

# 2019 San Benito County Open Enrollment Presentation

---

October 2, 2018

Alliant Employee Benefits



# Open Enrollment Review

- Open Enrollment:
  - The time of year the County benefit plans renew and retirees can update their enrollment elections
- Qualifying Event (QE):
  - Events that allow retirees to make changes to their benefit elections outside of Open Enrollment
  - Examples: birth, adoption, marriage, divorce, legal separation, loss of other coverage
  - You must notify County HR within 30 days of a QE in order to make benefit changes

OPEN ENROLLMENT FORM		Date: _____							
SUBMIT THIS FORM TO HUMAN RESOURCES BY OCTOBER 19, 2018		ALLOW 10 DAYS FOR COUNTY & VENDOR PROCESSING. CHANGES ARE EFFECTIVE JANUARY 1, 2019.							
(INCOMPLETE FORMS WILL BE RETURNED)		San Benito County Human Resources Department 481 4 <sup>th</sup> Street Hollister, CA 95023							
<b>1. RETIREE INFORMATION</b> <i>please print</i>									
Retiree Name (last, first, middle)		SHADED AREA FOR OFFICE USE ONLY							
Retiree Address (street, city, state, zip)		EID #:	EFFECTIVE DATE:						
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MEDICAL GROUP/DIVISION #:							
Home Phone:		FORM REVIEWED & APPROVED BY:							
Alternate Phone:		Email Address:							
Date of Birth	Social Security #	Date of Retirement	MBI # (Medicare Retirees Only)						
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (Date: _____) <input type="checkbox"/> Married (Date: _____) <input type="checkbox"/> Divorced (Date: _____) <input type="checkbox"/> Domestic Partner (Date: _____)									
<b>INDIVIDUALS COVERED</b> <i>please print</i>									
PLEASE STATE ALL DEPENDENTS TO BE COVERED; ATTACH ADDITIONAL PAGE IF NECESSARY									
Change Drop	Last Name, First Name	Social Security Number/ MBI	Date of Birth	Sex	Relationship: Spouse Registered Domestic Partner Non-Registered Domestic Partner Child-natural Child-adopter Child-adopted Child-Coverage Dep.	Totally Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No	Enroll in <input type="checkbox"/> Medical	Type of Document Attached:
								<input type="checkbox"/> Medical	
								<input type="checkbox"/> Medical	
								<input type="checkbox"/> Medical	
								<input type="checkbox"/> Medical	

# What's Staying the Same?

---

- No Benefit Plan Changes
  - Kaiser Permanente HMO (non-Medicare retirees)
  - Kaiser Permanente Senior Advantage (Medicare retirees)
  - Anthem Choice Supp/EGWP (Medicare retirees)

# Non-Medicare Retirees – What's Changing?

---

- Medical
  - Choice PPO:
    - Deductibles increasing to \$750 (individual) and \$1,500 (family)
    - Emergency room copay is increasing to \$100
  - Safety PPO:
    - In-Network deductibles increasing to \$550 (individual) and \$1,650 (family)
    - Out-of-Network deductibles increasing to \$850 (individual) and \$2,550 (family)
    - Emergency room copay is increasing to \$50
  - High Deductible Health Plan (HDHP):
    - In-Network deductibles increasing to \$1,600 (individual) and \$3,200 (family)
    - Out-of-Network deductibles increasing to \$2,850 (individual) and \$8,550 (family)
- Prescription
  - Adding Advantage Rx Management Program



# Medical Plans

---

# Kaiser Permanente HMO – How it Works

---

- Must live in the Kaiser service area to enroll
  - See County HR for zip code listing
- Must use Kaiser doctors, facilities and pharmacies for services
  - Care outside of the Kaiser network is not covered, except in the case of emergencies
- Kaiser Primary Care Physician (PCP) directs all care and acts as a gatekeeper to specialist care
  - No self referrals
- Plan design includes:
  - No Annual Plan Deductible(s)
  - Annual Out-of-Pocket Maximum: Limit you pay for services in a plan year
  - Copay(s): Flat dollar amounts that are the member's responsibility and are not subject to the deductible



