

HIGH DEDUCTIBLE HSA- COMPATIBLE HEALTH PLANS

Marin County Office of Education

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Agenda

- The SISC Transition
- HDHP-HSA Compatible Plans and HSA's
- How Health Saving Accounts Work
- How High Deductible Health Plans Work
- MCOE HDHP-HSA Compatible Plans
- Anthem Blue Cross PPO Plan Features



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Transition to SISC

ACTION REQUIRED



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- All employees covered by a medical plan **MUST** submit an enrollment form and any supporting documents to Personnel by **Thursday, October 29th**.
 - Enrollment forms must include social security numbers for subscriber and any dependents.
 - Contact Personnel (Erin Feely and Mirna Long) at **415-499-5854** with questions.

- All SISC plans go into effect **December 1st, 2020**.

- Employees covering a spouse, domestic partner, and/or dependent children will need to provide the following eligibility verification documents:

DEPENDENT TYPE	REQUIRED DOCUMENTATION
Spouse	<ul style="list-style-type: none"> ▪ Prior year's (2019) Federal Tax Form that shows the couple was married (financial information redacted); or ▪ A marriage certificate is accepted for <u>newly married</u> couples married in 2020
Domestic Partner	Certificate of Registered Domestic Partnership issued by State of California
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> ▪ Legal Birth Certificate or Hospital Birth Certificate (newborns less than 6 months of age) <ul style="list-style-type: none"> ➤ Must include child's full name, parent(s)' name(s), and child's date of birth ▪ Legal Adoption Documentation
Legal Guardianship up to age 18	Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	Contact Personnel (Erin Feely or Mirna Long) at 415-499-5854 for document requirements

Health Savings Account Basics

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Two Pieces to HSA Plans

HSA-Qualified High Deductible (HDHP) Health Plan

A Health savings account (HSA)-qualified high deductible medical plan made available through SISC Health Benefits. SISC provides two HSA plan options to Marin County Office of Education employees.



Health Savings Accounts (HSA)

A savings account administered by a financial institution that works with an HSA-compatible high deductible health plan to allow you to pay for “qualified medical expenses”. Employee is responsible for selecting a financial institution to administer the HSA.



How Health Saving Accounts (HSAs) Work



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- Health Savings Accounts offer federally tax-free savings for the “qualified” current and future medical expenses of “eligible individuals” and their dependents. Unspent money rolls over from year to year and unspent balances can accumulate over a lifetime to help pay for uncovered Medicare expenses after retirement.
- An “eligible individual” is someone covered under an HSA-compatible, High-Deductible Health Plan (HDHP) who is not covered under a non-HDHP, nor enrolled in Medicare, and who is not claimed as a dependent on another’s tax return. Individuals may not have additional health coverage that is not an HSA-qualified HDHP plan (Certain exceptions, apply, including specific injury insurance or coverage for accidents, disability, dental care, vision care, or long-term care).
- An HSA may be used to pay for employees and their dependents’ qualified medical expenses and prescriptions, including copays, coinsurance, and deductible payments. Qualified medical expenses include many health care services and related costs, such as:
 - Primary and specialty care visits
 - Emergency and Hospital services
 - X-rays and laboratory tests
- Qualified medical expenses are defined by the Internal Revenue Service (IRS) for tax purposes. Refer to IRS Publication 502, *Medical and Dental Expenses*, available at [irs.gov/publications](https://www.irs.gov/publications) for a detailed list.

This information is provided for general educational purposes only and is not intended to provide legal or tax advice. **Consult with a legal or tax advisor for guidance on regulatory compliance matters.**

HSA Contributions

2021 Calendar Year



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HSA Contribution Limits	2021 Calendar Year
Individual	\$3,600
Family	\$7,200
Catch Up (55+)	Additional \$1,000/year

- Employees are responsible for notifying their financial institution of eligibility status changes
 - ✓ Ex: Change from Family to Individual plan
- Those that use all of the funds in their health savings account after having contributed the maximum amount allowed for the year will be required to pay out-of-pocket for any other health care expenses through the end of the calendar year
- Employees are responsible for setting up an HSA with a financial institution and ensuring IRS compliance

Contribution limits may be changed each year by the IRS. **Reach out to a financial advisor/plan administrator with questions.**

Estimates and Tracking Costs



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Tools and Resources

- Those enrolled on an HSA-compatible high deductible plan should save all receipts, bills, and explanations of benefits in case you need to document your expenses.
 - An Explanation of Benefits (EOB) is a summary that shows services rendered and their costs, and how much the health plan paid. It can be used to track expenses and progress towards deductibles and out-of-pocket maximums.
- Kaiser Permanente members can visit kp.org/costestimates or call **1-800-390-3507** for a cost estimate of many common services, and to track progress towards their plan deductible and out-of-pocket maximum.
- Kaiser Permanente members can also visit kp.org to view claims summaries and explanations of benefits.
- Anthem Blue Cross PPO members can use the Sydney app or Anthem.com to estimate costs and view claims. Members can also call **1-800-825-5541** for assistance.
- Anthem Blue Cross PPO members can also visit Anthem.com to view claims summaries and explanations of benefits.



