

# HIGH DEDUCTIBLE HEALTH PLAN

How to use your 2018 HDHP with your HSA





# Understanding your High Deductible Health Plan

A high deductible health plan may work a little differently than other health insurance plans you've had in the past. A high deductible health plan or "HDHP" is designed to help keep premium costs low for you and your family. You'll have coverage for things like:

- Choice of doctors and hospitals
- Hospitalization
- Prescription drug
- Doctor visits
- Laboratory coverage
- Specialty care
- Free preventive care
- Maternity and newborn care
- Urgent care visits

To help you understand your plan, this brochure provides explanations and examples.

## Let's start with the basics:

Preventive care can help you avoid getting sick and improve your health. With a HDHP, preventive services such as routine physicals, screenings and vaccinations are covered in full.\* The deductible does not apply to preventive services; they are covered in full from day one.

For services other than preventive care, you are responsible for paying out of your pocket until you meet your deductible. The deductible amount will vary based on your plan, so make sure you know what that amount is. Once you reach your deductible, you will pay a percentage of cost, called coinsurance. Coinsurance is your share of the costs of a covered health care service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.

## THE DIAGRAM ILLUSTRATES HOW THIS WORKS:\*\*

Preventive Services	Other Services	
	Until deductible amount is reached	After deductible amount is reached
Health Insurance Company Pays <b>100%</b>	You pay <b>100%</b>	You pay <b>20%</b> Health Insurance Company Pays <b>80%</b>
Insurance company provides full coverage	You pay a deductible up to a certain amount	Once the deductible amount is reached, you pay a percentage called coinsurance

You can use a tax-free account to help pay for your portion of the costs. See more on page 4.

\*In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.

\*\*note: for illustrative purposes only - plan options vary



## Important terms to know:

- ▶ **Deductible** - The amount of money you have to pay before the health insurance company will make any payments towards health care services. Your deductible amount varies and is based on the type of plan you have.
- ▶ **Co-payment** - This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. For example, if your prescription drug coverage includes a \$20 copay, you pay \$20 for each prescription and your insurance pays the balance.
- ▶ **Coinsurance** - Your share of the costs of a covered health care service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if a visit to your doctor's office is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance company would pay the rest, or \$80.
- ▶ **Covered in full** - 100% of the total cost is covered by the health insurance company and you do not have to pay anything.
- ▶ **Out-of-pocket maximum** - An annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums.

## Here's how it works:

Let's say your deductible is **\$2,000.**



You go to your doctor for low back pain.

You pay **\$100** for the visit.

You still have to pay **\$1900** more to reach your deductible.



Your doctor orders an **MRI** of your lower back.

You pay **\$1,000** for the MRI.

You still have to pay **\$900** more to reach your deductible.



After a series of visits to your doctor and a chiropractor, you have **\$0** left to reach your deductible. Now you will pay a percentage of cost, **called coinsurance.**



**20%**

If your coinsurance is **20%**, and the next time you visit your doctor your bill is **\$100**, then you'll pay **\$20** and we **will pay \$80.**

To help you with your costs, there is an out-of-pocket maximum which is an annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums. Remember preventive care is covered in full and is not subject to the deductible.

# TAX-FREE FUNDING ACCOUNT

You have the option to set up a unique account called a Health Savings Account or HSA to help you cover the costs associated with a high deductible health plan.

## What is an HSA?

An HSA is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more.

- ▶ The money you put into your HSA is not subject to federal income tax when you make the deposit.
- ▶ There are limits to how much you can contribute. Your employer will set the limit.
- ▶ If you're under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus have to pay a tax penalty.



## Health Savings Account (HSA)

Overview	A tax-free account owned by you that works with a high deductible health plan to help you pay for qualified medical expenses
Who owns the account?	You
Who funds the account?	You and/or your employer
Are there contribution limits?	In 2018, the maximum is \$3,450 for single coverage and \$6,900 for family
Can I transfer the account?	Yes, you own the account

**Talk to your HR or benefits representative about the account options that might be available.**



## What will a Health Savings Account pay for?

Acupuncture  
Alcoholism treatment  
Ambulance  
Anesthetist  
Arch supports  
Artificial limbs  
Blood tests  
Blood transfusions  
Braces  
Cardiographs  
Chiropractor  
Contact lenses  
Crutches  
Dental treatment  
Dental x-rays  
Dentures  
Dermatologist  
Diagnostic fees  
Drug addiction therapy