# Kaiser Permanente HMO – Non Medicare

Medical Plan Benefits	CSACEIA- Kaiser HMO
	<b>In-Network</b>
Calendar Year Deductible Individual / Family	None
Annual Out-of-Pocket Maximum Individual / Family	\$1,500 / \$3,000
Physician Office Visit	\$15 / Visit
Specialist Copay	\$15 / Visit
Preventative Care	No Charge
Lab and X-Ray Diagnostic CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge \$15 / Procedure
Emergency Room	\$50 (copay waived if admitted)
Durable Medical Equipment	No Charge
Chiropractic & Acupuncture Care	\$15 / visit 20 visits PCY (combined Chiro. / Acupuncture)
<b>PRESCRIPTION DRUGS</b>	<b>Generic / Brand</b>
Rx Copay Out-of-Pocket Maximum	Combined with Medical
Retail - 30 day supply	\$5 / \$20
Mail Order - 100 day supply	\$10 / \$40

*This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.*

# Kaiser Permanente HMO – Medicare

Medical Plan Benefits	CSACEIA- Kaiser KPSA (CA) Current / Renewal
	<b>In-Network</b>
Calendar Year Deductible Self / Member in Family / Family	None
Annual Out-of-Pocket Maximum Self / Member in Family / Family	\$1,500 / \$1,500 / \$3,000
Physician Office Visit	\$10 / visit
Specialist Copay	\$10 / visit
Preventative Care	No charge
Lab and X-Ray Diagnostic CT, MRI, PET scans Other lab and x-ray tests	No charge No charge
Hospitalization Inpatient Outpatient	No charge \$10 / Procedure
Emergency Room	\$50 / visit (copay waived if admitted)
Durable Medical Equipment	No charge
Chiropractic & Acupuncture Care	\$15 / visit 20 visits PCY (combined Chiro. / Acupuncture)
<b>PRESCRIPTION DRUGS</b>	<b>Generics / Brand</b>
Rx Copay Out-of-Pocket Maximum Retail - 30 day supply Mail Order - 100 day supply	Combined with medical \$5 / \$20 \$10 / \$40

*This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.*



# Anthem PPO – How it Works

---

- Members have the choice to utilize PPO network or non-network providers
  - Costs are lower when utilizing a network provider
- Enrollees can self-refer to doctors/specialists
- Plan design includes:
  - Annual Deductible(s) – dollar amount to meet before the plan will pay benefits (waived for certain services like Preventive Care)
  - Annual Out-of-Pocket Maximum: Limit you pay for services in a plan year
  - Coinsurance – percentage members will pay after the deductible is met
    - Example: plan pays 80% of service, member responsible for remaining 20%
  - Copays – flat dollar amounts that are the members responsibility and are not subject to the deductible



# Anthem PPO

---

- The County offers two PPO options for non-Medicare retirees
  - Choice PPO – available to all non-Medicare retirees
  - Safety PPO – available only to Safety non-Medicare retirees
- For 2019, both plans will have the following changes
  - Increased deductibles
  - Increased emergency room copays
- The County offers one PPO option for Medicare retirees
  - Anthem Choice PPO Supp/EGWP
    - No plan changes for 2019

# Anthem Choice PPO – Non-Medicare

Medical Plan Benefits	Anthem Choice PPO (CSACEIA)	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$750 / \$1,500	
Annual Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$0 / \$0
Physician Office Visit	\$20 (Ded. Waived)	40%
Specialist Copay	\$20 (Ded. Waived)	40%
Preventative Care	No Charge (Ded. Waived)	40%
Lab- CT, MRI, PET scans	20%	40%
Lab- Other lab and x-ray tests	20%	40%
Inpatient Hospitalization	20%	40%
Outpatient Hospitalization	20%	40%
Emergency Room	\$100 + 20% (Waived if Admitted)	\$100 + 20% (Waived if Admitted)
Durable Medical Equipment	20%	40%
Chiropractic and Acupuncture Care	\$15/ Visit (ded. waived) 20 Visits PCY (Combined Chiro / Acupuncture)	40%
<b>PRESCRIPTION DRUGS</b>	Generics / Preferred / Non-preferred	
Rx Copay Out-of-Pocket Maximum Individual / Family	\$2,000 / \$4,000 <sup>1</sup>	
Retail - 30 day supply	\$5 / \$20 / \$50	
Mail Order - 90 day supply	\$10 / \$40 / \$100	Not Covered

*This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.*

<sup>1</sup> Out-Of-Network Rx claims to not apply to Out of Pocket Maximum.

