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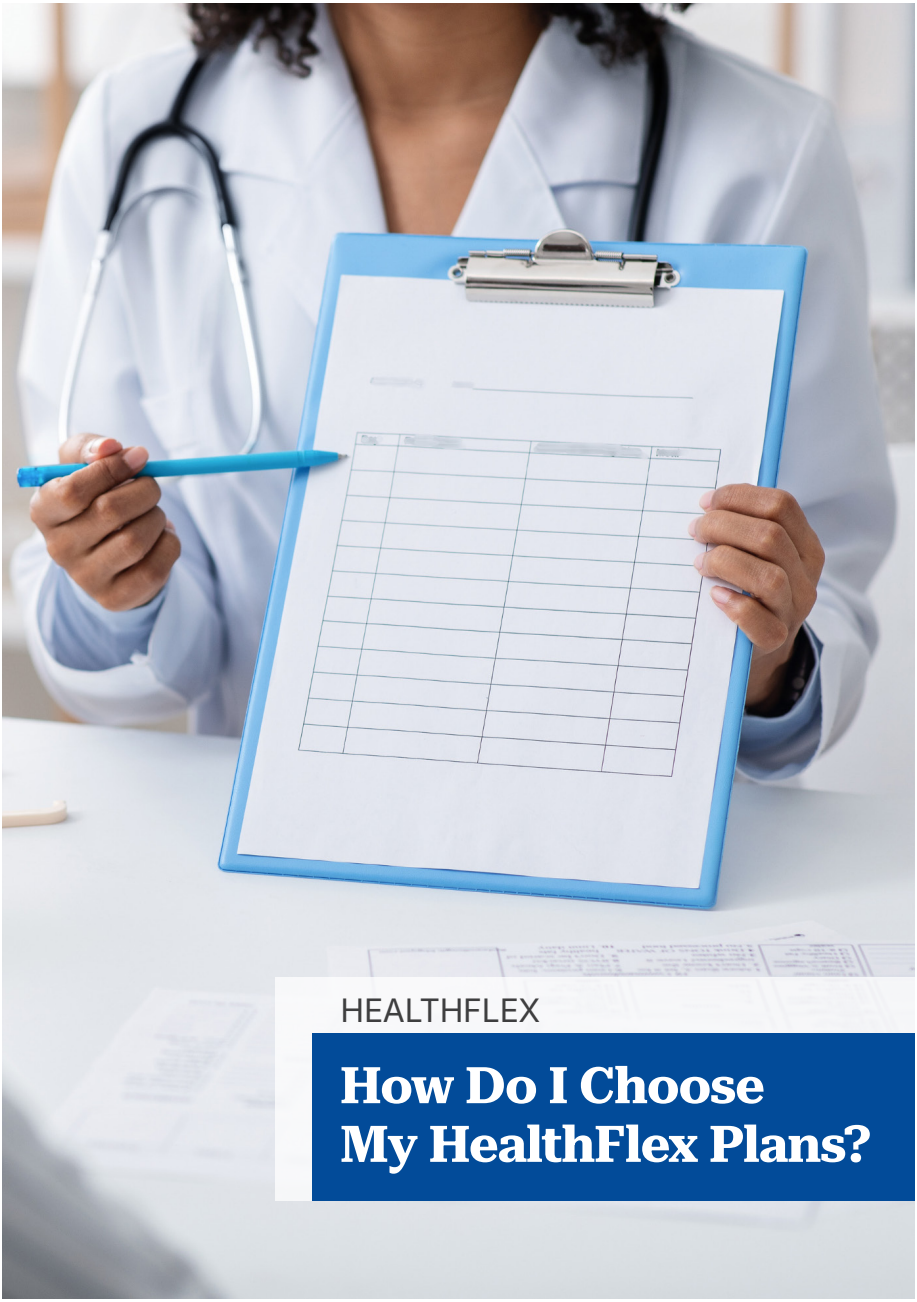

HEALTHFLEX

How Do I Choose My HealthFlex Plans?

What Is Great About HealthFlex?

