**FCSRMC**

**2021 BlueOptions PPO 05190/05191 &**

**Health Savings Account (HSA)**

**Frequently Asked Questions**

**HEATH COVEARGE**

Q: Are all prescriptions covered 100% after the deductible is met?

A: Yes, after the deductible is met.

Q: Are all prescriptions that are currently covered under the existing PPO plan still covered under the new plan?

A: In general, yes. Please see the Medication Guide for more details. With the exception of the HSA Care Condition prescriptions, which are a zero dollar cost to you, you will pay for all other covered prescriptions at the retail cost.  You can see how much the plan paid for the medication plus your copay, which might give you an idea of what the cost for the Rx will be for you if you switch plans.  In addition, there is Please see the pharmacy comparison tool when you log into your Florida Blue account.

Q: How do we interpret the $3,500/$3,500 deductible for employee and spouse $3,500 for each, or $3,500 both?

A: The deductible is non-embedded, which means any one person or a combination of family members can meet the family aggregate deductible of $3,500.  The total Family deductible of $3,500 must be met before the plan will pay.

Q: A total of $3,500 in any combination from either individual (employee and/or spouse) must be met before the plan begins to pay?

A: Once $3,500 deductible has been met on the family plan 05191 it has been met for the whole family.

Q: How do we interpret the $6,850/$9,000 out of pocket max for employee and spouse $6,850 for one and $9,000 for the other, or $, for both? A: Once an individual with family coverage meets the individual OOP maximum, the plan must pay 100% of all covered expenses for that person, even if the family maximum has not been met. Once the family OOP maximum is reached, the plan must pay 100% of all covered expenses for every covered individual — regardless of whether each family member has reached the individual maximum.

Q: Employee & Spouse, a total out-of-pocket max of $6,850 must be met before the plan pays 100%?

A: Yes

Q: And, for Family coverage, a total out-of-pocket of $9,000 must be met before the plan pays 100%?

A: Once the $9,000 family max-out-of-pocket has been met, the plan pays 100%.

Q: Is the CYD deductible for FAMILY coverage $7,000 ($3,500 for 2 persons + $3,500 additional for 3 or more persons?

A: It is a total of $3,500. No matter how it is reached, one member could meet $3,000 and the others can make up the remaining $500.

Q: Besides the doctor visit, what else is covered 100% under preventative maintenance?

A: Annual Wellness, GYN, PSA exams are considered preventative.

* + Lab work? Only if it is ordered as part of the preventative/wellness exam
	+ Follow-up appointments? No

Q: Besides the doctor, what else is covered 100% for a colonoscopy procedure?

* + Facility? No
	+ Anesthesiologist? No
	+ Initial consultation? No
	+ Preparatory prescriptions? No
	+ The literature states just one procedure is covered 100%. One every year, every ten years, or just one? One every year.  The recommendations for ten years is for individuals with no issues or family history.

**Qualified High Deductible Health Plans?**

The BlueOptions PPO 05190 & PPO 05191 plans are considered “qualified high deductible health plans as defined by the IRS.

<https://www.irs.gov/pub/irs-pdf/p969.pdf>

High deductible health plan (HDHP). An HDHP has: • A higher annual deductible than typical health plans, and • A maximum limit on the sum of the annual deductible and out-of-pocket medical expenses that you must pay for covered expenses. Out-of-pocket expenses include copayments and other amounts, but don’t include premiums. An HDHP may provide preventive care benefits without a deductible or with a deductible less than the minimum annual deductible. Preventive care includes, but isn’t limited to, the following. 1. Periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations, such as annual physicals. 2. Routine prenatal and well-child care. 3. Child and adult immunizations. 4. Tobacco cessation programs. 5. Obesity weight-loss programs. 6. Screening services. This includes screening services for the following. a. Cancer. b. Heart and vascular diseases. c. Infectious diseases. d. Mental health conditions. e. Substance abuse. f. Metabolic, nutritional, and endocrine conditions. g. Musculoskeletal disorders. h. Obstetric and gynecological conditions. i. Pediatric conditions. j. Vision and hearing disorders

<https://www.healthcare.gov/glossary/high-deductible-health-plan/>

High Deductible Health Plan (HDHP)

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible). A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

**For 2020**, the IRS defines a high deductible health plan as any plan with a deductible of at least $1,400 for an individual or $2,800 for a family. An HDHP’s total yearly out-of-pocket expenses (including deductibles, copayments, and coinsurance) can’t be more than $6,900 for an individual or $13,800 for a family. (This limit doesn't apply to out-of-network services.)

