

IT'S YOUR MONEY MAKE IT WORK FOR YOU

Should I choose an HDHP?

A High Deductible Health Plan (HDHP) puts you more firmly in charge of your health care choices by holding you accountable for a greater portion of the costs of the health care services you use. Under the HDHP, you must satisfy a higher annual deductible before the plan will begin paying benefits. However, the HDHP also provides some incentives for taking on that responsibility:

- Lower Payroll Contributions: Because you are assuming a larger part of your health care cost risk, the premiums for the HDHP are lower
- Tax Advantages: Employees enrolled in the HDHP may also enroll* in a Health Savings Account (HSA), which allows you to set aside pretax money to use for eligible health care expenses, including your deductible and coinsurance.
- Preventive Care Fully Covered: Preventive services (routine physicals, immunizations, gynecological exams, mammograms, etc.) are 100% covered, and not subject to the deductible.
- Catastrophic Expense Protection: If you reach the out-of- pocket maximum, the plan will cover all further eligible expenses at 100% for the remainder of the calendar year.

Whether or not the HDHP/HSA plan is right for you depends on two important questions you need to ask yourself:

- How Often Do I Use My Health Care Benefit? If you are the type of
 person who sees a doctor once or twice a year for routine preventive
 care or the occasional treatment, electing an HDHP could save you
 money, simply because your payroll contributions for the HDHP are
 less than your contributions for our other plan options.
- Am I Comfortable Assuming the Risk of a Higher Deductible? If you or a family member require medical care, you could be faced with more substantial out-of-pocket costs. However, as you build savings in your HSA, that risk diminishes because you can use your HSA to pay for your deductible and other eligible costs. Your HSA also gives you greater purchasing power, as the money you deposit is not subject to federal income taxes.
- * Employees enrolled in the HDHP are eligible to enroll in the HSA so long as they are not covered by any other non-high deductible health plan, including Medicare.

Terms You Should Know:

A High Deductible Health Plan gives you more control over your health care expenses. If you take on that responsibility, make sure that you know these important insurance terms:

Individual Deductible: The amount you pay each year before the plan starts to pay a benefit (for employee-only enrollment).

Family Deductible: The amount you pay for care for your family before the plan starts to pay a benefit for any member of your family.

Preventive Care: Covered in full and not subject to the deductible.

Coinsurance: The portion of your medical charges paid by the insurance company after your deductible is satisfied.

Out-of-Pocket Maximum: The amount of money you can spend for the deductible, coinsurance and copays before the plan will pay 100% of any remaining eligible expenses for the rest of the plan year.

Prescription Drugs: Subject to the deductible, then coinsurance or copays apply.

In-Network: Providers have an agreement with the insurance carrier to charge a discounted fee. You pay the in-network percentage of that fee, after deductible.

Out-of-Network: Providers can charge whatever they want. You pay the out-of-network percentage of the insurance company's 'reasonable and customary' (R&C) fee, plus any amount the provider charges in excess of R&C fee, after deductible.

FOR MORE INFORMATION

Visit your insurance carrier's web site or contact Human Resources.