



**THE
RESCHINI
GROUP®**

NAVIGATING YOUR SUCCESS

**Qualified High Deductible
Health Plan and Health
Savings Account**

**Questions
and
Answers**



Frequently Asked Questions



Qualified High Deductible Health Plan (QHDHP)

What is a qualified high deductible health plan (QHDHP)?

A qualified high deductible health plan (QHDHP) is a medical plan regulated by the IRS. Coverage in a QHDHP is also a requirement for having a health savings account.

Will the doctors, facilities, and medical providers change from my current plan?

No, this Highmark plan has the same access to in-network doctors and hospitals that you have today with your current Highmark plan.

Are my benefits different?

No, the benefits you have under your current plan are the same as under the QHDHP. The only difference is what you pay at the time of service.

What is the annual deductible?

The minimum annual deductible is determined by the IRS. For 2015, the minimum annual deductible is \$1,300 for employee only and \$2,600 for family plan coverage. The deductible applies to all non-preventive qualified medical services and prescriptions.

How do I meet my deductible?

For an employee only plan, the member must meet the individual deductible. For a family plan, the deductible may be met by one or more family members.

Frequently Asked Questions



Qualified High Deductible Health Plan (QHDHP)

Do I have to keep track of my deductible?

Highmark tracks all of your eligible expenses submitted for payment by your providers and applies such expenses to your deductible. You may view your expenses under your expense summary online at www.highmarkbcbs.com.

Are dental and vision claims applied to my deductible?

No. Only qualified medical and prescription services are applied to the deductible.

Will my deductible ever change?

To remain a qualified plan, the deductible on QHDHPs may change periodically. In the event of a change, this would be communicated to you.

Frequently Asked Questions



Health Savings Account (HSA)

What is a health savings account (HSA)?

An HSA is a health savings account that can be used to pay for current and future qualified medical expenses. The HSA can be funded with tax exempt contributions from both you or your employer. Funds from the HSA are made easily accessible with an HSA debit card which will be issued to you by Bank of America.

Who is eligible for an HSA?

You must be enrolled in a QHDHP and

1. You must not be covered by any other health plan that is not a QHDHP (not covered by your spouse's plan).
2. You must not be enrolled in Medicare or TRICARE.
3. You must not be claimed as a dependent on another person's tax return.
4. You must not be enrolled in a general purpose health care flexible spending account (FSA) or health reimbursement account (HRA).

My spouse has a health care flexible spending account (FSA) or health reimbursement account (HRA) through his/her employer, can I still enroll in the QHDHP and HSA?

While you may enroll in the QHDHP, you or your employer are not allowed to contribute any money to your HSA while you are covered by the general purpose FSA or HRA. Once you are no longer covered by the FSA or HRA, contributions may then be made to your health savings account. However, if you or your spouse are enrolled in a limited scope FSA or HRA, you or your employer may contribute to the HSA.

What are the advantages of an HSA?

- Contributions to your HSA are tax deductible.
- Interest earned on your HSA is not taxable.
- Investment earnings from your HSA are not taxable.
- Withdrawals from your HSA for qualified medical expenses are not taxable.

Frequently Asked Questions



Health Savings Account (HSA)

Who can contribute to an HSA?

Your employer is permitted to contribute to your HSA, and if you choose, you may also make your own contributions. The annual contribution limits apply no matter who makes the contributions.

How can I add money to the HSA?

You may add additional funds to your HSA via payroll deduction, or via the Highmark website www.highmarkbcbs.com.

What are the annual contribution limits to the HSA?

The annual contribution limits are set by the IRS:

2015 Employee Only Plan - \$3,350, Family Plan - \$6,650
\$1,000 "catch-up" if age 55 or over

Can a married couple establish a joint HSA account and both make contributions to the account?

No. Joint HSA accounts are not permitted. Each spouse can establish an account in their own name and make their own contributions subject to IRS limits, including catch-up contributions when the account holder is age 55 or older.

Frequently Asked Questions



Health Savings Account (HSA)

How do I use my HSA to pay for qualified medical expenses?

You can use your HSA debit card, pay your claim(s) directly to the provider, or reimburse yourself for out of pocket expenses by visiting the Highmark website www.highmarkbcbs.com.

What expenses are not eligible for reimbursement from my HSA?