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How HSA-Compatible High Deductible Plans Work

1. Deductible Phase

- HSA-compatible high deductible plans feature a combined deductible for medical and pharmacy services.
- Members are responsible for 100% of all eligible expenses up to the plan's annual deductible, meaning they must reach their deductible before paying copays or coinsurance for covered services.
 - Most preventive care services, such as screenings and immunizations, are covered at no cost or at a copay, and as such, most will not apply to the deductible.
- Those who reach their individual deductible will start paying copays or coinsurance for covered services for the rest of the calendar year, or until they meet their out-of-pocket maximum. All other family members will continue paying the full cost of covered services until they reach their individual deductibles or until, combined, they reach the family deductible.

2. Coinsurance Phase

- Individuals and families that meet their deductibles will pay a smaller percentage of expenses.

3. Out-of-Pocket Maximum Phase

- Excluding the monthly premium, this is the most an individual and family will pay for medical services and prescription drugs during the calendar year.
- All office visits, preventive services, pharmacy, deductible, copays and coinsurances apply to the out-of-pocket maximum.
- Once the individual or family out-of-pocket maximum is met, the plan will pay 100% of all eligible individual or family medical and prescription drug costs for the rest of the calendar year.

SISC Kaiser Permanente HMO



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HSA Plan

In-Network Benefits	Current HSA Plan Effective until 11.30.2020	New SINGLE HSA Plan Effective 12.01.2020	New FAMILY HSA Plan Effective 12.01.2020
Deductible	\$1,350 Individual / \$2,700 Family	\$1,500	\$2,800 Individual / \$3,000 Family
Out-of-Pocket Maximum	\$3,000 Individual / \$6,000 Family	\$3,000	\$3,000 Individual / \$6,000 Family
Office Visit	Deductible, then \$20	Deductible, then 10%	Deductible, then 10%
Urgent Care	Deductible, then \$20	Deductible, then 10%	Deductible, then 10%
Specialist	Deductible, then \$20	Deductible, then 10%	Deductible, then 10%
Preventive Care	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived
Outpatient Hospital	Deductible, then \$150	Deductible, then 10%	Deductible, then 10%
Physical/Occupational Therapy	Deductible, then \$20	Deductible, then 10%	Deductible, then 10%
Ambulance	Deductible, then \$100	Deductible, then 10%	Deductible, then 10%
Emergency Room* *waived if admitted	Deductible, then \$100	Deductible, then 10%	Deductible, then 10%
Inpatient Hospitalization	Deductible, then \$250	Deductible, then 10%	Deductible, then 10%
Durable Medical Equipment	Deductible, then 20%	Deductible, then 10%	Deductible, then 10%

	Current Rx Drug Plan Effective until 11.30.2020	New Rx Drug Plan Effective 12.01.2020
Generic 30 Day Supply	Deductible, then \$10	Deductible, then \$10
Brand / Specialty 30 Day Supply	Deductible, then \$30	Deductible, then \$30
Generic 100 Day Supply	Deductible, then \$20	Deductible, then \$20
Brand / Specialty 100 Day Supply	Deductible, then \$60	Deductible, then \$60

Transition of Deductibles



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- All current Kaiser Permanente member deductibles will automatically transfer to members' new Kaiser Permanente plans after December 1st.
- Employees and dependents transitioning from Western Health Advantage to Kaiser Permanente are unable to transfer their deductibles.
- Employees and dependents transitioning from a Western Health Advantage to Anthem Blue Cross PPO must submit a Deductible Credit form along with a copy of their most recent Explanation of Benefits (EOB) to Personnel.
- HSA plans have a calendar year deductible, so those interested in transitioning to an HSA plan may enroll in a non-HSA plan for the month of December and may then transition to an HSA plan for a January 1st, 2020 effective date.
 - Both a non-HSA enrollment form for December 1st – December 31st AND an HSA enrollment form for January 1st – September 30th must be submitted to Personnel by **October 29th**.


