



Wespath

BENEFITS | INVESTMENTS



HealthFlex—Plan Comparisons 2025

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Terms/Acronyms You Need to Know

TERM	DEFINITION
Co-insurance	Percentage of health care expense paid by individual and/or HealthFlex plan
Co-payment	Flat dollar amount individual pays toward health care expense
Credit	Premium Credit – Amount your plan sponsor gives you toward your HealthFlex premiums
Deductible	Amount the individual pays in full before plan co-insurance begins (does not include co-payments)
FSA	Flexible spending account (two types—health care and dependent care)
Formulary	This prescription drug list allows you to see which medications and alternatives are covered by HealthFlex
HMO	Health Maintenance Organization
HRA	Health reimbursement account
HSA	Health savings account
Out-of-Pocket Max (OOP)	Maximum amount the individual pays for covered medical, pharmacy and behavioral health expenses
PPO	Preferred Provider Organization
Premium	Your monthly (or annual) health plan payment to enroll in a plan

CHOICES—MEDICAL, PHARMACY AND BEHAVIORAL HEALTH

This comparison highlights key differences and similarities between the various plans. Please refer to the *HealthFlex Benefit Booklet* for more details.

For all plans:

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payments and co-insurance from medical, behavioral health and pharmacy services. The out-of-pocket maximum does not include payment for dental and vision services.
- Inpatient services and outpatient services/procedures (other than office visits in the B1000) require the deductible to be paid first, then the plan pays the associated co-insurance.



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

Plan Feature	HSA Plans (H2000, H2500, H5000) In Network	HRA Plans (C2000, C3000) In Network	B1000 In Network
Deductible	H2000 and H2500: Full family deductible applies if any dependents are covered H5000: Separate deductible for individual vs. family	Separate deductible for individual vs. family	
Office Visits, Urgent Care, Emergency Room	Deductible must be met; then co-insurance		Co-payments; do not need to meet deductible
Behavioral Health Visits	Deductible must be met; then co-insurance	Co-payment or co-insurance; do not need to meet deductible	
Prescription Drugs (Rx)	Deductible must be met unless on preventive drug list; then co-payment/co-insurance	Co-payment or co-insurance; do not need to meet deductible	
Health Accounts	Includes an HSA ¹ ; eligible for limited-use health care flexible spending account (FSA) ²	Includes an HRA; eligible for full-use health care flexible spending account (FSA)	Eligible for full-use health care flexible spending account (FSA)



The deductible, co-payments and annual out-of-pocket limit are the participant's share to pay. All other "benefits" are the amounts or percentages that the plan (HealthFlex) pays for a service. If you did not take the Health Check during the 2024 incentive period, your deductible will be increased by \$250 (individual coverage) or \$500 (family coverage)—see *Standard Deductible* details on page 3 (footnote). Households with coverage in the H5000 plan in 2025 who do not complete the Health Check in 2024 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

¹ H5000 has no plan sponsor HSA funding unless there is excess premium credit.

² Limited to dental and vision expenses only until the participant notifies HealthEquity that the IRS-defined deductible has been met, then for all eligible health care expenses (2025 IRS-defined deductible: \$1,650 individual coverage/\$3,300 family coverage) Visit www.irs.gov for updated limits.

Health Account Contributions

HRA and HSA applicable accounts and **included** employer contributions.

Health Account Type and Employer Contributions	H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
HRA Single/Family 	Not applicable			\$1,000/\$2,000	\$250/\$500	Not applicable
HSA Single/Family 	<ul style="list-style-type: none"> • 1,000/\$2,000 • Personal contribution allowed 	<ul style="list-style-type: none"> • \$250/\$500 • Personal contribution allowed 	<ul style="list-style-type: none"> • \$0/\$0 • Personal contribution allowed 	Personal contributions not allowed		