The following are some expenses that may not be reimbursed from your HSA:

- Expenses that are not qualified medical expenses
- Premiums for Medicare supplemental policies
- Expenses covered by another insurance plan
- Expenses incurred prior to the date the HSA was established
- Over-the-counter drugs purchased without a prescription



Frequently Asked Questions



Health Savings Account (HSA)

Whose qualified medical expenses can I run through my HSA for reimbursement?

Qualified medical expenses are those incurred by the following persons:

- You and your spouse.
- All dependents you claim on your tax return.
- Any person you could have claimed as a dependent on your return except that:
 - The person filed a joint return,
 - The person had gross income of \$3,900 or more, or
 - You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return.

What if HSA funds are used for non-qualified expenses?

Money withdrawn from an HSA to pay for any non-qualified expense is considered taxable income to the account holder and is subject to a 20% tax penalty. If the HSA holder is age 65 or older or disabled, HSA monies used for non-qualified expenses would not be subject to the 20% tax penalty.

What happens to the money in the HSA after I turn 65?

You can continue to use your account tax-free for out-of-pocket health expenses. When you enroll in Medicare, you can use your account to pay Medicare premiums, deductibles, co-pays, and co-insurance. You may not use the funds in your account to purchase a Medicare supplement or Medigap policy.

Frequently Asked Questions



Health Savings Account (HSA)

What if there is money left in my HSA at the end of the year?

The money remaining in your HSA at the end of the year will be rolled over to the next year and will remain available for you to use for qualifying medical expenses.

What if I leave my current employer or retire and still have money in my HSA?

The money in your HSA belongs to you and your account is portable.

What if I no longer have coverage under a QHDHP but still have money in my HSA?

Although in this circumstance you can no longer contribute to your HSA, you may still continue to use the pre-tax funds in the account to pay for qualified medical expenses incurred anytime after the health savings account was opened.

What happens to my HSA if I die?

If you are married, your spouse becomes the owner of the account. If you are not married, the account will pass to your beneficiary which you must designate on the Highmark website www.highmarkbcbs.com. If you are unmarried and no beneficiary is designated, the HSA becomes part of your estate.

Is there a fee for the HSA?

Similar to other investment accounts, there is a monthly fee to administer the account. The monthly fee will be deducted from the employee's HSA account.

Frequently Asked Questions



Medical and Prescription Claims Processing

How are medical claims processed?

- 1) You receive qualified medical services after presenting your Highmark PPOBlue identification card
- 2) The provider submits your claim to Highmark
- 3) Highmark processes your claim and applies the services to your deductible using the Highmark negotiated charges for those services
- 4) Highmark notifies the provider how much they may charge you for the services you received
- 5) You receive your "Explanation of Payment" statement in the mail and also via the Highmark website which indicates your liability and what you owe the provider
- 6) The provider bills you for the service
- 7) You decide whether or not you want to use the money in your HSA to pay the provider the amount billed

How are prescription claims processed?

- 1) You will present your Highmark PPOBlue identification card
- 2) The pharmacy submits your prescription claim to Highmark
- 3) Highmark processes your claim and applies the prescription cost to your deductible using the Highmark negotiated charges for the drug cost
- 4) Highmark notifies the pharmacy how much they may charge you for the prescription you are receiving
- 5) You pay the pharmacy at the same time you receive your prescription
- 6) You decide whether or not you want to use your HSA debit card to pay the pharmacy the amount billed

