

# Thank You for Joining College of Marin's Health Savings Accounts (HSA's) and HSA- Compatible High Deductible Health Plans

**We will begin promptly at 11:00 AM.**

**Please do not share any private health information.**

Direct personal program or plan questions to  
Ron Owen [rowen@marin.edu](mailto:rowen@marin.edu).

We will pause briefly at the end of each section for a  
limited number of questions. Enter general questions  
in the chat located in the bottom right corner.

A recording of this presentation and presentation deck  
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# HIGH DEDUCTIBLE HSA- COMPATIBLE HEALTH PLANS

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Marin Community College District  
2022 - 2023

# Agenda



- Difference Between HDHP's and HSA's
- Basic Understanding of HDHP Terms
- How High Deductible Health Plans Work
- HDHP Resources
- MCCD HDHP-HSA Compatible Plans



# Health Savings Account Basics

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Self-Insured Schools of California  
*Schools Helping Schools*

## 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.



### 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 responsible for selecting a financial institution.



# Common Insurance Terms



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**Out-of-Pocket Expense** – Any payment made, whether a co-pay, deductible, or coinsurance

**Copayment/Co-Pay** – a flat dollar amount paid for an office visit, service, or prescription

**Deductible** – the amount a member must pay before the plan begins to pay a percentage of your service costs

- Deductibles are waived for preventive care on all plans.

**Percent of Coverage/Co-insurance** – the percent an individual will pay once the deductible is satisfied

- For example: If a member is on a 90% plan, the member will pay 10% of costs or the associated copay once the deductible has been met
- **Out-of-Pocket Maximum** – the amount an individual must pay prior to the medical plan paying 100% for the rest of the calendar year
  - In other words, a limit to the total out-of-pocket medical expenses incurred by a member in a calendar year



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# 4<sup>th</sup> Quarter Carry Over

## Unique IRS Rules

Due to IRS rules, there is no 4<sup>th</sup> quarter carry over on SISC high deductible health savings account-compatible health plans!

### 4<sup>th</sup> Quarter Carry Over

- Pertains to any in-network amount paid towards a member's deductible in the fourth quarter of a calendar year (between October 1 and December 31) that is then credited for both the current year's deductible and out-of-pocket maximum, and the next year's deductible.
  - Some out-of-network services may also apply to the deductible. Members should reference their evidence of coverage for detailed information on these services.

### IRS Rules

- A high deductible health savings account compatible health plan must not pay benefits until the minimum deductible is met (Section 223).
  - A 4<sup>th</sup> quarter carry over impacts the deductible by effectively reducing the minimum deductible, which both invalidates the high deductible health plan coverage and makes employees ineligible to contribute to a health savings account.

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# How 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 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.

# 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](https://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](https://kp.org) to view claims summaries and explanations of benefits.
- Blue Shield PPO members can use the Blue Shield Mobile app or [BlueShieldCA.com](https://BlueShieldCA.com) to estimate costs and view claims. Members can also call **1-855-599-2657** for assistance.
- Blue Shield PPO members can also visit [BlueShieldCA.com](https://BlueShieldCA.com) to view claims summaries and explanations of benefits.





# SISC HSA Medical Plan Designs

## Kaiser Permanente and Blue Shield



SISC HDHP-HSA Medical Plan Options		
Effective 10/01/2022 - 10/30/2023		
Benefits	Kaiser Permanente \$1,500 HSA	Blue Shield HSA-A \$1,500
<b>In-Network Calendar Year Deductibles and Maximums</b>		
Deductible Single / Family	\$1,500 / \$3,000	\$1,500 / \$3,000
Out-of-Pocket Maximum Single / Family	\$3,000 / \$6,000/ \$6,000	\$3,000 / \$6,000/ \$6,000
<b>Professional Services</b>		
Physician Office Visit	10% per visit after ded	10% per visit after ded
Preventive Care	No Charge (not subject to deductible)	No Charge (not subject to deductible)
Lab and X-Ray	10% after ded	10% after ded
Chiropractic (up to 20 visits/calendar year)	Not Covered	10% after ded
Acupuncture (up to 12 visits/calendar year)	10% per visit after ded referral required	10% per visit after ded
Infertility Services	Artificial Insemination Only	Not Covered
<b>Hospitalization</b>		
Inpatient Hospitalization	10% after ded	10% after ded
Outpatient Surgery	10% after ded	10% after ded
<b>Other Benefits</b>		
Ambulance	10% after ded	\$100 copay + 10% after ded
Emergency Room (copay waived if admitted)	10% after ded	\$100 per visit + 10% after ded
<b>Mental Health</b>		
Inpatient	10% per admit after ded	10% after ded
Outpatient	10% per visit after ded	10% after ded
<b>Substance Abuse</b>		
Inpatient	10% per admit after ded	10% after ded
Outpatient	10% per visit after ded	10% after ded
<b>Prescription Drugs</b>		
Rx Specific Out-of-Pocket Maximum	Subject to medical deductible	Subject to medical deductible
Retail	\$10 / \$30 (30 day supply) after ded	\$9 / \$35 / \$35 (30 day supply) after ded
Mail Order	\$20 / \$60 (100 day supply) after ded	\$0 / \$90 /\$35 (90/90/30 day supply) after ded

# SISC PPO Plan Design

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**Blue Shield SISC Microsite:** [www.blueshieldca.com/sisc](http://www.blueshieldca.com/sisc)

**Blue Shield Mobile App:** Smart Phone Application for Apple and Android

**Find a provider online: select [PPO](#)**

- **Do not use** the general Blue Shield website to search for providers and facilities.
- Blue Shield PPO members receive \$0 generics (excluding certain pain and cough medications) from Costco once the plan's deductible is satisfied.
- Blue Shield 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 and subject to the deductible.
- Call Blue Shield Concierge Services at **855-599-2657** prior to scheduling any surgeries. All inpatient surgeries require prior authorization.

# SISC PPO Plan Design



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- Blue Shield 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
  
- 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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- Navitus Health Solutions is the prescription drug administrator for SISC Blue Shield PPO Plans.
- The network includes most independent pharmacies and all major chain pharmacies except for Walgreens.
- All 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 effective date:

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

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



Questions!

Thank you for joining us today!