



## 2018 HealthFlex Plan Comparison: CDHP C2000 with HRA and HDHP H2000 with HSA

You have two types of plans to choose from:

- 1) a consumer-driven health plan (CDHP) with a health reimbursement account (HRA), or
- 2) an IRS-qualified high-deductible health plan (HDHP) with a health savings account (HSA).

This comparison highlights key differences between the HealthFlex CDHP C2000 plan with an HRA and the HDHP H2000 plan with an HSA. Please refer to the *HealthFlex Benefit Booklet* for more details.

**For both plans:**

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- The medical plan is paired with a specific pharmacy (Rx) plan (either P2 or P4, depending on the medical plan selection).
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payment and co-insurance from medical, behavioral health and pharmacy services.
- All medical and behavioral health services require the deductible to be paid first; then the plan pays the associated co-insurance.

There are also important differences in how each plan covers some services. These differences may inform your plan selection:

For In-Network Benefits	CDHP C2000—P2 ("Gold")	HDHP H2000—P4 ("Silver")
<b>Deductible</b>	Separate deductible for individual vs. family	Full family deductible applies if any dependents are covered
<b>Prescription Drugs (Rx)</b>	Co-payment or co-insurance; do not need to meet deductible	Deductible must be met; then co-payment/ co-insurance
<b>Health Accounts</b> <i>(See Page 2 for details)</i>	Includes an HRA; eligible for full-use medical flexible spending account (FSA, also called medical reimbursement account or MRA)	Includes an HSA; eligible for limited-use medical FSA*

\*Limited to dental and vision expenses only until the participant notifies WageWorks that the IRS-defined deductible has been met; then can be applied for all eligible health care expenses. 2018 IRS-defined deductible: \$1,350 individual coverage/\$2,700 family coverage

The deductible, co-payment and annual out-of-pocket maximum are the participant’s share to pay. All other “benefits” are the amounts or percentages that the plan (HealthFlex) pays for a service.

*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. Please see the HealthFlex Benefit Booklet and Summaries of Benefits and Coverage for more details.*

## Health Accounts Comparison

Health Account Type and Funding	C2000 with HRA	H2000 with HSA
HRA Single/Family	<ul style="list-style-type: none"> <li>\$1,000 individual coverage</li> <li>\$2,000 family coverage</li> </ul>	Not applicable
HSA Single/Family	Not applicable	<ul style="list-style-type: none"> <li>\$500 individual</li> <li>\$1,000 family</li> <li>Personal contribution allowed</li> </ul>

## Medical Plan Benefits Comparison

Plan Feature	IN-NETWORK Participating Provider Benefit		OUT-OF-NETWORK <sup>1</sup> Non-Participating Provider Benefit	
	CDHP C2000/P2 "Gold"	HDHP H2000/P4 "Silver"	CDHP C2000/P2 "Gold"	HDHP H2000/P4 "Silver"
<b>Lifetime Benefit Maximum</b>	None	None	None	None
<b>Annual Deductible (Participant pays)</b> <b>C2000:</b> Deductible includes medical and behavioral health <b>H2000:</b> Deductible includes medical, behavioral health and pharmacy	<ul style="list-style-type: none"> <li>\$2,000 per person</li> <li>\$4,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per person</li> <li>\$4,000 per family</li> </ul> <p><i>If covering dependents in the plan, the full family deductible must be met before the plan pays a percentage.</i></p>	<ul style="list-style-type: none"> <li>\$3,000 per person</li> <li>\$6,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000 per person</li> <li>\$6,000 per family</li> </ul> <p><i>If covering dependents in the plan, the full family deductible must be met before the plan pays a percentage.</i></p>
<b>Annual Out-of-Pocket Maximum (Participant pays)</b> Includes annual deductible and co-insurance. Excludes any charges in excess of Reasonable and Customary charges and non-participating hospital admission co-payment. <sup>1</sup>	<ul style="list-style-type: none"> <li>\$6,000 per person</li> <li>\$12,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$6,500 per person</li> <li>\$13,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$12,000 per person</li> <li>\$24,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>\$13,000 per person</li> <li>\$26,000 per family</li> </ul>
<b>Co-Insurance (Plan pays)</b>	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>
<b>Primary Care Physician (PCP) Office Visits</b> Primary care physicians include internists, general and family practitioners, obstetricians, gynecologists and pediatricians.	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>
<b>Behavioral Health Office Visits</b> Psychiatrist, psychologist, other mental health professionals	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>
<b>Outpatient Therapies</b> Physical therapy, occupational therapy, speech therapy, dietitian visit, chiropractor visit	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>
<b>Specialist Office Visits</b>	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>
<b>Preventive Care</b>				
<b>Well child benefits (under age 16)</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>60%</li> </ul>	<ul style="list-style-type: none"> <li>50%</li> </ul>
<b>Well adult benefits (16 and over)</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>60%</li> </ul>	<ul style="list-style-type: none"> <li>50%</li> </ul>

