



# **HealthFlex for North Carolina Conference: Ensuring Access to Behavioral Health Benefits**



**Wespath**  
BENEFITS | INVESTMENTS

# Wespath Clergy Well-Being Survey— Most Recent Report: 2023



# Clergy Emotional Well-Being Trends

	2013	2023
Feeling tired or without energy	59%	69%
Trouble sleeping	40%	52%
Poor appetite/overeating	36%	44%
Little interest/pleasure in doing things	23%	35%
Feeling down, depressed or have trouble concentrating	19%	32%

In addition to worsening over the past 10 years, the percentage of clergy experiencing functional difficulty from depressive symptoms has been more than twice the National Health and Nutrition Examination Survey (NHANES) benchmark since 2013

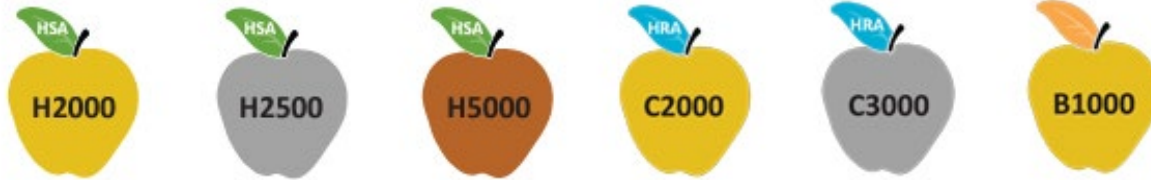




A hand holding a magnifying glass over a sunset landscape. The sun is low on the horizon, creating a warm orange glow. The magnifying glass is held in the foreground, focusing on the sun. The background shows a hazy landscape with hills and a few lights.

**Emotional Well-Being  
Support is a Critical  
Component of HealthFlex!**

# 2024-2025 HealthFlex Benefit Options



**6 Medical/Behavioral Health/Rx Plans**



**Up to 3 Dental Plans**



**3 Vision Plans**



**Health and Reimbursement Account Options**

# All HealthFlex Plans—How They Work

You pay all

You pay part/plan pays part

Plan pays all of covered expenses

Deductible

Co-insurance

No cost-share




You can use your health account \$

**Out of Pocket (OOP) max**  
\$5,000 for an individual  
\$10,000 for a family  
Same for **ALL** plans

Non-covered expenses and dental/vision expenses do not apply to the deductible and OOP max



# Benefits In All Plans—Behavioral Health

	 HSA Plans	 HRA Plans	 B1000
See the therapist, doctor, or provider of <b>your choice</b> , without a referral	✓	✓	✓
<b>Broadest, nationwide</b> Blue Cross Blue Shield network access	✓	✓	✓
<b>Out of network, outpatient behavioral health counseling treated as in-network!</b>	✓	✓	✓
Coverage for the <b>same services and medications</b>	✓	✓	✓
<b>Well-being</b> programs and incentives focused on emotional well-being	✓	✓	✓

# Access to Broad BCBS Nationwide PPO Network

- Solid network access throughout North Carolina, but subject to nationwide shortages
- Same benefit level for outpatient counselling even if not in network
- Advantage of in-network providers:
  - Lower contracted rate
  - Provider submits claims on your behalf
  - No need to pay up front and wait for reimbursement.





# Additional Access to MDLIVE Behavioral Health

- Virtual access to psychotherapy, psychiatric services, evaluation and management
- Quicker appointment turnaround
- Always someone taking new patients
- Can continue with the same provider
- **\$0 out of pocket cost through 12/31/2024**