In-Network Medical Plan Benefits Comparison

Plan Feature	H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Lifetime Benefit Maximum	None	None	None	None	None	None
Annual In-Network Deductible¹ (Participant pays)	<ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family 	<ul style="list-style-type: none"> • \$2,500 per person • \$5,000 per family 	<ul style="list-style-type: none"> • \$5,000 per person • \$10,000 per family 	<ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family 	<ul style="list-style-type: none"> • \$3,000 per person • \$6,000 per family 	<ul style="list-style-type: none"> • \$1,000 per person • \$2,000 per family
	No individual deductible if more than 1 person is covered			Deductible applies to medical and behavioral health unless otherwise noted below		
	Deductible applies to medical, behavioral health and pharmacy					
In-Network Co-Insurance <ul style="list-style-type: none"> • Plan pays • Participant pays 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible 	<ul style="list-style-type: none"> • 70% after deductible • 30% after deductible 	<ul style="list-style-type: none"> • 100% after deductible • 0% after deductible 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible 	<ul style="list-style-type: none"> • 50% after deductible • 50% after deductible 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible
Annual In-Network Out-of-Pocket (OOP) Maximum— Combined Medical, Behavioral Health and Pharmacy Costs (Participant pays)	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family
	Includes annual deductible, co-insurance and any co-payments ²					

¹ **Standard deductible:** Assumes participant and covered spouse met the Health Check incentive requirement in 2024. If not taken, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage. Households with coverage in the H5000 plan in 2025 who do not complete the Health Check in 2024 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

² Co-payments do not apply to deductible.

In-Network Medical Plan Benefits Comparison

Services	H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Preventive Care • Well person benefits	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician (PCP) Office Visit • Internists • General practitioners • Family practitioners • Obstetricians • Gynecologists • Pediatricians	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$30 co-payment, then plan pays 100%
MDLIVE Telehealth (Urgent/Acute Care)	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$15 co-payment, then plan pays 100%
Behavioral Health Office and Telehealth Visits, including MDLIVE • Psychiatrist • Psychologist • Other mental health professionals	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80%; do not need to meet deductible	Plan pays 50%; do not need to meet deductible	\$15 co-payment, then plan pays 100%
In-network benefit level applies even if provider is not in network.						
Outpatient Therapies • Physical therapy • Occupational therapy • Speech therapy • Dietitian visit • Chiropractor visit Visit limits per calendar year apply to coverage for chiropractic	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$30 co-payment, then plan pays 100%
Specialist Office Visits	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$50 co-payment, then plan pays 100%
Outpatient Services • Outpatient surgery • Outpatient care and outpatient diagnostic services in a hospital • Independent lab and X-ray facility Includes intensive outpatient and residential behavioral health services	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible
Inpatient Hospital Care (includes behavioral health) Pre-notification required—verify with physician	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

In-Network Medical Plan Benefits Comparison

Services	H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Emergency Care <i>Notification required within 48 hours if admitted</i> Includes behavioral health emergencies <ul style="list-style-type: none"> Physician office Hospital emergency room Outpatient facility or other urgent care facility Ambulance (must be a true emergency as defined in the plan) 	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	<ul style="list-style-type: none"> \$30 co-payment¹ per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% \$200 co-payment,^{1,2} then plan pays 100% \$100 co-payment,^{1,2} then plan pays 100% Plan pays 80% after deductible
Maternity Care/ Physician Charges <i>Pre-notification required (verify with physician)</i> <ul style="list-style-type: none"> Prenatal care (except ultrasounds) Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 70% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 50% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible
Newborn Routine Nursery Inpatient Services	Plan pays 80% (no deductible unless readmitted)	Plan pays 70% (no deductible unless readmitted)	Plan pays 100% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)	Plan pays 50% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)
Hearing Benefits <ul style="list-style-type: none"> Hearing exam and evaluation Hearing aid 	<ul style="list-style-type: none"> Plan pays 80% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 70% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 100% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 80% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 50% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> \$50 co-payment, then plan pays 100% Plan pays 50% up to \$3,000 every 24 months. Not subject to deductible.

¹ Co-payments do not apply to deductible.

² Waived if admitted to hospital.

In-Network Medical Plan Benefits Comparison

Services	H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Alternative Therapies <ul style="list-style-type: none"> • Massage therapy • Acupuncture • Naprapathy Visit limits per calendar year apply to coverage for acupuncture and naprapathy	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 100% after deductible	Plan pays 50% Not subject to deductible	Plan pays 50% Not subject to deductible	Plan pays 50% Not subject to deductible
Special Services <i>Pre-notification required</i> <ul style="list-style-type: none"> • Skilled nursing facility (120 days maximum per calendar year) • Private duty nursing • Home health care (60-visit maximum per calendar year) • Hospice 	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

Out-of-Network Medical Plan Benefits Comparison

Please see the HealthFlex Benefit Booklet for more out-of-network details.