# Anthem Safety PPO – Non-Medicare

Medical Plan Benefits	CSACEIA - Anthem Safety PPO	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$550 / \$1,650	\$850 / \$2,550
Annual Out-of-Pocket Maximum Individual / Family	\$4,500 / \$9,000	
Physician Office Visit	\$20 (ded waived)	10%
Specialist Copay	\$20 (ded waived)	10%
Preventative Care	No Charge (ded waived)	No Charge (ded waived)
Lab and X-Ray Diagnostic CT, MRI, PET scans Other lab and x-ray tests	10% 10%	10% 10%
Hospitalization Inpatient Outpatient	10% 10%	10% 10%
Emergency Room	\$50 + 10%	10%
Durable Medical Equipment	20%	20%
Chiropractic Care	\$20 / Visit (ded. Waived) (20 Visits per year)	10%
Acupuncture Care	\$20 / Visit (ded. Waived)	10%
<b>PRESCRIPTION DRUGS</b>	<b>Generics / Preferred / Non-preferred</b>	
Rx Copay Out-of-Pocket Maximum Individual / Family	\$2,650 / \$5,300	Not Covered <sup>1</sup>
Retail - 30 day supply	\$10 / \$25 / \$45	
Mail Order - 90 day supply	\$20 / \$40 / \$75	Not Covered

<sup>1</sup> Out-of-Pocket Maximum does not apply to Out-of-Network Rx.

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.

Enrollment as of January 2018 (Business Solver Census). Enrollment released once per year.

# Anthem Choice PPO EGWP – Medicare

Medical Plan Benefits	Anthem CHOICE PPO EGWP (CSAC EIA) Current / Renewal	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	None	
Annual Out-of-Pocket Maximum Individual / Family	None	
Physician Office Visit	No charge	No charge
Specialist Copay	No charge	No charge
Preventative Care	No charge	No charge
Lab and X-Ray Diagnostic CT, MRI, PET scans Other lab and x-ray tests	No charge No charge	No charge No charge
Hospitalization Inpatient Outpatient	No charge No charge	No charge No charge
Emergency Room	No charge	No charge
Durable Medical Equipment	No charge	No charge
Vision Care (Medicare Approved) <sup>1</sup>	No charge	No charge
Chiropractic and Acupuncture	\$15/ visit (20 visits PCY combined Chiro/Acupuncture)	
<b>PRESCRIPTION DRUGS</b>	<b>Generic/ Brand / Non-Formulary</b>	
Rx Copay Out-of-Pocket Maximum	\$1000 Mail Order	
Retail - 30 day supply	\$5/ \$20/ \$50	
Mail Order - 90 day supply	\$10/ \$40/ \$100	

*This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.*

## Anthem High Deductible Health Plan (HDHP) – How it Works

---

- Members have the choice to utilize PPO network or non-network providers
  - Costs are lower when utilizing a network provider
- Enrollees can self-refer to doctors/specialists
- Plan design includes:
  - Annual Deductible(s) – dollar amount to meet before the plan will pay benefits (waived for certain services like Preventive Care)
  - Annual Out-of-Pocket Maximum: Limit you pay for services in a plan year
  - Coinsurance – percentage members will pay after the deductible is met
    - Example: plan pays 80% of service, member responsible for remaining 20%
  - Copays – flat dollar amounts that are the members responsibility and are not subject to the deductible

# Anthem HDHP – How it Works

---

- Qualified HDHP plans may be combined with a Health Savings Account (HSA)
- A HSA may also provide individuals with the opportunity to:
  - Save “pre-tax” dollars (Federal only)
  - Roll over unused funds from year to year – no use it or lose it!
  - Earn interest
  - Invest funds in the market
  - Use funds as a retirement vehicle after turning 65 and enrolling in Medicare
- 2019 HSA Contribution Limits:
  - Single Coverage \$3,500
  - Family Coverage \$7,000
- HSA offered by Wageworks through Aflac