**MD Live**

**By EVERNORTH**

# Programs to Support Emotional Well-Being



**Virgin Pulse (Personify Health)**—Tools to support all dimensions of well-being and track healthy habits

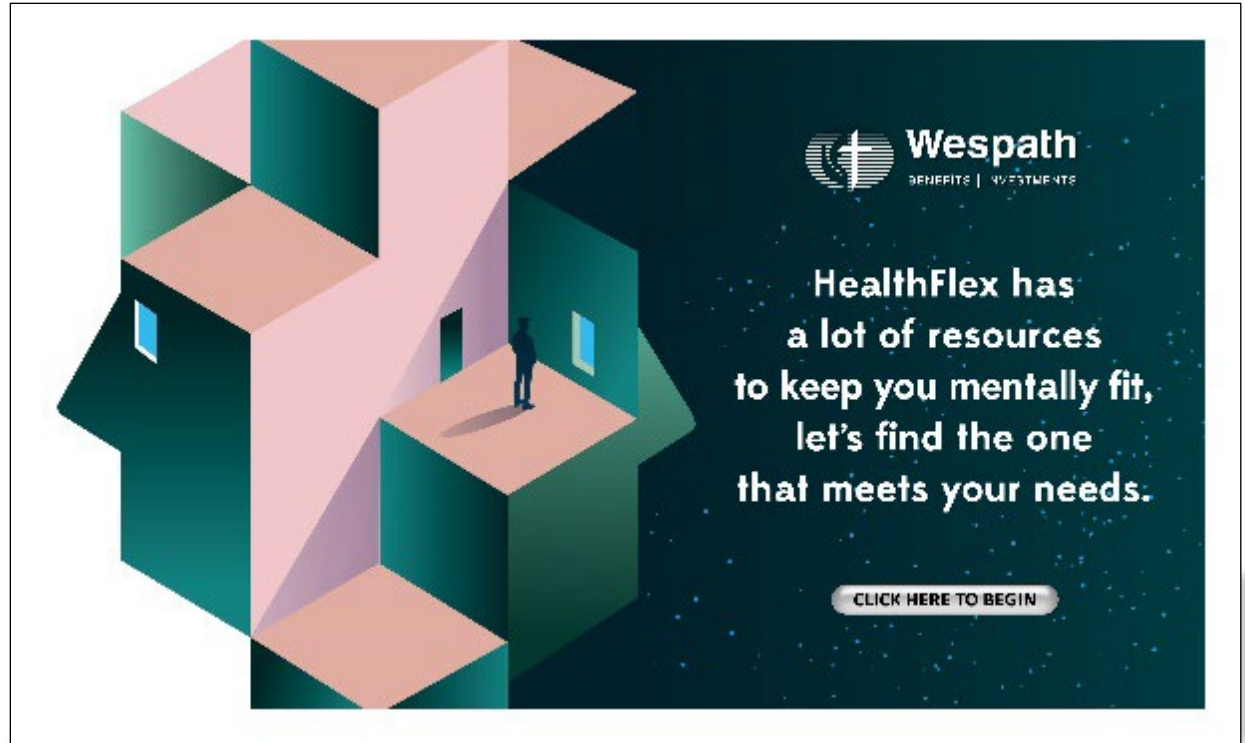


**Health Coaching (Personify Health)**—Guidance from certified professionals to meet well-being goals






**Employee Assistance Program (EAP) and WorkLife Services**—Confidential and free support services around emotional well-being

# Interactive Guide to Mental Health Resources



# How Plan Types Differ—Behavioral Health

	 HSA Plans	 HRA Plans	 B1000
<b>Behavioral Health Office Visits</b>	Co-insurance <i>after</i> deductible is met*	Co-insurance only (does not apply to deductible)	\$15 fixed co-payment (does not apply to deductible)
<b>Medications</b>	Co-payment or co-insurance <i>after</i> deductible is met*	Co-payment or co-insurance (does not apply to deductible)	

