

Choice Fund Health Savings Account FAQs

In reference to “Coverage for pre-existing conditions will not be covered under this plan unless continuously insured for one year”, if I change my current CIGNA medical plan to the Choice Fund Health Savings Account (H.S.A.) plan, is that considered a new plan where my previous conditions are going to be now pre-existing conditions and therefore will not be covered under the new plan?

No. If you’ve have continuous coverage for the last 12 consecutive months with a County medical plan (or any other group health insurance plan) the pre-existing condition will not apply.

Since the pharmacy benefit is with CIGNA instead of with Walgreens Health Initiatives, do you have to go to a particular Cigna pharmacy to get your prescriptions? Where can I find the list of available pharmacies?

You can search for pharmacies via the online provider directory. Just make sure to click the “pharmacy” option. <http://cigna.benefitnation.net/cigna/docdir.aspx>

For a family, the annual plan year deductible is \$2,400. That means that when I go to get a prescription and that prescription is not on the maintenance medication list (for example for thyroid medication) I pay full price at the pharmacy. That total full price I pay starts counting towards the deductible. Correct?

Yes, all medication fills that are not on the free maintenance medication list are subject to your deductible first. The cost is the contract price of the medication, not the full retail cost.

I go to the doctor because I have a cold, then I pay the full price for the office visit and that total amount I pay counts towards the deductible. Correct?

If you go to a CIGNA contracted physician for a non-preventive visit, you will pay the contracted rate for the office visit and yes, it will apply towards your deductible first.

If I need to go to the emergency room, I get the bill and I pay until I reach the \$2,400 annual family deductible and after that I start paying the 10% (If I stay in-network) until I reach the \$4,000 out-of-pocket maximum. My husband never gets sick. I am the only one incurring the expenses. After we have met the \$4,000 out-of-pocket maximum we, me and my husband, are covered 100% for any additional expenses. Correct?

Yes, on the family H.S.A. plan, no one is covered at 100% until the \$4,000 out-of-pocket maximum is reached. Expenses that accumulate toward the out-of-pocket maximum for this plan include the plan deductible, co-insurance and

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copayments for scans such as MRIs. Non-compliance penalties and provider charges in excess of the maximum reimbursable charge (excess amount between billed amount for the service and either the CIGNA contracted rate or the usual and customary charge) do not count toward the out-of-pocket maximum.

Once you have reached \$4,000 out-of-pocket maximum, then charges for covered benefits for all family members thereafter are covered at 100% (except for non-compliance penalties and provider charges in excess of the maximum reimbursable charge).

What if your expenses exceed the amount you have on your HSA account at the beginning of the year? Do you pay out of pocket and then process forms to get the money out of the HSA card?

You only have available for your use the amount of money that is in your HSA account. You may need to deposit money in your account outside of payroll to cover expenses if you do not have enough money on deposit when needed. You could also make arrangements to pay providers over the course of several months so that you are able to use the money as it is contributed to your HSA account through payroll deduction. Or you can pay yourself back via an HSA check or the HSA debit card. You will just need to keep your receipts to justify cash withdrawals.

Are the deductions scheduled for all the pay periods 26 times per year or for 2 per month: 24 times/year?

Employee contributions to your H.S.A. are scheduled for 26 pay periods.

The bank application indicates that you must not be enrolled in another insurance plan and specifically lists dental and vision insurance. How does that work with the HSA? If I enrolled in this plan, would I not be able to enroll in Cigna dental and EyeMed vision plan as well?

The way it reads is confusing, however, it actually states that you are only allowed to be enrolled in a limited coverage plan such as vision, dental, etc. It reads as follows: "You may not be enrolled in another health insurance plan either as an employee or dependent other than another high-deductible health plan, or a plan providing specific, limited coverage (such as specific disease insurance, dental insurance, vision insurance...)"

I was going through the open enrollment worksheet and I see where you sign up for the HSA plan but not where you elect payroll deductions? How does that work? And, I was listening to the EBC presentation and they indicated that you can change your payroll deduction throughout the year, is this true?

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The HSA contribution is available to you once you elect the HSA medical plan via the online Benefits Enrollment System. You will see the HSA contribution on the screen below the benefit elections along with the Limited Use FSA and Dependent Care FSA elections.

You are able to change your HSA contribution throughout the year by filling out the following form

http://ebc.maricopa.gov/ehi/pdf/2008/CIGNA_HSA/hsa_deductionform.pdf and submitting it to the EHI department. We will work with payroll to update your contribution.

And logistically, if I sign up for the HSA plan do I then meet with HR benefits to fill out the bank application, beneficiary and contribution forms or do I do this on my own?

The EHI Department will send you an enrollment package after Open Enrollment closes. We prefer that you send the completed package to EHI so it can be imaged and sent to JPMorgan Chase.