Plan Options to Meet Your Unique Needs

Everyone's health care needs are different. What works for one individual may not be the best for a family or person with different medical or financial circumstances. With HealthFlex, you choose the plans that are best for you.

You can select from:

4 Medical/Rx | **Up to 3 Dental** | **3 Vision**

With flexibility to select the plans that best fit your budget and health care needs, and more choice over how to allocate your Premium Credit, HealthFlex puts you in control.

Shop for Coverage With Your Premium Credit

A Premium Credit is tax-free money given to you by your annual conference or employer to help toward the premium (or cost) of your HealthFlex coverage. This money is specifically for purchasing the HealthFlex coverage you select. Your credit is applied to your premium—offsetting *what you owe each month.*

Premium Credit Example

	Monthly Premium Credit Amount	Monthly Premium	Difference
Pastor John	**$1,000**	**$1,100**	**-$100**

Pastor John's church or employer **withholds** $100/month from his paycheck for additional premium costs.

Precision Benefits

Precision Benefits is a tool to help you select the right plans. With your consent, Precision Benefits will use up to three years of your historical claims data to provide personalized recommendations and help identify the HealthFlex plans that may best fit your needs.

Use Precision Benefits to:

- Estimate out-of-pocket costs, such as deductibles, co-payments or co-insurance
- Compare HealthFlex plans, see which plan might cost the least overall and learn which plan might be most cost efficient if unexpected costs arise
- Estimate health account contributions

During Annual Election (October 28-November 12), you can look for a banner in **Benefits Access** to make your elections.

Medical Plan Comparisons

There are important differences in how each type of HealthFlex plan covers some services:

		HSA Plans	
Plan Feature		**H2000**	**H5000**
Health Account Employer Contribution		$500 for 1 person $1,000 for > 1 person	None
In-network	Deductible Participant pays all	$2,000 per person $4,000 per family If > 1 person is covered the family deductible always applies	$5,000 per person $10,000 per family
In-network	Co-insurance Participant pays part (Plan | Participants pays)	80% | 20%	100% | 0%
In-network	Out-of-Pocket Max (OOP) After this, plan pays all	$5,000 per person $10,000 per family	$5,000 per person $10,000 per family
Office Visits—All Preventive Visits are Covered at 100%			
Doctor visit **before** deductible is met		Participant pays full discounted cost	
Doctor visit **after** deductible is met		Plan pays 80%	Plan pays 100%
Medical Services			
Hospital stay, lab or x-ray **before** deductible		Participant pays full discounted cost	
Hospital stay, lab or x-ray **after** deductible		Plan pays 80%	Plan pays 100%
Pharmacy		**After** deductible, participant pays copay or co-insurance	**After** deductible, participant pays $0
		Do not need to meet deductible if Rx is on the preventive drug list	
MDLIVE (Behavioral Health and Urgent/ Acute Care)		No cost for plan participants	
Behavioral Health Office and Telehealth Visits (not using MDLIVE)		Participant pays full discounted cost until deductible is met	
		then plan pays 80%	then plan pays 100%

See *HealthFlex Plan Comparisons* for more benefit details by plan.

HRA Plan	Traditional PPO Plan
C2000	**B1000**
$500 for 1 person $1,000 for > 1 person	None
$2,000 per person $4,000 per family	$1,000 per person $2,000 per family
80% | 20%	80% | 20%
$5,000 per person $10,000 per family	$5,000 per person $10,000 per family
Participant pays full discounted cost	$30 PCP*/ $50 specialist
Plan pays 80%	$30 PCP*/ $50 specialist
Participant pays full discounted cost	Participant pays full discounted cost
Plan pays 80%	Plan pays 80%
Participant pays copay or co-insurance	Participant pays copay or co-insurance
No cost for plan participants	
No deductible Plan pays 80%	$15

* PCP: Primary Care Provider

Dental and Vision Plan Comparisons

Dental	Passive PPO 2000	PPO	Dental HMO
Preventive/Diagnostic Services Covered at 100%	✔	✔	✔
Coverage for basic and major restorative care, plus orthodontia up to age 19	✔	✔	✔ (Plus adult orthodontia)
Same benefits whether your dentist is in-network or not	✔		
More generous benefits if you see an in-network dentist[1]		✔	
In-network benefits only, with narrower provider network			✔
Annual maximum benefit	**$2,000**[2]	**$2,000**[2] (in network) **$1,000**[2] (out of network)	No benefit max; see charge schedule