\* Does not apply to H5000, where OOP maximum = deductible

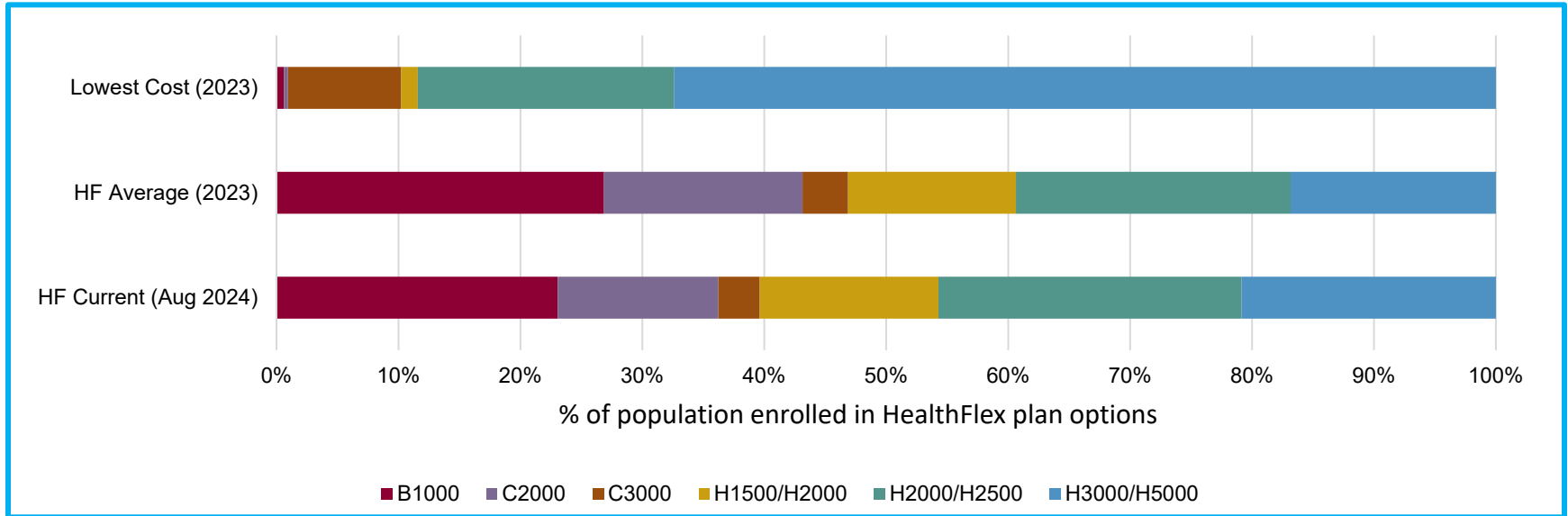
# How Plan Types Differ—Behavioral Health

Services	H2000	H2500	H5000	C2000	C3000	B1000
<b>In-Network Outpatient Behavioral Health Office Visit (average \$80, discounted from \$140)</b>	Plan pays 80% after deductible  \$80, then \$16 after deductible	Plan pays 70% after deductible  \$80, then \$24 after deductible	Plan pays 100% after deductible  \$80, then \$0 after deductible	Plan pays 80%; do not need to meet deductible  \$16	Plan pays 50%; do not need to meet deductible  \$40	\$15 co-pay, then plan pays 100%  Always \$15

In-network benefit level applies even if provider is not in-network



# Most Will Save in an HSA Plan



**Many NC households have an opportunity to save money by choosing a lower cost plan, but managing cash flow early in the year is a key consideration!**

