

High Deductible Health Plan

How to use your HDHP
with your HSA

univera[®]
HEALTHCARE

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
- No-cost telemedicine*
- Urgent care visits
- Doctor visits
- Laboratory coverage
- Prescription drug
- Free preventive care
- Maternity and newborn care
- Specialty care

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 this 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.

*Subject to the deductible where applicable.

**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

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.

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.



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. The federal government sets annual limits to how much you can contribute.
- ▶ 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	FICA and FUTA tax paid for medical care services	Osteopath
Alcoholism treatment	Fluoridation unit	Oxygen
Ambulance	Gynecologist	Pediatrician
Anesthetist	Hearing aids and batteries	Physician
Arch supports	Hospital bills	Physiotherapist
Artificial limbs	Hydrotherapy	Postnatal treatments
Blood tests	Insulin treatments	Licensed practical nurse for medical services
Blood transfusions	Lab tests	Prescription medicines
Braces	Laser eye surgery	Psychiatrist
Cardiographs	Metabolism test	Psychoanalyst
Chiropractor	Neurologist	Psychotherapy
Contact lenses	Nurse (including board and meals)	Registered nurse
Crutches	Obstetrician	Spinal fluid test
Dental treatment	Operating room costs	Sterilization
Dental x-rays	Ophthalmologist	Stop-smoking aids
Dentures	Optician	Surgeon
Dermatologist	Optometrist	Therapy equipment
Diagnostic fees	Optzometrist	Vaccines
Drug addiction therapy	Oral surgery	Wheelchair
Drugs (prescription)	Orthopedic shoes	X-rays
Eyeglasses	Orthopedist	
Fees paid to health institute prescribed by a doctor		



For a list of qualified medical expenses, visit [IRS.gov](https://www.irs.gov). 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?

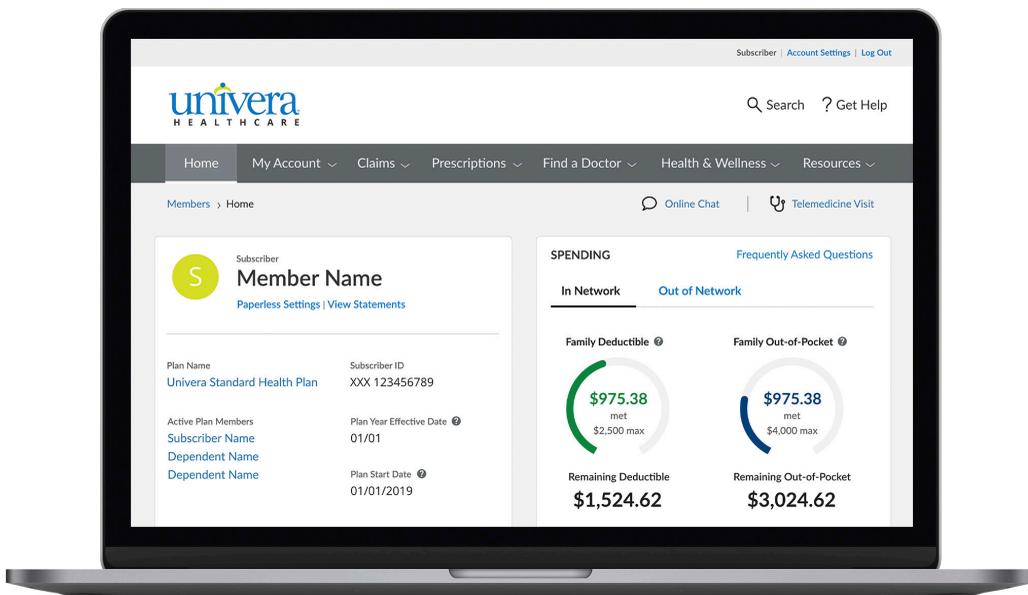
Let your doctor's office know you have an HDHP and plan to use your Health Savings Account (HSA). You can use funds from your HSA to pay if you are charged at the time of visit or billed later. We will track how much was charged, how much you paid, and any balance that still remains. You can use your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

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.

Simpler health plan? Check.

You know that feeling when you check the last thing off your to-do list? We do, too. That's why we've made it easier to save time, save money, and get things done by creating your Univera Healthcare online member account. Sign up today and keep tabs on your plan from any device.

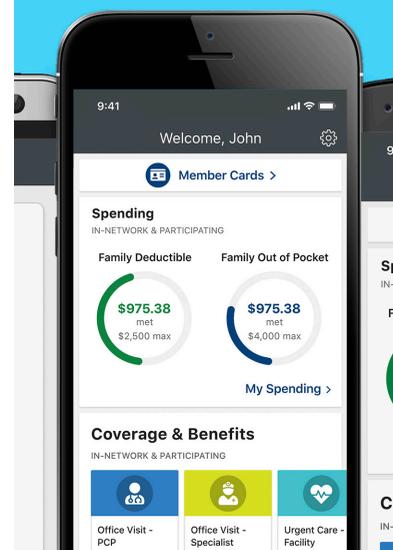


- 1 My Account**
Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.
- 2 Find a Doctor/Dentist**
Locate a provider in our extensive 39 county regional network.*
- 3 Spending**
Get a breakdown of your health care spending.
- 4 Coverage & Benefits**
View a summary of your plan details.
- 5 Claims**
View and submit claims.
- 6 Get Rewards**
Enjoy 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.

Visit Member.UniveraHealthcare.com to register today.

Download the Univera Healthcare App.

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



View your member card.

Track deductibles and out-of-pocket spending.

Find a provider or medical facility.

Access your benefits and claims information.



6 *If the PHCS and MultiPlan logo is present on the back of your Member Card, your plan also provides access to a national primary preferred provider organization (PPO) as a complement to Univera Healthcare's regional network.

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 anvlop 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 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. Drejttojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.