

**HIGH DEDUCTIBLE HEALTH PLAN
(HDHP)**



HIGH DEDUCTIBLE HEALTH PLAN

HDHP

A High Deductible Health Plan or HDHP, sometimes known as a “consumer driven” health plan is designed to encourage consumers to make more active, informed decisions about their healthcare.

HDHP's have potential to provide savings on two levels:

- Lower cost of the plan premium
- Potential to open a Health Savings Account (HSA) and fund with pre-tax dollars



HEALTH SAVINGS ACCOUNT

HSA Contributions

- Contributions are deposited pre-tax and available for use on or after each pay date
- 2019 Contribution limits
 - Employee Only – **\$3,500**
 - All Other Coverage Levels - **\$7,000**
 - Age 55 or older, eligible to contribute an additional **\$1,000**
- Option to contribute after-tax dollars as long as within contribution limits outlined by IRS.
 - by yourself
 - by anyone else on your behalf



HEALTH SAVINGS ACCOUNT

Year of the Employee - HSA Kickstart!

- In celebration of “**Year of the Employee**”, in 2019, UICCU will be providing a kickstart contribution to employee HSA's:
 - Employee Only – **\$400**
 - All Other Coverage Levels - **\$800**
- As a reminder, these contributions are not guaranteed from year to year, but we are excited to be able to offer this generous amount for 2019!
- **As a reminder, a minimum contribution of \$10 per pay period is required to receive this kickstart.**



HEALTH SAVINGS ACCOUNT
What is an HSA?

Health Savings Accounts (HSAs) are designed to help you save and pay for health care.



DEPOSIT

Deposit Your
Health Care
Dollars



GROW

Grow Your
Savings



SAVE

Save On Taxes



PAY

Pay For
Health Care
Now Or Later

HEALTH SAVINGS ACCOUNT

HSA Qualified Medical Expenses

1 Medical plan deductibles and coinsurance

2 Medical, dental and vision care services and products

3 Use HSA dollars to pay for qualified medical expenses for your spouse or dependents, even if they are not enrolled in your health plan

4 Health coverage while receiving unemployment benefits

5 COBRA continuation coverage

6 Qualified long-term care

7 Medicare premiums and out-of-pocket expenses

For more information on qualified expenses refer to publication 502 or consult a tax professional

HEALTH SAVINGS ACCOUNT

Non-Qualified Medical Expenses

Any HSA funds used for purposes other than to pay for qualified medical expenses are:

1 Taxable as income

2 Subject to a 20% tax penalty*

**The 20% tax penalty does not apply to account holders age 65 and older, those who become disabled or enroll in Medicare*

Examples of non-qualified expenses:

3 Non-medical or health-related expenses

4 OTC medication without a doctor's prescription

5 Medicare supplement premiums

Freedom of Choice

- Ultimately the UICCU continues to offer two plans, both the PPO and HDHP, allowing you to decide which one will best meet the needs of you and your family based on many factors such as:
 - Premium cost
 - Paying copays versus paying the full cost for services up front
 - Ongoing, planned, or unplanned medical needs in the coming year
 - Prescription utilization, and
 - Total cost liability of both plans

No matter what plan you choose, you'll get the same...

- Access to doctors, specialists and hospitals – the network is identical for each plan
- Preventive services that are covered in full
- Network savings
- Online tools and services to help you get healthy and stay healthy

Take a look at YOUR cost of care

- What were your expenses in 2018?
- Register or log in to your myWellmark.com account
- Click on the “Claims & Spending” tab
- The “My Year-to-Date Spend” tool is located on the right side of the page
- Review the **Allowed Amount**
 - This will help you determine how much you might pay for a doctor visit or prescription if you are considering a transition to a HDHP where you would be responsible for 100% of the cost up to the Out-of-Pocket Maximum

PPO VS. HDHP

Pay attention to the Allowed Amount!

Claim Type	First Date of Service	Claim Number	Amount Charged	Amount Allowed	Network Savings	Amount Paid By Health Plan	Other Insurance	Date Paid	Your Responsibility				
									Deductible	Copayment	Coinsurance	Amt not covered	Amount you Owe
MITCHELL													
Medical	01/31/18	400543149600	\$210.00	\$125.00	\$0.00	\$100.00	\$0.00	02/23/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Drug	01/31/18	600686915000	\$107.89	\$107.89	\$0.00	\$99.89	\$0.00	02/01/18	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
Drug	02/16/18	600718285700	\$150.99	\$9.27	\$141.72	\$1.27	\$0.00	02/19/18	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
Drug	04/05/18	600808061900	\$150.99	\$6.28	\$144.71	\$0.00	\$0.00	04/06/18	\$0.00	\$6.28	\$0.00	\$0.00	\$6.28
Medical	04/19/18	400665738800	\$132.00	\$91.00	\$0.00	\$66.00	\$0.00	05/11/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Drug	04/19/18	600834407900	\$75.99	\$8.99	\$67.00	\$0.99	\$0.00	04/20/18	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
Drug	05/23/18	600896530700	\$150.99	\$9.17	\$141.82	\$1.17	\$0.00	05/24/18	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
Medical	06/04/18	400735980700	\$132.00	\$108.00	\$0.00	\$83.00	\$0.00	06/22/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Drug	06/04/18	600915785000	\$22.09	\$3.61	\$18.48	\$0.00	\$0.00	06/05/18	\$0.00	\$3.61	\$0.00	\$0.00	\$3.61
Drug	06/04/18	600915785300	\$21.39	\$10.55	\$10.84	\$2.55	\$0.00	06/05/18	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
Drug	07/03/18	600969686700	\$150.99	\$9.17	\$141.82	\$1.17	\$0.00	07/04/18	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
Medical	08/02/18	400837986300	\$127.00	\$94.00	\$0.00	\$69.00	\$0.00	08/24/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Medical	08/02/18	400838622800	\$53.00	\$52.00	\$0.00	\$27.00	\$0.00	08/24/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Medical	08/02/18	400844985800	\$30.00	\$17.50	\$0.00	\$17.50	\$0.00	08/24/18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug	08/03/18	601039104400	\$32.99	\$1.68	\$31.31	\$0.00	\$0.00	08/06/18	\$0.00	\$1.68	\$0.00	\$0.00	\$1.68
Medical	08/06/18	400906974600	\$481.30	\$127.76	\$353.54	\$0.00	\$0.00	09/14/18	\$127.76	\$0.00	\$0.00	\$0.00	\$127.76
Medical	08/09/18	400857189300	\$310.00	\$175.82	\$134.18	\$150.82	\$0.00	08/31/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Medical	08/14/18	400860513300	\$180.00	\$90.08	\$89.92	\$65.08	\$0.00	08/31/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Medical	08/16/18	400867015000	\$131.00	\$56.15	\$74.85	\$31.15	\$0.00	09/07/18	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00

- The "Amount Allowed" column will show you what you would have paid for that service or prescription if you were on the HDHP!

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and research
- Life changing events (birth/death/divorce/marriage)
- Finding a provider



Call one of our Advocates today!

888-655-9980

7:30 am – 5pm CT

trueadvocate@truenorthcompanies.com