<sup>1</sup> **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, and covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance.

## Medical Plan Benefits Comparison (continued)

Plan Feature	IN-NETWORK Participating Provider Benefit		OUT-OF-NETWORK <sup>1</sup> Non-Participating Provider Benefit	
	CDHP C2000/P2 "Gold"	HDHP H2000/P4 "Silver"	CDHP C2000/P2 "Gold"	HDHP H2000/P4 "Silver"
<p><b>Outpatient Services</b> Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility.</p> <p>Includes intensive outpatient and residential behavioral health services</p>	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>
<p><b>Emergency Care</b> <i>Notification required within 48 hour if admitted</i></p> <p>Includes behavioral health emergencies</p> <ul style="list-style-type: none"> <li>Physician office</li> <li>Hospital emergency room</li> <li>Outpatient facility or other urgent care facility</li> <li>Ambulance (must be a true emergency as defined in the plan)</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible<sup>2</sup></li> </ul>
<p><b>Maternity Care/Physician Charges</b> <i>Pre-notification required (verify with physician)</i></p>	<ul style="list-style-type: none"> <li>100% for prenatal care (except ultrasounds)</li> <li>80% after deductible for ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits)</li> </ul>	<ul style="list-style-type: none"> <li>100% for prenatal care (except ultrasounds)</li> <li>70% after deductible for ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits)</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> <li>60% after deductible for initial visit to confirm pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> <li>50% after deductible for initial visit to confirm pregnancy</li> </ul>
<p><b>Newborn Inpatient Services (NICU and other non-routine)</b> Separate deductible for newborn</p>	<ul style="list-style-type: none"> <li>80% (no deductible unless readmitted)</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>60% (no deductible unless readmitted)</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>
<p><b>Inpatient Hospital Care (includes Behavioral Health)</b> <i>Pre-notification required (verify with physician)</i></p>	<ul style="list-style-type: none"> <li>80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$200 co-payment per hospital admission, then 60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$200 co-payment per hospital admission, then 50% after deductible</li> </ul>
<p><b>Alternative Therapies</b></p> <ul style="list-style-type: none"> <li>Massage therapy</li> <li>Acupuncture</li> <li>Naprapathy</li> </ul> <p><i>Coverage for chiropractor, naprapathy, acupuncture and massage therapy is limited to 35 combined visits per calendar year</i></p>	<ul style="list-style-type: none"> <li>50% (no deductible)</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>50% (no deductible)</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible</li> </ul>

<sup>2</sup> For "true emergency" as defined in the plan; if not a true emergency, the benefit is 60% after the deductible for the C2000 and 50% after the deductible for the H2000

## Medical Plan Benefits Comparison (continued)

Plan Feature	IN-NETWORK Participating Provider Benefit		OUT-OF-NETWORK <sup>1</sup> Non-Participating Provider Benefit	
	CDHP C2000/P2 “Gold”	HDHP H2000/P4 “Silver”	CDHP C2000/P2 “Gold”	HDHP H2000/P4 “Silver”
<b>Special Services</b> <i>Pre-notification required</i> <ul style="list-style-type: none"> <li>• Skilled nursing facility: 120 days maximum per calendar year</li> <li>• Private duty nursing</li> <li>• Home health care: 60-visit maximum per calendar year</li> <li>• Hospice</li> </ul>	<ul style="list-style-type: none"> <li>• 80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>• 70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>• 60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>• 50% after deductible</li> </ul>
<b>Hearing Benefit</b> <ul style="list-style-type: none"> <li>• Hearing aids—every 24 months</li> <li>• Exam</li> </ul>	<ul style="list-style-type: none"> <li>• 50% after deductible up to \$1,000</li> <li>• 80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>• 50% after deductible up to \$1,000</li> <li>• 70% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>• 50% after deductible up to \$1,000</li> <li>• 60% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>• 50% after deductible up to \$1,000</li> <li>• 50% after deductible</li> </ul>

See Pharmacy Plan Benefits Comparison—page 5.