# Anthem HDHP – Non-Medicare

Medical Plan Benefits	Anthem HDHP PPO (CSACEIA) <sup>1</sup>	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$1,600 / \$3,200	\$2,850 / \$8,550
Annual Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000
Physician Office Visit	\$25 Copay	30%
Specialist Copay	\$25 Copay	30%
Preventative Care	No Charge (Ded. Waived)	30%
Lab and X-Ray Diagnostic CT, MRI, PET scans Other lab and x-ray tests	\$25 Copay \$25 Copay	30% 30%
Hospitalization  Inpatient  Outpatient	\$250 / day up to a \$750 max/ admit \$250 / visit	30% 30%
Emergency Room	10%	
Chiropractic and Acupuncture Care	10%	30%
	26 Visits PCY (Combined Chiro. / Acupuncture)	
<b>PRESCRIPTION DRUGS</b>	<b>Generics / Preferred / Non-preferred</b>	
Rx Copay Out-of-Pocket Maximum	Combined with medical	
Retail - 30 day supply <sup>3</sup>	\$15 / \$25 / \$35	Not Covered
Mail Order - 90 day supply <sup>3</sup>	\$30 / \$50 / \$70	Not Covered

<sup>1</sup> Anthem HDHP Plans are HSA Compatible

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.



# What is a Health Savings Account?

---

- A Health Savings Account (HSA) is a special “tax-advantaged” account that allows individuals to put away tax-free dollars that are used to pay for Qualified Medical Expenses
- You must have a qualified High Deductible Health Plan in order to open and contribute to an HSA
- Both Retirees and Employers may contribute to an HSA
  - Contributions made by a Retiree are tax-deductible

\*Note that any funds contributed to the HSA are “pre-tax” on the Federal level only as California does not consider employee contributions to be tax-free



# Additional Medical Benefits



# Additional Medical Benefits



## Solera Diabetes Prevention Program

Available to:

- Anthem members
- PPO, HDHP
- Active, Early Retiree, Cobra
- Some Medicare members are eligible
- Not available to members under age 18
- Program for Pre-Diabetic members
- No Implementation necessary

Available to members now at:

[www.Solera4me.com/eia](http://www.Solera4me.com/eia)

Fitbits provided to qualified members

No cost to members



## Carrum Health Surgery Benefit

Available to:

- Anthem PPO and HDHP Members
- Active, Early Retiree, Cobra
- **Not available to Medicare members**

No formal implementation necessary

Surgeries offered through Carrum:

- Hip / Knee Replacement
- Cervical / Lumbar Spinal Fusion
- Coronary Bypass Surgery
- Bariatric Surgery
- **NEW:** Shoulder, elbow, wrist, hand, ankle, foot, spine *(April 2018)*

Little to no cost to members



## LiveHealth Online

Available to:

- Anthem PPO and HDHP Members
- Active, Early Retiree, Cobra
- **Not available to Medicare members**

Offers easy, fast doctor visits from a computer or mobile device

Cost of an office visit copay (\$49 for HDHP)

Doctors can prescribe medication and send to local pharmacy of choice

No cost to download the app

# Solera Diabetes Prevention Program

## Introducing Solera



The DPP is a 16-week program designed to help participants adopt healthier lifestyle habits and lose a modest amount of weight.



The program focuses on healthier eating, increased physical activity, and managing the challenges that are associated with lifestyle change.



After the initial 16 weeks, participants attend monthly sessions to reinforce the new lifestyle habits they've adopted.

Solera is a single source solution connecting patients to an integrated network of community and digital Diabetes Prevention Program providers.

# Solera Program Tools

---

- The choice of programs is from an array of national and local programs like Weight Watchers and Jenny Craig, Retrofit and HealthSlate.
- While programs differ, most include the following elements:
  - A wireless scale or activity tracker
  - Access to a personal health coach
  - Weekly lessons
  - A small group for support
- Members can take a 1 minute quiz to see if they qualify at [Solera4me.com/eia](https://solera4me.com/eia)

# Carrum Surgical Benefit

---

- Carrum Health: EIA Health recently contracted with Carrum Health to provide a unique surgery benefit for it's members
  - **Who and what:** Carrum Health provides bundled pricing for select surgical procedures at regional Centers of Excellence at costs lower than what a health plan might pay with a Network provider. The program is voluntary and offers employees a lower-cost alternative to choose from.
  - **How does it benefit the employer/health plan:** 25%-60% savings on select surgical procedures.
  - **How does it benefit employees:** Little to no out-of-pocket cost for employee; travel covered for employee and 1 family member.