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In-Network Benefits	HSA-B
Calendar Year Deductibles & Maximums	<i>*includes Rx</i>
Calendar Year Deductible Single / Family	\$3,000/\$5,200*
Annual Out-of-Pocket Maximum Single / Family	\$5,000/\$10,000*
Professional Services	
Physician Office Visit <i>*0 Copay for first 3 calendar year Primary Care visits on Non-HSA PPO Plans</i>	Deductible, then 10%
Preventive Care	0%, Deductible Waived
Urgent Care	Deductible, then 10%
Specialists	Deductible, then 10%
CT, CAT, MRI, PET, etc. scans	Deductible, then 10%
Laboratory and X-Ray	Deductible, then 10%
Chiropractic* <i>*Subject to medical necessity review at 5 visits</i>	Deductible, then 10%
Acupuncture* <i>*Limited to 12 visits per calendar year</i>	Deductible, then 10%
Hospital Facility Services	
Inpatient Hospitalization* <i>*Preauthorization required, limits may apply</i>	Deductible, then 10%
Surgery Center Outpatient Surgery	Deductible, then 10%
Hospital Outpatient Surgery* <i>*Hip and Knee replacements, certain spine surgeries must be performed in Blue Distinction Plus facilities</i>	Deductible, then 10%
Other Benefits	
Ambulance	\$100 co-pay + Deductible, then 10%
Emergency Room* <i>*Copay waived if admitted</i>	\$100 co-pay + Deductible, then 10%
Mental Health and Substance Abuse Treatment	
Inpatient	Deductible, then 10%
Outpatient	Deductible, then 10%
Prescription Drugs	
	Generic / Brand
Individual/Family Brand & Specialty Deductibles	Included in Medical Deductible
Individual/Family Rx Out-of-Pocket Maximum* <i>*includes Rx deductibles and co-pays</i>	Included in Medical Out-of-Pocket Maximum
Retail \$0 Generic co-pays through Costco 30 Day Supply	Deductible, then \$0 / \$35
Mail Order through Costco 90 Day Supply	Deductible, then \$0 / \$90

SISC PPO Plan Design



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Anthem Blue Cross SISC Microsite: anthem.com/ca/sisc

Anthem Blue Cross (Sydney): Smart Phone Application for Apple and Android

Find a provider online: [PPO \(Full Network\)](#)

- **Do not use** the general Anthem Blue Cross Website to search for providers and facilities.
- Call Anthem Blue Cross Member Services (number on the back of your ID card) prior to scheduling any surgeries. All inpatient surgeries require prior authorization.
- Hip and Knee replacements, and certain inpatient Spine surgeries require the use of Blue Distinction Plus (BD+) facilities. A travel expense benefit is included if you must travel to a designated facility for inpatient surgery.
 - Visit anthem.com/ca/sisc for a list of BD+ hospitals
 - You may also obtain certain Hip, Knee, and Spine surgeries through our concierge surgery service vendor, Carrum Health, which contracts with Scripps Hospital in San Diego. Co-Insurance and deductibles are waived for non-HSA plan members through Carrum.
- Anthem PPO members can use MDLive to consult a licensed doctor, pediatrician, therapist, or psychiatrist over the phone, by video visit, or by mobile app. All visits are confidential.

SISC PPO Plan Design



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- Anthem Blue Cross PPO members are subject to reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC):
 - Arthroscopy
 - Cataract Surgery
 - Colonoscopy
 - Upper GI
 - Upper GIU
- Physical Medicine Services (Chiropractic, Physical or Occupational Therapy) require Prior Authorization after the first five visits.
- Anthem members receive \$0 generics (excluding certain pain and cough medications) from Costco once deductibles (if any) are satisfied.
- Some services provided by non-contracting or out-of-network providers are not covered and do not accumulate towards Out-of-Pocket Maximums, including but not limited to:
 - X-Ray/Imaging
 - Laboratory
 - Durable Medical Equipment (DME)
 - Physical Medicine Services (Chiropractic, Physical or Occupational Therapy)
 - Preventive Services

Navitus Health Solutions



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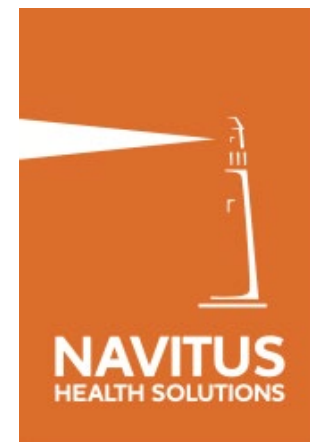
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- Navitus Health Solutions is the prescription drug administrator for SISC Anthem Blue Cross PPO Plans.
- The network includes most independent pharmacies and all major chain pharmacies except Walgreens.
- Effective 12/1/2020, members should register with **Navitus.com** to access the most current list of covered drugs.

New members looking to inquire on drug coverage prior to 12/01/2020:

Call Navitus Health Solutions at **1-866-333-2757**

- **Explain:** *“I am a new member with Marin County Office of Education, not yet in the system and want to know if my medications are covered.”*
- **CODE:** *RXPID 9X35*



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Thank you for joining us today.

Don't miss our upcoming session:

- Wednesday, October 28th – Open Questions and Answers Forum

Questions?

Please refrain from asking any questions with private health information. Instead, contact Erin Feely or Mirna Long at 415-499-5854.

Don't forget to submit all enrollment forms and documents to by October 29th!