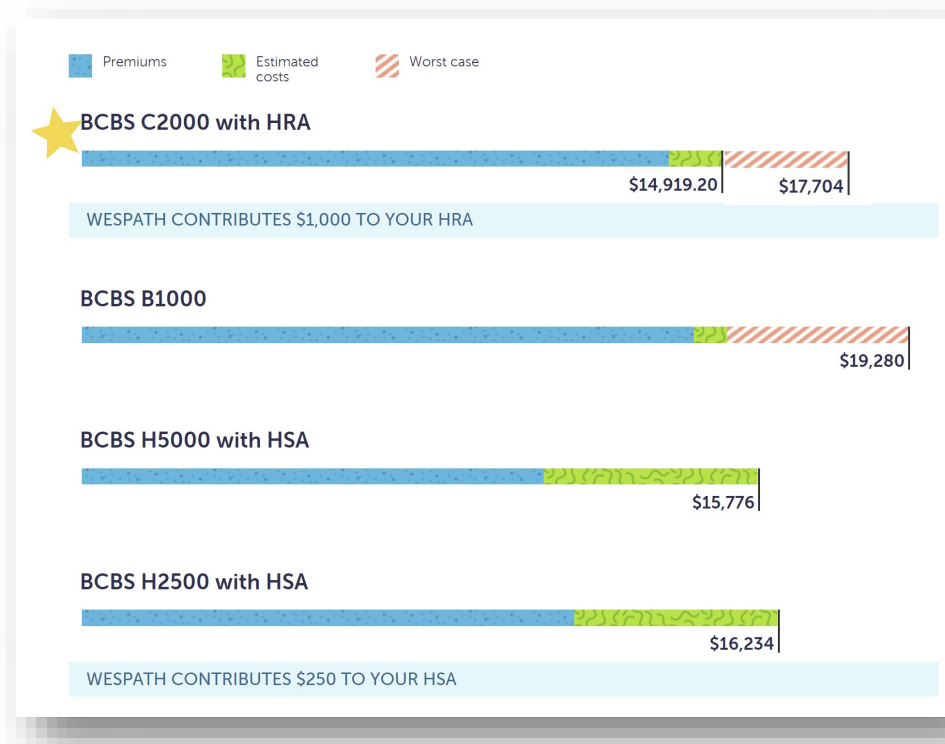


# ALEX Benefits Counselor

- Available for Annual Election
- Explains confusing benefit concepts using simple language
- Approximately 30 minutes to complete
- Personalized recommendation for plan choices and health account contributions
- Lively graphics, animation and humor

<https://www.myalex.com/healthflex/2025/northcarolina>

# ALEX Asks About Behavioral Health Visits



Best plan depends on the constellation of care you expect to receive; this example is based on a single clergy in NC who is expecting weekly behavioral health visits and nothing else.

# Is A Health Savings Account Plan Right For You?

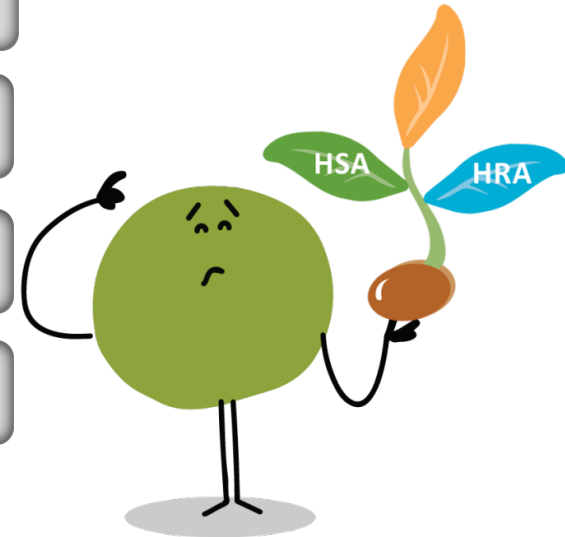
**Net cost (premium + HSA + out of pocket costs) is often lower;  
must adopt strategies to manage cash flow when paying more for services**

Out-of-network claims paid up front and reimbursed.

