

HIGH DEDUCTIBLE HEALTH PLAN

How to use your 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 an 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.

HOW IT WORKS**

You Pay Everything

When your plan year begins, you will pay all your medical costs until you reach a fixed amount, called a deductible. Many preventive visits and screenings are covered at no cost.

Insurance Pays Some

After your deductible is met, insurance pays some of the bill, except a percentage called coinsurance.

You Pay Some

You pay the coinsurance amount until you meet your out-of-pocket maximum.

Insurance Pays Everything

If you meet your out-of-pocket maximum, the insurance company pays for all covered medical services in full. Your out-of-pocket maximum is made up of the deductible and coinsurance amounts you paid. Now, all you continue to pay is your monthly premium.

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.

For example:

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.**

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?	Annual contribution limits for families and individuals and are set by the IRS. Please visit IRS.gov for more information.
Can I transfer the account?	Yes, you own the account

Talk to your HR or benefits representative about savings and reimbursement account options that may 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). Coverage 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?

Let your doctor's office know you have an HDHP and plan to use your Health Savings Account (HSA). You can use funds from your HSA to pay if you are charged at the time of visit or billed later. We will track how much was charged, how much you paid, and any balance that still remains. You can use your online member account to track your out of pocket spending and deductible.

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

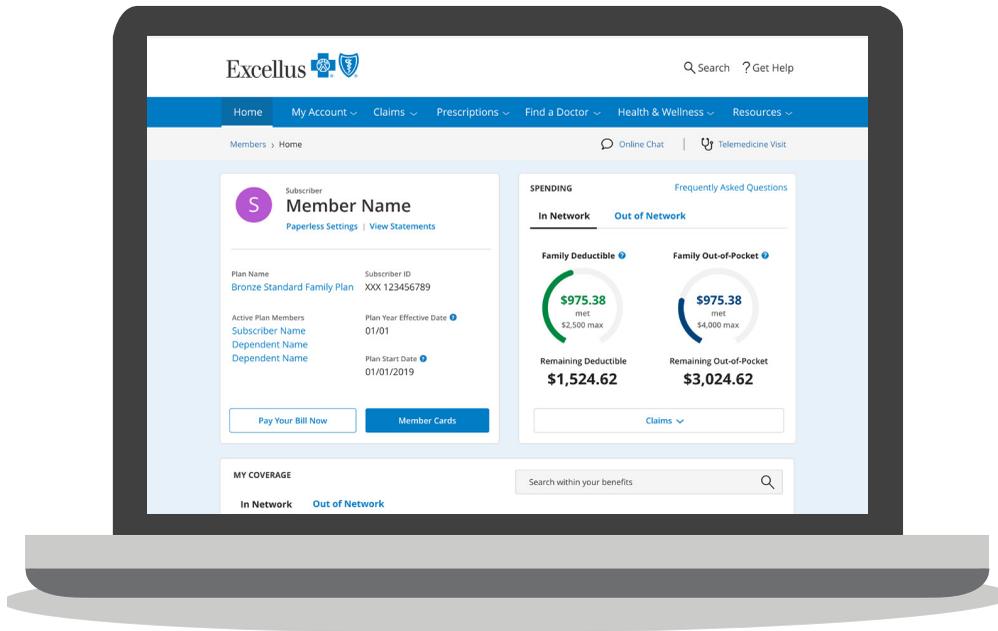
What do I do when I need a prescription?

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.



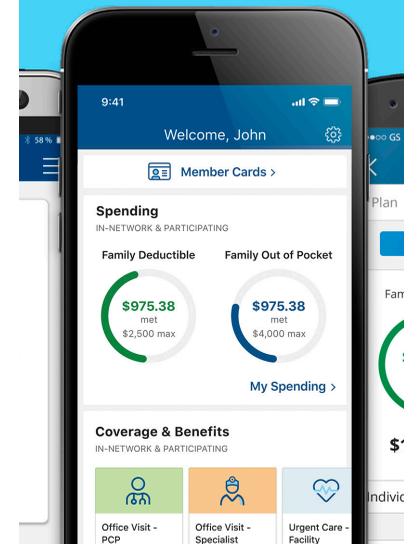
IT'S YOUR PLAN. GET MORE OUT OF IT ONLINE.

Making the most of your plan shouldn't be complicated. When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to a variety of tools and other resources to make living healthy a little easier.



DOWNLOAD THE EXCELLUS BCBS APP.

Take your health plan with you for on-the-go access 24/7.



1 My Account

Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.

3 Spending

Gives a breakdown of your health spending.

4 Coverage & Benefits

Shows a summary of your plan details.

5 Claims

Allows you to submit and view claims.

6 Get Rewards

Provides quick access to spending and rewards programs.

7 Estimate Medical Costs

Research and get a personalized estimate of out-of-pocket medical costs for over 1,600 treatments and over 400 procedures.

View your member card.

Track deductibles and out-of-pocket spending.

Find a provider or medical facility.

Access your benefits and claims information.



Visit Member.ExcellusBCBS.com to register today.

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 gender.

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.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

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 libreng 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.

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