Vision	Exam Core	Full Service	Premier
Basic eye exam for $20	✔	✔	✔
Discount-only for glasses and contacts	✔		
Allowance toward glasses and/or contacts		**$160**[3]	**$200/year**[4] (each)

1 HealthFlex uses the Cigna PPO Advantage network for the PPO and Passive PPO. The Dental HMO uses the Cigna Dental Care Access Plus Network.

2 Increases $150/year for 3 subsequent years if you get regular preventive checkups.

3 Glasses—frames and lenses—or contacts every 12 months.

4 The Premier plan allows for two pairs of glasses every 12 months, or one pair of glasses and contact lenses.

How Do Health Accounts Work?

Choosing a plan with a health account option may save you money on taxes and help you better manage your health care expenses. HSAs, HRAs and FSAs are all offered by HealthFlex. They share some similar traits, but have important differences.

	HealthFlex HSA	HealthFlex HRA	HealthFlex Health Care FSA
Which Plans?	H2000, H5000*	C2000	All
How Funded?	Plan sponsor and individual	Plan sponsor	Individual
Earnings/ Interest	May earn tax-deferred investment earnings	None	None
Tax Implications**	Triple tax advantage: **1.** Contributions are excluded from federal income tax **2.** HSA earnings accrue tax-free **3.** HSA withdrawals, including investment earnings, are tax-free for eligible expenses	**1.** Plan sponsor contributions are excluded from your gross income and are not subject to federal income tax **2.** HRA withdrawals 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	$4,500 individual $9,000 family Individuals 55+ may contribute extra $1,000 annually	Determined by plan sponsor	$3,300 (2026 contribution amount) For 2027 Health Care FSA annual funding limits, visit **irs.gov**.
Carry-Over at Year-End	Unlimited carry-over	Unlimited carry-over as long as you remain in HealthFlex (and through retirement)	Up to $660 (2026 amount, subject to IRS adjustment)
If You Retire	Unused balance remains with you indefinitely regardless of employment/appointment	Unused balance remains until exhausted	Eligible expenses through your last date of HealthFlex coverage ***Deadline to file claims:*** 90 days after leaving HealthFlex
If You Terminate Employment or Waive HealthFlex	Unused balance remains with you indefinitely regardless of employment/appointment	Unused balance can be used for eligible expenses for up to 90 days after termination or waiver	Eligible expenses through your last date of HealthFlex coverage ***Deadline to file claims:*** 90 days after leaving HealthFlex

* H5000 has no plan sponsor contribution for HSA unless the premium credit your plan sponsor provides is more than the cost of the options you elect.

** Please consult your tax adviser if you will soon be Medicare-eligible. There may be additional tax implications.

Make Your 2027 HealthFlex Elections—October 28 through November 12, 2026

This is your only opportunity to select 2027 HealthFlex benefits, change who you'll cover and elect health account contributions. To make your elections for 2027, log into **BenefitsAccess.org** and click the banner for **Annual Election** at the top of the page beginning October 28.

- Use Precision Benefits to estimate costs under each plan and explore your health account options
- Select your HealthFlex plans—medical, dental and vision
- Choose which eligible dependents to cover in 2027
- Contribute to health accounts for pre-tax savings in 2027 and to save for future health needs

If you don't make any elections, you will either remain in your current elections or default into the most similar plan if your current plan is no longer available. If you are making health account contributions in 2026, they will not continue into 2027. HSA contributions can be changed mid-year, but FSA contributions cannot.

After Annual Election, you can only change benefits, add or drop dependents, or make new FSA elections if you experience a qualifying "change of status" event, such as marriage, divorce, death of a spouse, birth/adoption of a child, or loss of spouse's health coverage. If you have an HSA, you can change your HSA elections/contributions through November of that year, without a change of status event. However, you cannot reduce your contributions mid-year to an amount less than you have already contributed year-to-date.

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