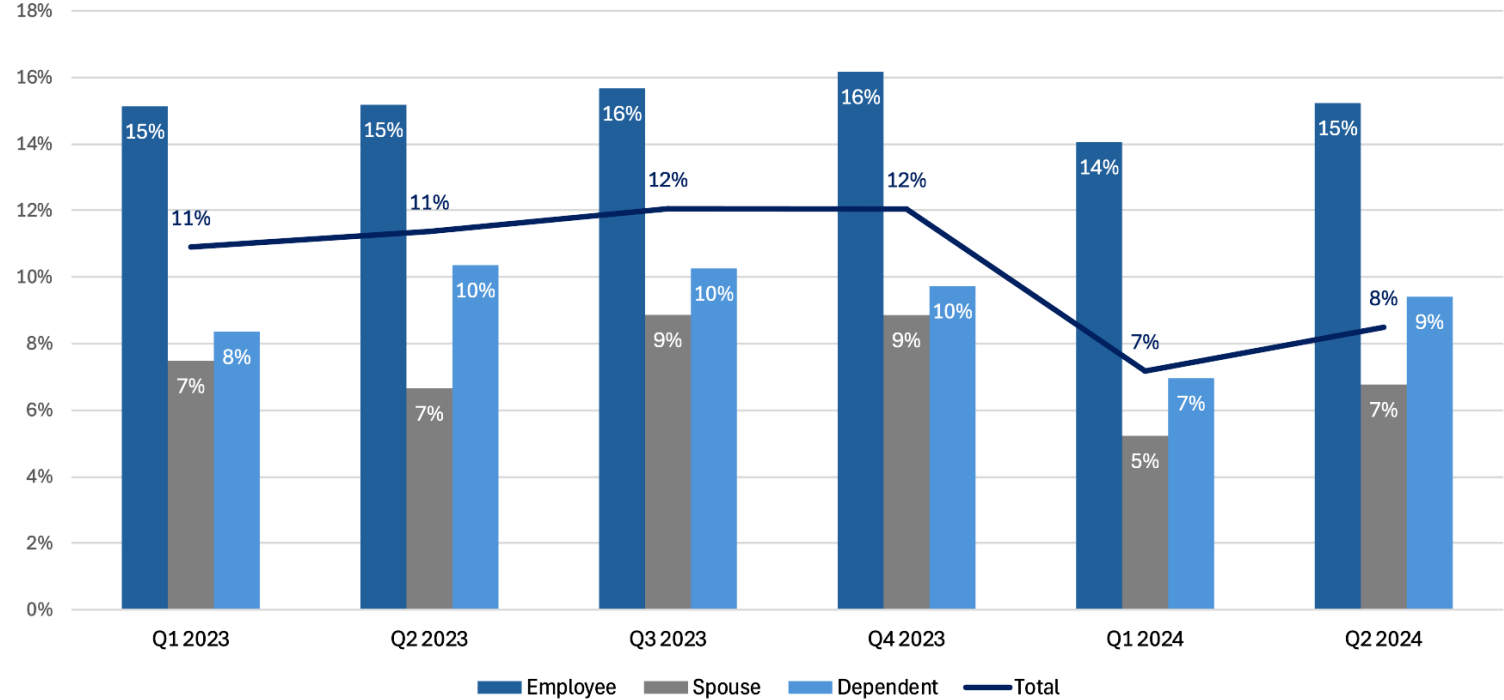
Leverage HSA and payment plans

Maximize end of year HSA contributions, if possible

Consider low or no-cost options, where available



# North Carolina Participants Using Nearly Twice the Mental Health Care as HealthFlex Average





**If You Love Your Out-of-Network  
Mental Health Provider,  
HealthFlex Will Cover Outpatient  
Counseling at In-Network Levels!**



# Submitting Out of Network Claims (2024)

**BlueCross BlueShield of Illinois**  
Claim Form to Pay Insured/Subscriber

Each item on this form needs to be completed. Instructions for completion are listed on the reverse side.

Please print or type.

1 Insured/Subscriber Name (Last, First, Middle Initial)  
Mailing Address  
City and State ZIP Code  
Insured Employed?  Yes  No  Retired  
Date of Retirement: Month Day Year

2 Group Number  
Insured/Subscriber Identification Number (from ID card)  
Patient's Full Name (Last, First, Middle)  
Patient's Sex Patient's Date of Birth: Month Day Year  
Patient's Relationship to Insured:  Self  Spouse  Child  Other (specify):  
Month Day Year

3 Type of treatment received:  
Check only one type and attach itemized statements. Please use separate claim forms for each different type of treatment.  
Please note: Preventive care includes immunizations, routine well baby care, routine physical examinations, vision and hearing exams.  
 Injury - Date of accident: \_\_\_\_\_  
 Illness - Date of first symptom: \_\_\_\_\_  
 Pregnancy - Date of conception: \_\_\_\_\_  
 Preventive - Date of service: \_\_\_\_\_

4 Describe: Diagnosis, symptoms of illness or injury or explain preventive or routine care received.

5 Was illness or injury work related?  Yes  No Name and address of employer: \_\_\_\_\_

6 If injury, was a motor vehicle involved?  Yes  No  
Month Day Year

7 Is patient covered under any other health benefits plan (besides Medicaid, Medicare or CHAMPUS)?  Yes  No  
Insurance Co. \_\_\_\_\_ Effective date of coverage: \_\_\_\_\_  
Address \_\_\_\_\_ Sex of insured:  Male  Female  
Employer \_\_\_\_\_ Date of birth of insured: \_\_\_\_\_  
Insured name \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
Policy # \_\_\_\_\_  
If the other coverage is primary, attach the other insurance company's Explanation of Benefits.