Plan Feature	H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Out-of-Network Benefits^{1, 2, 3}	Individual/Family DEDUCTIBLE: • \$4,000/\$8,000 OOP MAX: • \$10,000/ \$20,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: • \$5,000/\$10,000 OOP MAX: • \$10,000/ \$20,000 Co-insurance (plan pays): 50%	Individual/Family DEDUCTIBLE: • \$10,000/20,000 OOP MAX: • \$10,000/ \$20,000 Co-insurance (plan pays): 100%	Individual/Family DEDUCTIBLE: • \$4,000/\$8,000 OOP MAX: • \$10,000/ \$20,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: • \$6,000/12,000 OOP MAX: • \$10,000/ \$20,000 Co-insurance (plan pays): 30%	Individual/Family DEDUCTIBLE: • \$2,000/\$4,000 OOP MAX: • \$10,000/ \$20,000 Co-insurance (plan pays): 60%

¹ **Standard deductible:** Assumes participant and covered spouse met the Health Check incentive requirement in 2024. If not taken, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage. Households with coverage in the H5000 plan in 2025 who do not complete the Health Check in 2024 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

² **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. Covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance. Behavioral health office visits are paid at in-network level for all plans.

³ **OON Benefits:** As required by applicable law, in-network cost sharing rules may apply for certain out-of-network services, including certain emergency services, air ambulance services, and services from an out-of-network provider at an in-network facility. This means the amount you pay for these services may be lower than provided in this chart.

Pharmacy Plan Benefits Comparison

Plan	H2000 with HSA		H2500 with HSA		H5000 with HSA		C2000 with HRA and C3000 with HRA		B1000	
Deductible	<ul style="list-style-type: none"> \$2,000 individual \$4,000 family 		<ul style="list-style-type: none"> \$2,500 individual \$5,000 family 		<ul style="list-style-type: none"> \$5,000 individual \$10,000 family 		None		None	
	Combined with medical/behavioral health deductible ¹									
Annual Out-of-Pocket (OOP) Maximum— Combined Medical, Behavioral and Pharmacy Costs	In Network		In Network		In Network		In Network		In Network	
	<ul style="list-style-type: none"> \$5,000 individual \$10,000 family 		<ul style="list-style-type: none"> \$5,000 individual \$10,000 family 		<ul style="list-style-type: none"> \$5,000 individual \$10,000 family 		With both medical plans <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 		<ul style="list-style-type: none"> \$5,000 individual \$10,000 family 	
	H2000		H2500		H5000		C2000 and C3000		B1000	
Amounts shown: Participant pays	Amounts below reflect cost after meeting deductible									
	30-Day	90-Day	30-Day	90-Day	Participant pays 0% after meeting deductible; preventive drugs are not subject to deductible and have the same copayments as other HealthFlex plans		30-Day	90-Day	30-Day	90-Day
Co-Payments— Generic	\$10 ²	\$25 ²	\$10 ²	\$25 ²			\$10	\$25	\$10	\$25
Preferred Brand-Name	30% ²	30% ²	30% ²	30% ²			30%	30%	30%	30%
• Minimum	\$30 ²	\$75 ²	\$30 ²	\$75 ²			\$30	\$75	\$30	\$75
• Maximum	\$65 ²	\$165 ²	\$65 ²	\$165 ²			\$65	\$165	\$65	\$165
Non-Preferred Brand-Name	40% ²	40% ²	40% ²	40% ²	40%	40%	40%	40%		
• Minimum	\$50 ²	\$125 ²	\$50 ²	\$125 ²	\$50	\$125	\$50	\$125		
• Maximum	\$120 ²	\$300 ²	\$120 ²	\$300 ²	\$120	\$300	\$120	\$300		

¹ **Standard Deductible:** Assumes participant and covered spouse (if applicable) met Health Check incentive requirement in 2024. If not taken, the deductible will be increased by \$250 for individual and \$500 for deductible. Households with family coverage in the H5000 plan in 2025 who do not complete the Health Check in 2024 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

² Co-payments/co-insurance apply after deductible has been met for most drugs. Deductible does not need to be met for medications on the OptumRx preventive drug list.

Two HealthFlex policies related to pharmacy benefits affect the amount you pay out of pocket for prescription drugs.