## Flexible Spending Accounts (FSAs) Availability

<b>Dependent care account (DCA)</b> <ul style="list-style-type: none"> <li>• Available with both plans</li> </ul>	Annual contribution limit: \$300-\$5,000
<b>Medical reimbursement account (MRA)</b> <ul style="list-style-type: none"> <li>• Available with C2000</li> <li>• For H2000: Limited-use MRA* only (limited to dental and vision expenses)</li> </ul>	Annual contribution limit: \$300-\$2,600

\*Limited to dental and vision expenses only until the participant notifies WageWorks that the IRS-defined deductible has been met; then can be applied for all eligible health care expenses. 2018 IRS-defined deductible: \$1,350 individual coverage/\$2,700 family coverage

**Health Reimbursement Account (HRA)**—available with **CDHP C2000**. Your plan sponsor funds the HRA account annually based on individual or family coverage, as noted on page 2. You cannot make personal HRA contributions.

**Health Savings Account (HSA)**—available with **HDHP H2000**. Your plan sponsor funds the HSA account annually based on individual or family coverage, as noted on page 2. You have the option to make additional HSA contributions on a pre-tax basis. For 2018, the maximum contribution (plan plus optional personal contribution) is \$3,450 per year (individual coverage) or \$6,900 per year (if covering at least one dependent). Participant over age 55 can make additional \$1,000 catch-up contribution per year.

**If you select the H2000 plan, your medical reimbursement account (MRA, also called health care flexible spending account or FSA) will be limited to dental and vision expenses until you notify WageWorks that the IRS-defined deductible has been met; then the MRA can be applied to all eligible health care expenses.** (2018 IRS-defined deductible: \$1,350 individual coverage/\$2,700 family coverage)

## Pharmacy Plan Benefits Comparison—Your Share to Pay

Medical Plan	CDHP C2000		HDHP H2000	
Pharmacy Plan	P2		P4	
Deductible	None		<ul style="list-style-type: none"> <li>• \$2,000 individual*</li> <li>• \$4,000 family*</li> </ul>	
Annual Out-of-Pocket Maximum—Combined Medical and Pharmacy Costs	<b>In Network:</b> <ul style="list-style-type: none"> <li>• \$6,000 individual</li> <li>• \$12,000 family</li> </ul>		<b>In Network:</b> <ul style="list-style-type: none"> <li>• \$6,500 individual</li> <li>• \$13,000 family</li> </ul>	
Co-Payments	<b>Retail</b> 30-day supply	<b>Mail</b> 90-day supply	<b>Retail</b> 30-day supply	<b>Mail</b> 90-day supply
Generic	\$15	\$35	\$15 <sup>+</sup>	\$35 <sup>+</sup>
Preferred Brand Name	25%	25%	25% <sup>+</sup>	25% <sup>+</sup>
• Minimum	\$25	\$60	\$25 <sup>+</sup>	\$60 <sup>+</sup>
• Maximum	\$65	\$150	\$65 <sup>+</sup>	\$150 <sup>+</sup>
Non-Preferred Brand Name	30%	30%	30% <sup>+</sup>	30% <sup>+</sup>
• Minimum	\$50	\$95	\$50 <sup>+</sup>	\$95 <sup>+</sup>
• Maximum	\$120	\$260	\$120 <sup>+</sup>	\$260 <sup>+</sup>

\*Combined with medical deductible. Family deductible amount applies if at least one dependent is covered in the plan  
\*After deductible is met

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 Participating Walgreens Retail Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such refills at full price, even if it is a Participating (in-network) pharmacy. Each Retail prescription can be for no more than a 30-day supply.
- **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 plans are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by Wespath Benefits and Investments (Wespath). If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.*

**Please Note:** Due to federal health care reform legislation, certain benefits may be subject to change in the future.