Frequently Asked Questions

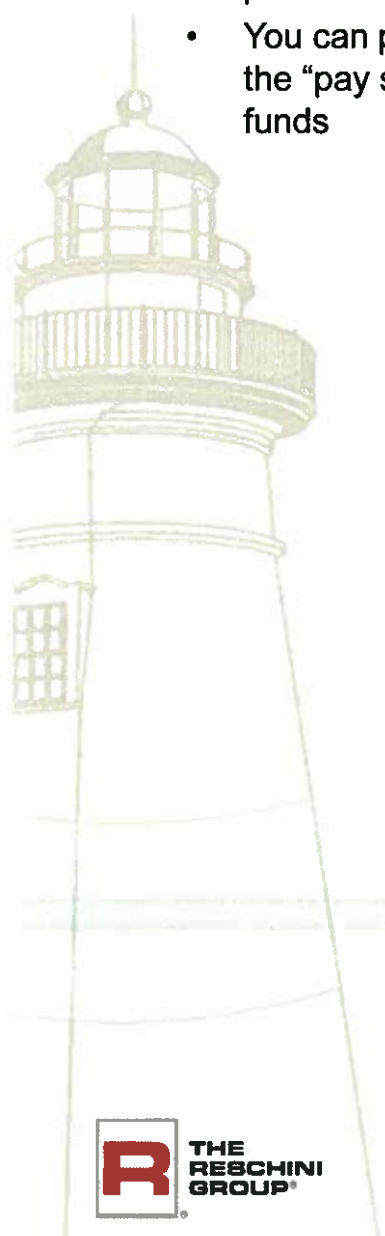


Paying a Provider Invoice

How do I pay a physician, specialist, hospital, or facility once I receive an invoice from the provider?

You have multiple options for paying the provider

- You can use your HSA debit card
- You can log on to www.highmarkbcbs.com and use the “pay to provider option”
- You can pay with non HSA funds, log in to www.highmarkbcbs.com and use the “pay self” option to repay your personal bank account from your HSA funds



Frequently Asked Questions



Prescription Drug Services

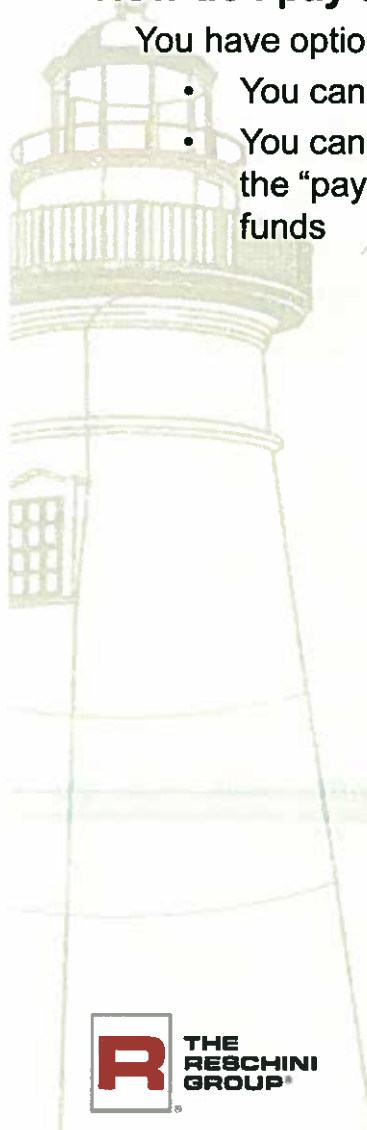
What will I pay for eligible prescription drugs at an in-network pharmacy?

Upon picking up your prescription you will pay the Highmark negotiated rate for all medications, and this amount will be applied towards your annual deductible. Once you have met the full amount of your deductible, eligible prescription drug costs are covered at 100% for the remainder of your benefit period.

How do I pay the pharmacy for my prescription?

You have options for paying the pharmacy for your prescriptions

- You can use your HSA debit card
- You can pay with non HSA funds, log in to www.highmarkbcbs.com and use the “pay self” option to repay your personal bank account from your HSA funds



Frequently Asked Questions



How can I find out if my preferred provider is an in-network provider?

The “Find a Provider” tool on the Highmark website www.highmarkbcbs.com will help you verify if your provider is in-network. For further assistance you may call The Reschini Group customer service area at 1-800-442-8047.

What if my provider does not accept Highmark insurance?

If your provider does not accept Highmark insurance your claim will process at the out-of-network level. Providers who bill at the out-of-network level are not required to accept Highmark’s payment as payment-in-full and may bill the member for the difference between Highmark’s payment and the provider’s charges.

What is the out-of-pocket maximum?

The out-of-pocket limit is the maximum you can pay for out-of-network care. It is important to remember this does not include the deductible. Once both the deductible and the out-of-pocket maximum have been satisfied, qualified out-of-network expenses are covered at 100%; however, the provider has the right to balance bill.

How can I confirm that the bill I receive is correct?

Members will receive an “Explanation of Payment” statement from Highmark showing all claims activity and the member responsibility for those claims. Bills received from providers should match the “Explanation of Payment”. “Explanation of Payments” are also available online at www.highmarkbcbs.com.

What if I receive a bill that is incorrect, or I am unsure.

The Reschini Group is here to assist you with all questions concerning your benefits. Our customer service representatives can assist you with any claims concerns at 1-800-442-8047.