To learn more or get started with the program,  
contact Carrum Health  
Toll Free: 1-888-855-7806  
Online: [my.carrumhealth.com/eiahealth](http://my.carrumhealth.com/eiahealth)



# LiveHealth Online

---

- LiveHealth Online is a telemedicine option offered for the Anthem plans and:
  - Is available in most states, including D.C.
  - Is available 24 hours a day, 7 days a week, 365 days a year
  - Is available anywhere you have a computer or mobile device with Internet access (at home, in the office or on the go)
  - Provides access to in-network, board-certified doctors and licensed behavioral health professionals
  - Includes behavioral health visits
  - Allows doctors to ePrescribe utilizing local pharmacies (where applicable)
  - Takes member payments via Visa, MasterCard, American Express and Discover
  - Is secure, convenient and easy to use
- Cost to use LiveHealth Online is the applicable office visit copay (PPO only; HDHP is \$49)



# LiveHealth Online

## How to use LiveHealth Online for a video visit with a doctor







# Contacts



# Key Websites/Contacts

---

- Kaiser [www.kp.org](http://www.kp.org)
- Anthem [www.anthem.com/ca](http://www.anthem.com/ca)
- Express Scripts (Anthem PPO) [www.express-scripts.com](http://www.express-scripts.com)
- Carrum [my.carrumhealth.com/eiahealth](http://my.carrumhealth.com/eiahealth)



# Appendix



# Anthem HDHP with HSA

How do employee funds get contributed to the Health Savings Account?

## HSA Contributions

- Pre-tax payroll deductions
- Individual contributions
- IRA transfer
- Transfer/Rollover from another HSA