8 Medicare - Is the patient:  
a) Entitled to benefits under Medicare insurance (Part A)?  Yes  No Effective: \_\_\_\_\_  
b) Entitled to benefits under Medicare insurance (Part B)?  Yes  No Effective: \_\_\_\_\_  
c) Entitled to benefits under Medicare due to a disability?  Yes  No Effective: \_\_\_\_\_

9 Patient's Medicare Identification Number (from Medicare ID card): \_\_\_\_\_  
I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any Hospital, Physician, Dentist, Provider, Insurance Carrier or other entity to give Blue Cross and Blue Shield of Illinois, upon request, any financial information. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.  
Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

10 Total amount for ALL covered services and supplies received. \$ \_\_\_\_\_  
Itemized Bill(s) for covered services and supplies must be attached. (See Instructions on reverse side.)

Wespath  
Quantum HEALTH

[MemberSubmittedClaims@bcbsil.com](mailto:MemberSubmittedClaims@bcbsil.com)  
Submissions only and inquiries will not receive a response. All Coordinator at (833)762-0876.

the following information to be processed in a timely manner if this information is missing from your submission, claim

(all boxes must be completed/answered)

of service for each procedure, not a date span with

code 99213 billed for \$50 and procedure code 99213 and E0601) on one line with \$70 billed, as an itemized submission

atory) and/or descriptions

receipt, cancelled check, or bank statement.

g.

requested information is complete, please call 833.762.0876 (8:30 am-10 pm EST) or log on to [www.wespathhealth.com](http://www.wespathhealth.com) and use the Care Coordinator chat or secured message feature.

- Submit claim form, itemized bill, and paid receipt
  - [ADMMemberSubmittedClaims@bcbsil.com](mailto:ADMMemberSubmittedClaims@bcbsil.com)
  - Secure message to Care Coordinator
- Can take 30-45 business days to process
- Including all required information is critical! Contact your Care Coordinator if you are unsure!

# Can Still Submit Out of Network Claims From 2023 Through November

**BlueCross BlueShield of Illinois**  
PO Box 66003 • Dallas, TX 75266-0003

**Claim Form to Pay Insured/Subscriber**

Each item on this form needs to be completed. Instructions for completion are listed on the reverse side.

Please print or type.

1 Insured/Subscriber Name (Last, First, Middle Initial) Mailing Address City and State ZIP Code		2 Group Number Insured/Subscriber Identification Number (from ID card) Patient's Full Name (Last, First, Middle) Patient's Sex Patient's Date of Birth Patient's Relationship to Insured	
Insured Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (explain)	
3 Type of treatment received: Check only one type and attach itemized statements. Please use a separate claim form for each different type of treatment. Please note: Preventive care includes immunizations, routine well baby care, routine physical examinations, vision and hearing exams.		<input type="checkbox"/> Injury – Date of accident: _____ <input type="checkbox"/> Illness – Date of first symptom: _____ <input type="checkbox"/> Pregnancy – Date of conception: _____ <input type="checkbox"/> Preventive – Date of service: _____	
4 Describe: Diagnosis, symptoms of illness or injury or explain preventive or routine care received.			
5 Was illness or injury work connected? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of employer			
6 If injury was a motor vehicle involved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7 Is patient covered under any other health benefit plan (besides Medicaid, Medicare or CHAMPUS)? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Co. _____ Effective date of coverage _____ Address _____ Employer _____ Sex of insured <input type="checkbox"/> Male <input type="checkbox"/> Female Insured name _____ Date of birth of insured _____ Policy # _____ Relationship to patient _____			
8 Medicare – Is the patient: a) Entitled to benefits under Medicare insurance (Part A)? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective _____ b) Entitled to benefits under Medicare insurance (Part B)? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective _____ c) Entitled to benefits under Medicare due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective _____			
9 I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any Hospital, Physician, Dentist, Provider, Insurance Carrier or other entity to give Blue Cross and Blue Shield of Illinois, upon request, any medical information. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.			
Signature of insured _____		Date _____	
Daytime telephone number _____			
10 Total amount for ALL covered services and supplies received. \$ _____			
Itemized Bill(s) for covered services and supplies must be attached. (See Instructions on reverse side.)			

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association 228804 1023

- Submit claim form, itemized bill and paid receipt
  - [ActiveTeam@Wespath.org](mailto:ActiveTeam@Wespath.org)
- Will be reimbursed at 2023 plan benefit level
- Please ensure all information is included
- November 30, 2024 is a firm deadline

**Emotional well-being  
matters to Wespath—  
Make sure you are using your  
HealthFlex benefits to the  
fullest!**



# QUESTIONS?







**Wespath**

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