to the right. The Total Credit and Total Employee Cost amounts may adjust if the coverage tier is changed, if you add or remove dependents from coverage, and as you select your other benefits (e.g., dental)

Your Defined Contribution / Total Credit may not be accurate until you select a medical plan and click 'Next.'

Select your plan

Your current credit amount of \$838.00 Monthly can be applied toward your Medical, Dental, Vision benefits.

Credit Summary

Total Credit Used: \$768.00
Credit Remaining: \$70.00

Your Cost Monthly



Selected

Employer Defined Contribution

\$-838.00

Credit Balance Options

Credit Balance: \$70.00

☐ Excess defined contribution will be funded to your HRA or HSA.

Total Employee Cost

Total Cost	\$768.00
Total Credit ⓘ	\$838.00
Credit Used	\$768.00
Credit Remaining	\$70.00
	\$0.00*
	Monthly

New Hire Enrollment

☒ Dependent Information

☒ MyChoice

☒ Election Information

☒ Defined Contribution **\$-838.00**

☐ Medical **\$768.00**

☐ Additional Benefits **\$0.00**

☒ Dental **\$0.00**

☐ Vision **\$0.00**

☐ Health Savings Account **\$0.00**

☒ Flexible Spending Medical **\$0.00**

☐ Flexible Spending Dependent **\$0.00**

☐ Review

☐ Confirmation

Defined contribution amount shows how much money plan sponsor will contribute; amount will change based upon tier or waiving coverage.

Any unspent dollars will be added to participant's HRA or HSA (depending upon medical plan selected).

Dental and Vision

Dental

Please make your dental election. The Plan requires the same Individuals be enrolled in medical and dental coverage.

Select your plan

Your Cost Monthly

Select Passive PPO

Employee Only	\$40.00
Employee and One Dependent	\$80.00
Family	\$111.00

✓ Selected PPO

Employee Only	\$44.00
Employee and One Dependent	\$88.00
Family	\$124.00

Select Traditional

Employee Only	\$56.00
Employee and One Dependent	\$112.00
Family	\$157.00

Vision

Please make your vision election. The Plan requires the same Individuals be enrolled in medical and vision coverage.

VSP Exam Core is included with your medical coverage at no additional cost. VSP Full Service may be elected at an additional cost. Dropping vision coverage does not reduce your monthly cost.

Select your plan

Your Cost Monthly

Select VSP Exam Core

Employee Only	\$0.00
Employee and One Dependent	\$0.00
Family	\$0.00

✓ Selected VSP Full Service

Employee Only	\$5.11
Employee and One Dependent	\$7.95
Family	\$13.02

Participants choose dental and vision plans or “drop” this coverage.

Health Savings Account (HSA) Election and Attestation

Health Savings Account

Please make your Health Savings Account (HSA) personal contribution election. The maximum amount you can elect has been reduced by the HSA plan contribution from your plan sponsor so you do not exceed the HSA Annual Contribution Limit established by the Internal Revenue Service (IRS).

Note 1: Please enter \$0 if you prefer not to contribute your own money to your HSA (HealthFlex contribution only).

Note 2: Participants receiving an HSA are not eligible for a full-use Medical Reimbursement Account [MRA, i.e., a health flexible spending account (FSA)] or full-use Health Reimbursement Account (HRA), including a spouse's MRA or HRA. An MRA or HRA balance that is a carryover from a previous year will be converted to a limited-use MRA or limited-use HRA. Any current year MRA contributions will be contributed to a limited-use MRA. Limited-use MRAs and limited-use HRAs can be used for dental and vision claims only. Participants receiving an HSA are eligible for a full-use Dependent Care Account (DCA, i.e., a dependent care FSA).

Select your plan

☒ Selected **H1500 HSA**

There are 5 remaining pay periods.
You can elect an annual amount up to \$6,250.00 ⓘ

Annual HSA Contribution: \$

Waive Coverage

By selecting the Health Savings Account, I confirm that: I am not enrolled in Medicare, TriCare or any other Health Care Plan, and I agree that HealthFlex can establish an HSA account on my behalf.