## Qualified medical expenses



Contributions are tax-deductible or pre-tax going in

Interest grows tax-free

Qualified withdrawals are tax-free

# Anthem HDHP with HSA

## 2019: HSA IRS Annual Contribution Limit



---

Individual only	\$3,500
-----------------	---------



---

Individual + spouse, children or family	\$7,000
---	---------

These limits  
typically  
increase  
slightly each  
year



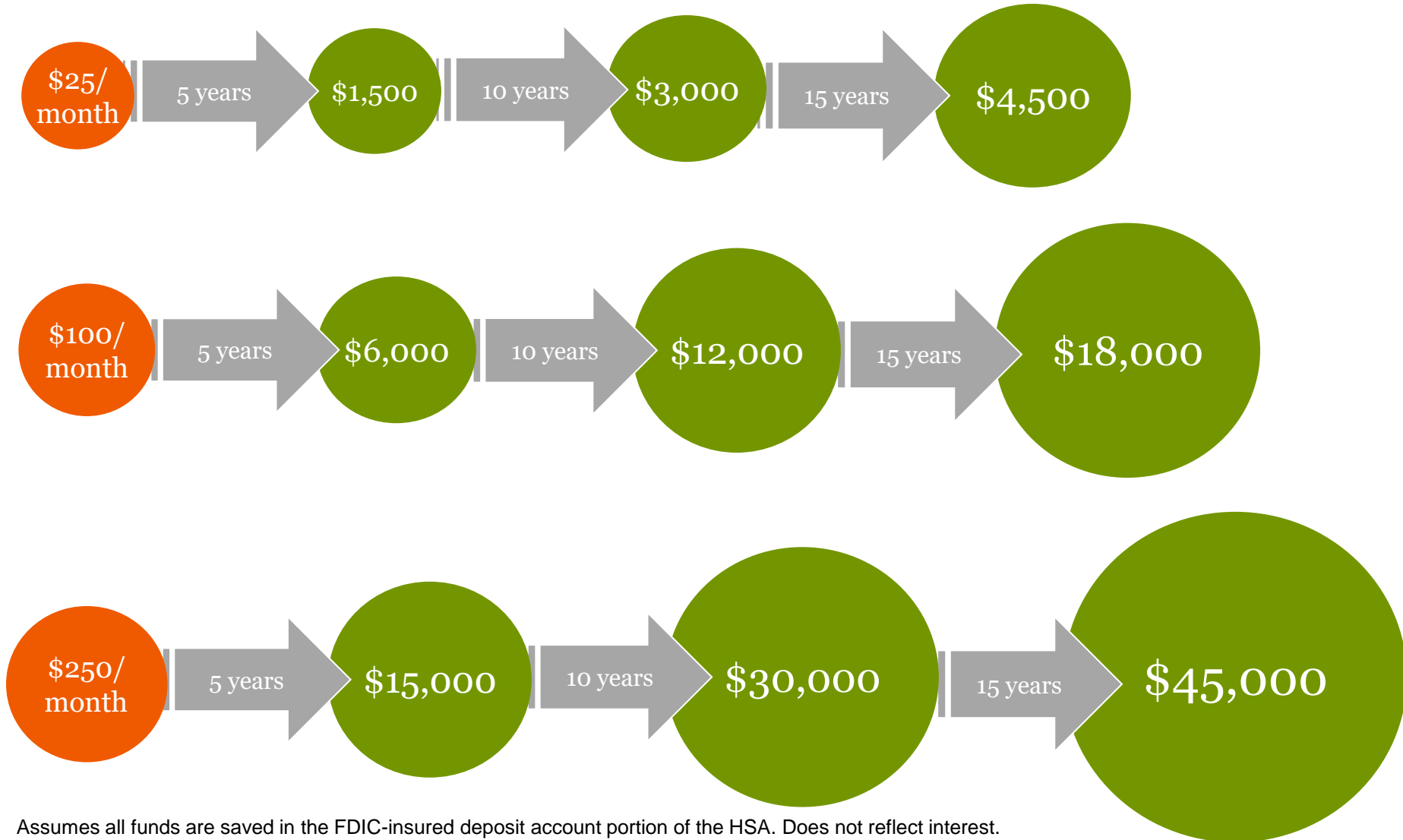
---

Annual age 55+ catch up contribution	\$1,000
---	---------

---

*Note that annual HSA limits include any contributions made by your employer or any other source*

# Anthem HDHP with HSA



Assumes all funds are saved in the FDIC-insured deposit account portion of the HSA. Does not reflect interest.

# Anthem HDHP with HSA

## Qualified Medical Expenses

- Doctor's office
- Lab work
- Hospitalization
- Vision (contacts, glasses)
- Prescriptions
- Dental work and braces
- Acupuncturist
- Chiropractor



*Note that over the counter medications are not considered qualified expenses unless you have a prescription.*



This is a sample list. Individuals are responsible for determining if expenses are eligible under the Internal Revenue Code.



### Did you know?

You can use your HSA to pay for qualified healthcare expenses for your spouse or tax dependents – even if they're not covered by your health plan.

# Anthem HDHP with HSA

---

- Other Qualified Medical Expenses include:
  - Weight Loss Programs
  - Smoking Cessation Programs
  - COBRA Premiums
  - Medicare Premiums – Special Rules apply
  - Long Term Care Premiums
- It is the Account Holder's responsibility to ensure that the funds used from the HSA are for qualified expenses only, or penalties will apply
- Can Individuals use the HSA to pay for anything other than Qualified Medical Expenses?
  - Yes, but if the individual uses the funds in the HSA to pay for anything other than qualified expenses, it will be subject to income tax, as well as a 20% penalty
  - This penalty is waived upon death or once the individual turns 65 and becomes eligible for Medicare
  - Upon death, funds may transfer to a spouse tax-free, all other transfers are taxable



# Anthem HDHP with HSA

---

## What are the advantages of the HDHP and HSA?

- High Deductible Health Plan (HDHP)
  - Lower insurance premiums
  - Lower trend factors than traditional plans, which translates to lower renewal increases
  - \$0 preventive care
- Health Savings Account (HSA)
  - HSA's encourage individuals to be more engaged and take on a more empowered approach to their own healthcare
  - This engagement can lead to smarter utilization and lower healthcare costs
  - Tax savings (Federal level only)
  - Account is portable – tied to employee, not employer
  - Funds can grow from year to year and earn interest income – no use it or lose it
  - Funds can be invested
  - Potential retirement vehicle, as funds can be used for anything after the individual turns 65 with no penalties

# Anthem HDHP with HSA

---

## What are the disadvantages of the HDHP and HSA?

- High Deductible Health Plan (HDHP)
  - The Aggregate Deductible must be met before any services are paid (except preventive care)
    - On a two-party or family plan, the full family deductible must be met before plan coinsurance/copays apply
  - Individuals on this plan are sometimes not used to paying out of pocket costs at the doctors office or pharmacy
  - Individuals may experience large out-of-pocket costs if the balance in the HSA is not sufficient enough to cover the medical expenses
- Health Savings Account (HSA)
  - The individual is responsible for making sure expenses are “qualified” or penalties can apply
  - The individual cannot be enrolled in both a Full Purposes FSA and HSA at the same time

# Anthem HDHP with HSA

Can you give me an example of how the HSA could work for Single Coverage?