- **Point-of-Sale Rebates:** Certain drug manufacturers provide rebates on the purchase of their prescription drugs. The price of the drug will be adjusted when you purchase it to reflect the rebate.
- **Specialty Medication Manufacturer Coupons (commonly referred to as “copay cards”):** If you use a coupon provided to you by a prescription drug manufacturer when purchasing specialty medication at Optum Specialty Pharmacy, you will only receive credit towards your deductible and out-of-pocket maximum for the amount you actually pay out-of-pocket when you purchase the drug. You will not receive credit for the amount of the coupon because you did not pay that amount.

Health Flex 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 the amount equal to the applicable Generic Drug Co-payment (e.g., \$10 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). After that, the medication must be obtained in 90-day fills through the OptumRx Mail-Order Pharmacy or through a Walgreens Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such refills at the full price, even if it is a Participating (in-network) pharmacy.
- **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 plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by Wespath Benefits and Investments. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.

CHOICES—DENTAL

This comparison highlights key differences and similarities between dental plans offered through HealthFlex: **Passive PPO 2000**, **Dental PPO** and **Dental HMO**. Dental benefits are provided through Cigna.

The annual deductible and co-insurance amounts are your share to pay. All other benefits shown are the amounts or percentages that the plan pays for a service. **The Passive PPO 2000 and Dental PPO use Cigna's PPO Advantage Network. The Dental HMO uses the Cigna Dental Care Access Plus Network. Visit cigna.com to search for in-network providers.**

Note: Only the Dental PPO and the Passive PPO 2000 include Cigna Dental Wellness PlusSM features. When you or your family members receive any preventive care in one plan year, the annual dollar maximum will increase the following plan year, until it reaches the level specified below.

Refer to the HealthFlex Benefit Booklet for additional plan details.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO
		PPO Advantage Network	Out of Network	
Calendar Year Maximum (Class I, II and III expenses)	Year 1: \$2,000	Year 1: \$2,000	Year 1: \$1,000	No benefit maximum
	Year 2: \$2,150 ¹	Year 2: \$2,150 ¹	Year 2: \$1,150 ¹	
	Year 3: \$2,300 ²	Year 3: \$2,300 ²	Year 3: \$1,300 ²	
	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$1,450 ³	
Annual Deductible • Individual • Family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	No deductible

Note:

- A “passive” PPO allows you to benefit from discounts when receiving services from a PPO Advantage network provider—without a reduction in benefits if you choose to go out of network.
- All out-of-network reimbursement levels are based on 90th percentile of reasonable and customary allowance.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO (Shows Participant Cost)
		PPO Advantage Network	Out of Network ⁴	
Class I—Preventive and Diagnostic Care Oral evaluation, routine cleanings, x-rays, sealants	Plan pays 100% Not subject to deductible	Plan pays 100%	Plan pays 100%	Periodic/comprehensive oral evaluation; prophylaxis: \$0 Sealant: \$12 per tooth Routine cleaning: First two are free; additional cleanings \$45 X-rays panoramic (every 3 years) or bitewings: \$0
Class II—Basic Restorative Fillings, endotics, periodontics, oral surgery, anesthesia, bridge/crown/denture repair	Plan pays 80% Subject to deductible	Plan pays 90%	Plan pays 70%	Each amalgam filling, anterior composite filling: \$0 Posterior composite filling: \$47 – \$115 Oral surgery: Extractions \$12 per tooth; removal of impacted tooth: \$46 – \$125 per tooth Anesthesia: \$190 for the first 30 minutes; \$84 each additional 15 minutes Molar root canal: \$335 Periodontal scaling/root plane: \$42 – \$83 per quad
Class III—Major Restorative Crowns, dentures, implants	Plan pays 50% Subject to deductible	Plan pays 60%	Plan pays 50%	Crown: \$88 – \$150, plus \$410 – \$460 for materials Partial dentures: \$525 – \$715
Class IV—Orthodontia	Plan pays 50% up to \$2,000 (up to age 19) Subject to lifetime maximum	Plan pays 50% up to \$2,000 (up to age 19)	Plan pays 50% up to \$1,000 (up to age 19)	Child orthodontics: \$2,040 Adult orthodontics: \$2,376

¹ Increase contingent upon receiving Preventive Services in Plan Year 1.

² Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.

³ Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.

⁴ Benefits for out-of-network provider is based on 90th percentile of reasonable and customary allowances.

CHOICES—VISION

VSP® Vision Benefits

This comparison highlights key differences and similarities between vision plans offered through HealthFlex:

Exam Core, Full-Service and **Premier**. Vision benefits are provided through VSP.

To use your VSP benefit, register at vsp.com, review your benefit information, and find an eye care provider who is right for you. At your appointment, tell them you have VSP—there is no ID card necessary, but if you would like one as a reference, you can print it at vsp.com. There are no claim forms to submit unless you see an out-of-network provider.

VSP provider network: VSP Choice

Benefit	Exam Core	Full-Service	Premier
WellVision Exam <i>Description</i> <ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$20 co-payment	\$20 co-payment	\$20 co-payment
Prescription Glasses	No coverage	\$20 co-payment	\$20 co-payment (applies to 1 st and 2 nd pair of glasses)
Frame Details	No coverage	<ul style="list-style-type: none"> • Includes \$160 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months 	<ul style="list-style-type: none"> • Includes \$200 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months
Lens Details	No coverage	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months 	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months
Lens Enhancements	No coverage	<ul style="list-style-type: none"> • Standard progressive lenses: 100% • Average savings of 25% – 30% on other lens enhancements • Every 12 months 	<ul style="list-style-type: none"> • Anti-reflective coating: Covered in full after \$25 co-pay • UV Protection: 100% • Standard progressive lenses: 100% • Average savings of 40% on other lens enhancements • Every 12 months
Contact Lenses	No coverage	<i>Instead of glasses</i> <ul style="list-style-type: none"> • Includes \$160 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam up to a maximum \$50 co-pay • Every 12 months 	<i>In addition to glasses</i> <ul style="list-style-type: none"> • Includes \$200 allowance for 2nd pair of glasses, or contacts and contact lens exam fitting and evaluation • 15% off contact lens exam up to a maximum \$50 co-pay • Every 12 months
Additional Coverage	NA	Diabetes Eyecare Plus Program: \$20	Diabetes Eyecare Plus Program: \$20

VSP Vision Benefits




Benefit	Exam Core	Full-Service	Premier
Out-of-Network Coverage	No coverage	<ul style="list-style-type: none"> Exam up to \$45 Frame up to \$70 Single vision lenses up to \$30 Lined bifocal lenses up to \$50 Lined trifocal lenses up to \$65 Progressive lenses up to \$50 Contacts up to \$105 	<ul style="list-style-type: none"> Exam up to \$45 Frame up to \$70 Single vision lenses up to \$30 Lined bifocal lenses up to \$50 Lined trifocal lenses up to \$65 Progressive lenses up to \$50 Contacts up to \$105
Extra Savings	<ul style="list-style-type: none"> 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam 15% savings on a contact lens exam (fitting and evaluation) 	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities 	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility

Coverage with a participating retail chain may be different. Once your benefits are effective, visit vsp.com for details.

HEALTH ACCOUNTS

Comparing HSA vs. HRA vs. FSA




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

	 HealthFlex HSA	 HealthFlex HRA	 HealthFlex Health Care FSA
Which Plans?	H2000 with HSA, H2500 with HSA, H5000 with HSA	C2000 with HRA, C3000 with HRA	H2000 with HSA, H2500 with HSA, H5000 with HSA, C2000 with HRA, C3000 with HRA, B1000
How Funded?	<ul style="list-style-type: none"> • May be funded by plan sponsor¹ • You may make personal contributions to an HSA (optional) • May include extra premium credit (if applicable) 	<ul style="list-style-type: none"> • Funded by plan sponsor only • You may not make personal contributions to your HRA • May include extra premium credit (if applicable) 	<ul style="list-style-type: none"> • You may make personal contributions to your FSA
Earnings / Interest	May earn tax-deferred investment earnings based on account or fund you select	None	None
Tax Implications²	<p>Triple tax advantage:</p> <ol style="list-style-type: none"> 1. Contributions are excluded 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 	<ul style="list-style-type: none"> • Plan sponsor contributions are excluded from your gross income and are not subject to federal income tax • HRA withdrawals are tax-free for eligible expenses 	<ul style="list-style-type: none"> • Your contributions are excluded from gross income and are not subject to federal income tax • FSA withdrawals are tax-free for eligible expenses
Annual Funding Limit 2025	<p>Annual federal limit for total HSA contributions (plan sponsor + your money).</p> <ul style="list-style-type: none"> • \$4,300 (self-only) or • \$8,550 (family) • Individuals over 55 may contribute extra \$1,000 annually (\$5,300 self-only, \$9,550 family) 	<ul style="list-style-type: none"> • No annual limit • Amount determined by plan sponsor 	<p>2024 limits:</p> <ul style="list-style-type: none"> • \$300 minimum—\$3,200 maximum <p>Visit www.irs.gov for updated 2025 limits.</p>
Funds Availability	<ul style="list-style-type: none"> • Any plan sponsor contributions¹ are available for use upon deposit at beginning of plan year • Monthly share of participant contributions and any excess premium credit are available each month on the 5th 	<ul style="list-style-type: none"> • Available for use at beginning of plan year 	<ul style="list-style-type: none"> • Available for use at beginning of plan year