Drugs (prescription)  
Eyeglasses  
Fees paid to health institute prescribed by a doctor  
FICA and FUTA tax paid for medical care services  
Fluoridation unit  
Gynecologist  
Hearing aids and batteries  
Hospital bills  
Hydrotherapy  
Insulin treatments  
Lab tests  
Laser eye surgery  
Metabolism test  
Neurologist  
Nurse (including board and meals)

Obstetrician  
Operating room costs  
Ophthalmologist  
Optician  
Optometrist  
Oral surgery  
Orthopedic shoes  
Orthopedist  
Osteopath  
Oxygen  
Pediatrician  
Physician  
Physiotherapist  
Postnatal treatments  
Licensed practical nurse for medical services  
Prescription medicines  
Psychiatrist  
Psychoanalyst



Psychotherapy  
Registered nurse  
Spinal fluid test  
Sterilization  
Stop-smoking aids  
Surgeon  
Therapy equipment  
Vaccines  
Wheelchair  
X-rays

For a list of qualified medical expenses, visit [IRS.gov](https://www.irs.gov). Please note: coverage of all services is subject to the terms of your HDHP.

## How do I use my HSA when I need health care services?

### What do I do when I go to the doctor's office?

When you go to the doctor's office, let them know you are using a Health Savings Account. The doctor will bill us. Once the bill has been processed, you and your doctor will get a letter that summarizes the costs associated with that visit. It will also show how much goes towards your deductible and how much you have to pay your doctor. Your doctor will send you a bill for the balance. You can use money from your Health Savings Account to pay that bill.

**Please note:** Your physician may bill you, up front, at the time of service, if the deductible is not met.

### What do I do when I need a prescription?

The pharmacy system processes in real-time so the pharmacist will be able to tell you exactly what you owe when you pick up your prescription.



# You can manage your health care costs online

- ▶ Track deductibles and out-of-pocket spending
- ▶ Access your benefits and claims information
- ▶ Estimate treatment costs
- ▶ 24/7 access from any device

[ExcellusBCBS.com/Member](http://ExcellusBCBS.com/Member)

The screenshot shows the member portal for Susan Appleseed. The top navigation bar includes Home, My Account, Claims & Payments, Prescriptions, Find a Doctor, Health & Wellness, and Resources. The main content area is divided into two sections. The left section, titled 'Subscriber', displays the member's name, plan name (Bronze Standard Family Plan), subscriber ID (VY1 200001234), active plan members (Susan, Jared, and Emily Appleseed), plan year effective date (01/01/2017 - 12/31/2017), and plan start date (01/01/2017). There are buttons for 'Pay Your Bill Now' and 'Member Cards'. The right section, titled 'SPENDING', shows 'In Network' and 'Out of Network' spending. It features two circular progress indicators: 'Family Deductible' at \$975.38 met of a \$2,500 max, and 'Family Out-of-Pocket' at \$975.38 met of a \$4,000 max. Below these are 'Remaining Deductible' of \$1,524.62 and 'Remaining Out-of-Pocket' of \$2,649.30. A button for 'Individual Spending Breakdown' is also present.

## LIVE HEALTHIER AND SAVE MONEY

Take advantage of programs and online resources to stay healthy and get the most value for your dollar.

### Member Benefits:

Access to more top-quality doctors, hospitals and pharmacies, locally and nationwide

### Healthy Perks:

**Blue365®** - Exclusive discounts on health-related products and service such as fitness gear, exercise programs, weight-loss programs and more

**24/7 Nurse Call Line** - Registered nurses are on call around the clock to answer questions about specific health concerns and symptoms you may be experiencing, or to connect you to additional resources.

**6000+ Health Topics** - Instant access to expert information online

**Ask the Pharmacist** - Ask questions about your medications

**Health Risk Assessment** - Our secure online health assessment will help you identify potential health risk factors and identify areas for improvement.

**BlueCard®** - Access to care whenever you travel locally, nationally or globally.



### SIGN UP. STAY INFORMED.

Get email updates to receive fitness advice, nutrition tips, healthy recipes and more at [ExcellusBCBS.com/Email](http://ExcellusBCBS.com/Email).



## Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department  
Attn: Civil Rights Coordinator  
PO Box 4717  
Syracuse, NY 13221  
Telephone number: 1-800-614-6575  
TTY number: 1-800-421-1220  
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。  
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

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Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libheng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.