Year 1		Susan Smith's HSA Plan \$1,600 Deductible
\$2,000 employee contribution		\$2,000
Expenses:	Ob/Gyn office visit & lab tests - \$350 Prescription drugs - \$150	\$500
Paid by Preventive Care benefit at 100%		\$350
Paid from HSA (Susan's choice)		(\$150)
<b>HSA Balance</b>		<b>\$1,850</b>

Preventive Care  
100% In-Network

HSA  
\$2,000 employee  
contribution

**\$1,600 Deductible**  
This is your annual deductible, but  
can be reduced by HSA dollars  
you use for covered services

**After Deductible**  
Applicable Copay or  
Coinsurance to the Annual OOP  
of \$4,000

# Anthem HDHP with HSA

Can you give me an example of how the HSA could work for Single Coverage?

Susan Smith's HSA Plan	
Year 2	\$1,600 Deductible
HSA Balance: \$1,850 \$1,500 employee contribution	\$3,350
<b>Expenses:</b> Ob/Gyn visit & lab tests - \$150 Physician visits - \$100 Prescription drugs - \$200	<b>\$450</b>
Paid by Preventive Care benefit at 100%	\$150
Paid from HSA (Susan's choice)	(\$300)
<b>HSA Balance</b>	<b>\$3,050</b>

Preventive Care  
100% In-Network

HSA  
\$1,500 employee  
contribution

**\$1,600 Deductible**  
This is your annual deductible, but  
can be reduced by HSA dollars  
you use for covered services

**After Deductible**  
Applicable Copay or  
Coinsurance to the Annual OOP  
of \$4,000

# Anthem HDHP with HSA

Can you give me an example of how the HSA could work for Family Coverage?

Year 1	The Jones' HSA Plan	
	\$3,500 employee contribution	\$3,500
<b>Expenses:</b>	<b>Preventive visits &amp; lab tests - \$500</b> <b>Physical therapy - \$800</b> <b>Prescription drugs - \$200</b>	<b>\$1,500</b>
	Paid by Preventive Care benefit at 100%	\$500
	Paid from HSA (the Jones' choice)	(\$1,000)
<b>HSA Balance</b>		<b>\$2,500</b>

Preventive Care  
100% In-Network

HSA  
\$3,500 employee  
contribution

**\$3,200 Deductible**  
This is your annual deductible, but  
can be reduced by HSA dollars  
you use for covered services

**After Deductible**  
Applicable Copay or  
Coinsurance to the Annual OOP  
of \$8,000

# Anthem HDHP with HSA

Can you give me an example of how the HSA could work for Family Coverage?

Year 2		The Jones' HSA Plan	
HSA Balance: \$2,500			
\$3,000 employee contribution		\$5,500	
<b>Expenses:</b>	<b>Preventive visits &amp; lab tests - \$1,200</b>	<b>\$11,200</b>	
	<b>Hospital and surgery fees - \$10,000</b>		
Paid by Preventive Care benefit at 100%		\$1,200	
Remaining balance due		\$10,000	
Paid from HSA (the Jones' choice) toward \$3,200 deductible		\$3,200	
10% Coinsurance paid by Jones' after Health plan pays 90%		\$680	
\$6,800 (90% x \$6,800 = \$6,120)		(10% Coinsurance)	
Total amount Plan pays		\$7,320	
Total amount Jones' pay		(\$3,880)	
<b>HSA Balance</b>		<b>\$1,620</b>	

Preventive Care  
100% In-Network

HSA  
\$3,000 employee  
contribution

**\$3,200 Deductible**  
This is your annual deductible, but  
can be reduced by HSA dollars  
you use for covered services

**After Deductible**  
Applicable Copay or  
Coinsurance to the Annual OOP  
of \$8,000



**Alliant**  
EMPLOYEE BENEFITS