**HEALTH SAVINGS ACCOUNT (HSA)**

Q: If funds run out of the HSA before a deductible is met and I have to pay out of pocket, could I submit those expenses for reimbursement later in the year when funds are available in the account?

A: Yes, in the same calendar year

Q: Please explain the statement under Contributions and investment options: You can contribute until April 15 for the previous tax year.

A: The IRS says that contributions can be made for a specific plan year up to the tax deadline for that plan year. So, to provide an example; if I am an employee at the college in 2020 on an HSA plan, I legally have until 4/15/2021 (the tax deadline for the 2020 plan year) to contribute funds up to the maximum allowable contribution for the 2020 year.  In order to realistically do this, I, as the employee will want to make my own tax-deferred contributions to the plan and designate those in the employee portal for 2020 since my employer is probably not going to allow for a pre-tax payroll deduction be made as a contribution for a previous calendar year. Also I will want to make sure that I have not filed my personal taxes for 2020 prior to making those contributions since there will be no way for me to get the tax deduction then.

Q: Can an employee make a lump sum deposit to their account, as long as it doesn’t exceed the IRS maximum allowed?

A: **Yes, but the downside to personal contributions, outside of payroll, is that you will be using funds that have already been taxed.  The employee will need to make sure they properly report which contributions were made post tax and which contributions were made pre-tax via payroll when they complete their individual tax return.**

Q: Can employees contribute to their account outside of payroll deduction?

A: **Yes, with the same concern as above.  The employer will not be aware of an employee’s personal contributions made outside of payroll and may run into problems when trying to make a contribution via payroll if the employee is at or near their maximum contribution limit.**

Q: Can an employee set-up their payroll deduction contributions for a specific number of pay periods, for example spreading an annual contribution of $800 over 4 pay periods, with $200 deducted and contributed each pay for 4 pays?

A: **Yes, if the college allows them to do so.  Employees should be able to increase, decrease, start, and stop their HSA contribution as needed throughout the year.  It is the college who determines if an employee’s payroll deduction can be limited to a certain number of payrolls.**

Q: How does an employee elect to deposit their contributions into a mutual fund?

A: **Here is some helpful information on the investment options available to our HSA participants.**

* **Self-Driven Investing:**
	+ [**https://answers.healthequity.com/app/answers/detail/a\_id/1032/kw/investment%20options**](https://answers.healthequity.com/app/answers/detail/a_id/1032/kw/investment%20options)
* **Set Up Investment Portfolio:\**
	+ [**https://answers.healthequity.com/app/answers/detail/a\_id/1506/kw/investment%20options**](https://answers.healthequity.com/app/answers/detail/a_id/1506/kw/investment%20options)
* **Advisor Investment Tool:**
	+ [**https://answers.healthequity.com/app/answers/detail/a\_id/1764/kw/investment%20options**](https://answers.healthequity.com/app/answers/detail/a_id/1764/kw/investment%20options)
* **Investment Advice:**
	+ [**https://answers.healthequity.com/app/answers/detail/a\_id/1761/kw/investment%20options**](https://answers.healthequity.com/app/answers/detail/a_id/1761/kw/investment%20options)

**Health Equities, Member Services team is available every hour of every day to assist employees with any questions they may have.   Employees will find our Member Services phone number on the back of their debit card or you can provide them with this number:  866-346-5800.**

Q: On the HSA account, I turn 55 next year and it looks like I can contribute an additional $1,000 – I would like to take advantage of that, but since I won’t turn 55 till March, would it be pro-rated? I would like to use the $1,000 catch-up but as I said, I don’t turn 55 till March.

A: The entire $1,000 catch-up contribution is eligible for anyone turning 55, regardless of when they turn 55 during the year.  Whether they turn 55 on January 1, 2021 or as late as December 31, 2021, they are entitled to the full $1,000 catch-up contribution in the year in which they turn 55 and every year thereafter, as long as they are covered by an HSA qualified health plan.