The bank application states that your employer may elect to pay some of the associated fees related to the H.S.A. account i.e. monthly maintenance of \$3, account statement of \$0.85, etc. How can I find out what the County pays?

The County does not pay any of the associated fees with the maintenance of your health savings account; however, these fees do not apply to active employees. The fees you reference above are only charged if your employment status with the County changes (i.e. you are no longer employed).

At this time I have \$325 credit in my Consumer Choice Pharmacy account. Can this rollover into the HSA?

EHI will roll over the credit amount you have in your Consumer Choice Pharmacy account as of the end of the benefit year as long as you request such rollover in writing to EHI via BenefitsService email at the beginning of the new plan year (July 1, 2009).

If I'm enrolled in a family HSA plan, does the entire family annual deductible have to be met prior to the 10% co-insurance applying or is the deductible met on an individual family member basis?

For the HSA family coverage medical plan, the \$2400 must be met first before the 10% co-insurance applies. The individual deductible does not apply to a family HAS plan.

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I am considering moving to the HSA medical benefit during open enrollment, but have a tax question. My husband has a new job and their medical plan is an HSA for him only. Can we have two HSAs - one with only him, the other only me and the children if we are married, filling jointly?

You should speak with your accountant or the Internal Revenue Service regarding your specific tax questions; however, the only requirement that EHI is aware of is that the HSA plan can be your ONLY medical coverage. Meaning you cannot be insured under the Maricopa County's HSA plan and your husband's HSA plan or any other medical insurance plan.

I have attached a link that may address you questions more specifically:
http://www.treas.gov/offices/public-affairs/hsa/faq_contributing.shtml

We are enrolled in the Choice Fund Health Savings Account (H.S.A.) plan. If we purchase hearing aids, can we request reimbursement under the Flexible Spending Account or must the reimbursement come from the H.S.A?

When you are enrolled in the H.S.A. plan, the only health care flexible spending account plan that you can enroll in is the Limited Use Flexible Spending Account. With the Limited Use FSA, you can request reimbursement for dental and/or vision claims only. Therefore, for hearing aid purchases, you would need to utilize your HSA account.

Is there a way we can find out what the doctors charges were for visits we had this year? For example my wife had a lower GI series, can I go to Cigna and find out what they paid to see what it would have cost me?

Yes; go to www.mycigna.com (you'll have to register or if already registered know your username and password) and view your medical claim history for yourself and family. It will list the submitted amount, covered amount (contracted rate for the service), the deductible/copy amount, and the amount paid. This same information is included on Explanation of Benefits that you may have received from CIGNA when they paid the claims. This should give you a good idea about how much providers are charging for the services provided. (An abbreviated example is shown below)

Service Details

Service(s)	Service Date(s)	Submitted Charge	Charges Not Covered	Applied to Deductible/Copay
PHYSICIAN	02/18/2009	\$75.00	\$75.00	\$0.00
PHYSICIAN	02/18/2009	\$167.00	\$88.83	\$78.17
LABORATORY	02/18/2009	\$30.00	\$19.99	\$10.01
Totals		\$272.00	\$183.82	\$88.18

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The example above is for a claim for a well child appointment where a strep-test was also performed. The total bill was \$272.00; the CIGNA contractual discounted amount was \$183.82 which left the member's financial responsibility at \$88.18.

For the Choice Fund Health Savings Account, how much and when does the County fund the Health Savings Account?

The County funds the Choice Fund Health Savings Account in the amount of \$500 for individual coverage (employee only) or \$1,000 for family coverage (employee + dependent(s)) if you are enrolled for full year coverage. If you are enrolling in the Choice Fund Health Savings Account plan during Open Enrollment, you are enrolling for the full plan year. If you enrolled for a partial year when you first became benefit-eligible, the County contribution to your Health Savings Account would be pro-rated by the number of months you were enrolled in this plan during the benefit plan year.

The County contribution occurs as soon as administratively possible following the beginning of the plan year. A number of events must occur before funding can be completed, especially if you are enrolling in this plan for the first time.

- An H.S.A. Enrollment Package must be completed first. The EHI Department sends enrollees the Enrollment Package after Open Enrollment closes after May 29, 2009.
- The employee completes the forms contained in the Enrollment Package and sends them either to EHI or directly to JPMorgan Chase. (The preferred method is to send to EHI for imaging and delivery via secure email.)
- Then the Health Savings Account has to be opened at JPMorgan Chase. The employee is notified by letter sent via U.S. Postal Service mail when the account is opened.
- Once the account has been opened EHI also receives notification and then the funding process begins with an employer deduction amount being sent to payroll.
- When the funding has been collected through payroll, EHI then sends the funds to your Health Savings Account.