I have read and I understand and accept the terms and conditions of the HSA Bank Disclosure Form, the Certifications and HSA Adoption Agreement, and the Custodial Account Agreement which are included in the links below. This includes my authorization for the Custodian or its affiliate Bank of New York Mellon to accept instructions from me to exchange shares in my account by telephone. In accordance with HSA program restrictions and the procedures and conditions set forth in the applicable Funds' prospectuses, I also understand that I may update or change my account beneficiaries at any time using the BNY Mellon's *Beneficiary Designation Form* or the WageWorks/BNY Mellon HSA website via the "Reimbursement Accounts" link through HealthFlex/WebMD. Further, I have elected to apply electronically to open a Health Savings Account. Therefore, my "signature" on this application will be electronic. By submitting this application electronically, I understand that my electronic "signature" is binding to the same extent as my written signature. I have read and understand and accept the terms of this agreement.

Important Notice - The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open your Health Savings Account, we ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals.

Terms

https://www.smart-hsa.com/pdf/getpdf.asp?id=WW-GBP_AgreementDoc

Electronic Statement Delivery

Registering for the electronic delivery of documents service indicates your desire to decline paper statement delivery. If you elect to register for this service, instead of receiving your account statement by regular mail, you will receive an e-mail prompting you to visit your account via the WageWorks/BNY Mellon HSA website via the "Reimbursement Accounts" link through HealthFlex/WebMD when your statement is available on the Internet. We will maintain online access to current statement and prior year statement from the date on which the electronic statement or disclosure is available for viewing at the WageWorks/BNY Mellon HSA website. You understand that, by clicking the "Accept" button below, you are consenting to receive the materials described above electronically over the Internet and that the posting of such materials at the WageWorks/BNY Mellon HSA website constitutes delivery of the materials to you.

<https://www.smart-hsa.com/ElectronicDeliveryAgreement.pdf>

Individuals can attest to HSA eligibility or waive HSA participation.

Medical Reimbursement Account (MRA)

Flexible Spending Medical

Please make your Medical Reimbursement Account (MRA) election. MRA funds are pre-tax dollars available at the beginning of the year when out of pocket medical expenses may be higher (before meeting the deductible). MRA funds must be used by December 31. Up to \$500 can be carried over for use into the following plan year.

You have made an election into a Health Savings Account (HSA) plan, which limits how and when you can use your Medical Reimbursement Account (MRA). If you choose to enroll into a MRA, it will be a Limited-Use MRA that may only be used for dental and vision expenses. Please plan accordingly.

Select your plan



Selected

Medical Reimbursement Account

Annual Amount: \$ 1500

(Annual amount up to a maximum of \$2,550)

Select

Waive Coverage

Participants who elect an HDHP are notified that all MRA elections are limited-use only.

Review/Approve and Confirm

2-step process to review, approve and confirm elections

Review Enrollment

New Hire Enrollment

The following summarizes your elections, pending your approval. After you have verified your information, click the "Approve" button (you must complete this step for elections to be saved). If you would like to make changes or new selections, click on the "Edit" link to the right of the area that you would like to change. You can also return and make changes through your election end date. All elections are subject to The Plan eligibility rules.

If you do not click "Approve", any changes or new elections will not be saved.

Total Employee Cost

Total Cost	\$3,072.02
Total Credit ⓘ	\$838.00
Credit Used	\$838.00
Credit Remaining	\$0.00
	\$2,234.02*
	Monthly

APPROVE ➔

Confirmation

By selecting 'I Agree' you confirm your benefits elections. Your request will be submitted for final approval by the Plan.

By selecting 'I Disagree' your elections will not be submitted and any elections or changes you have made will not be captured.

You can return to Benefitsolver through the end of your election period to update your elections. You must approve and confirm any changes for them to be submitted.

To view and print a complete Benefit Summary, which includes a listing of all benefits, follow these instructions after selecting 'I Agree' below: 1. Click on 'Benefits' from the horizontal menu above 2. Select 'Benefit Summary' 3. Select 'Print.'

Please note: If you made any elections that are not in accordance with the rules and policies of the Plan, the Plan reserves the right to correct your elections and send you an updated confirmation of benefits.

⏪ I Disagree

Total Employee Cost

Total Cost	\$3,072.02
Total Credit ⓘ	\$838.00
Credit Used	\$838.00
Credit Remaining	\$0.00
	\$2,234.02*
	Monthly

I AGREE ➔



Center for Health