¹ H5000 has no plan sponsor HSA funding unless there is excess premium credit.

² There 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.

Comparing HSA vs. HRA vs. FSA

	 HealthFlex HSA	 HealthFlex HRA	 HealthFlex Health Care FSA
Eligible Expenses / Usage	<ul style="list-style-type: none"> Use primarily for eligible health care expenses for tax dependents¹ 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 only for eligible health care expenses for those covered in the medical plan (not premiums, except after retirement) After retirement: May use for premiums (medical, dental, vision and long-term care)—primary participant only 	<ul style="list-style-type: none"> Use for eligible health care expenses for tax dependents and children under 27 at the end of the tax year May not use for premiums or long-term care
Substantiation / Documentation (“Proof” of Claim)	<ul style="list-style-type: none"> Not required by Wespath or HealthEquity, but you are responsible for reporting any taxable HSA distributions to the IRS 	<ul style="list-style-type: none"> Required² 	<ul style="list-style-type: none"> Required²
Carry-Over at Year-End	<ul style="list-style-type: none"> Unused balance carries over year to year No dollar limit on accumulated balance 	<ul style="list-style-type: none"> Unused balance carries over year to year <i>as long as you remain in HealthFlex</i> and through retirement No dollar limit on accumulated balance 	<ul style="list-style-type: none"> \$640 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 HRA 	<ul style="list-style-type: none"> Compatible with FSA <i>If contributing to HSA, HRA is limited to dental and vision expenses only³</i> 	<ul style="list-style-type: none"> Compatible with HRA. FSA pays first—HRA pays only after FSA funds are exhausted. <i>If contributing to HSA, FSA is limited to dental and vision expenses only³</i>
If You Retire	<ul style="list-style-type: none"> Unused balance is <i>portable; remains with you indefinitely</i> regardless of employment/appointment 	<ul style="list-style-type: none"> As long as you retire in accordance with retirement rules of the plan and your plan sponsor’s policy the unused balance remains until exhausted 	<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 Employment or Waive HealthFlex	<ul style="list-style-type: none"> Unused balance is <i>portable; remains with you indefinitely</i> regardless of employment/appointment 	<ul style="list-style-type: none"> Unused balance can be used for eligible expenses for up to 90 days after termination or waiver 	<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

¹ As defined in IRS Publication 969 and Internal Revenue Code Section 152

² May not be required with debit card use

³ Limited use until participant notifies HealthEquity that the IRS-defined deductible has been met; then can be used for all eligible health care expenses. (2025 IRS-defined deductible: \$1,650 individual, \$3,300 family)

Dependent care FSA: Annual contribution limit—\$5,000 (\$2,500 for taxpayers who are married filing separately) . Contributions are available monthly as they are deposited to the FSA on 5th of the month.

More information is available through the [Benefits Access](https://benefitsaccess.org) website at benefitsaccess.org

Disclaimer: This document is provided as a general informational and educational service to HealthFlex participants. The document does not constitute legal, tax or consumer advice. Readers may want to consult with a tax adviser, legal counsel or other professional adviser before acting on any information in this document. Wespath Benefits and Investments (Wespath) expressly disclaims all liability in respect to actions taken or not taken based on the contents of this document. Readers also may want to review additional documents provided by HealthFlex for more information about the plans and HRA or HSA reimbursement accounts.