

HIGH DEDUCTIBLE HSA- COMPATIBLE HEALTH PLANS

Marin Community College District
2020 - 2021

Agenda

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



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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.



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.



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 during.
 - 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.
- Blue Shield PPO members can use the Blue Shield Mobile app or 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 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.

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4th Quarter Carry Over

Unique IRS Rules

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

4th 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 and the next year's deductible and out-of-pocket maximums.
 - 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 4th 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.

2020-2021 Renewal Rates

Full-Time and Part-Time Faculty, Classified and Unrepresented Staff

The District contributes \$2,050.00 per month towards medical premiums for eligible Full-Time and Part-Time Faculty, Confidential, CSEA, Management, SEIU, and Supervisor staff.

Renewal Effective 10/1/2020 (Monthly Rates)			
	Total Premium	District Contribution	Employee Contribution
Kaiser Permanente Traditional Plan			
Employee Only	\$933.00	\$933.00	\$0.00
Employee + 1	\$1,824.00	\$1,824.00	\$0.00
Family	\$2,566.00	\$2,050.00	\$516.00
Kaiser Permanente Deductible HMO Plan			
Employee Only	\$831.00	\$831.00	\$0.00
Employee + 1	\$1,625.00	\$1,625.00	\$0.00
Family	\$2,286.00	\$2,050.00	\$236.00
Kaiser Permanente \$1,500 HSA Plan			
Employee Only	\$737.00	\$737.00	\$0.00
Employee + 1	\$1,439.00	\$1,439.00	\$0.00
Family	\$2,024.00	\$2,024.00	\$0.00
Blue Shield - 100% Plan A			
Employee Only	\$1,243.00	\$1,243.00	\$0.00
Employee + 1	\$2,443.00	\$2,050.00	\$393.00
Family	\$3,442.00	\$2,050.00	\$1,392.00
Blue Shield - 80% Plan K			
Employee Only	\$931.00	\$931.00	\$0.00
Employee + 1	\$1,826.00	\$1,826.00	\$0.00
Family	\$2,571.00	\$2,050.00	\$521.00
Blue Shield – HSA A \$1,500			
Employee Only	\$855.00	\$855.00	\$0.00
Employee + 1	\$1,711.00	\$1,711.00	\$0.00
Family	\$2,438.00	\$2,050.00	\$388.00

Kaiser Permanente



Health Maintenance Organization (HMO)

SISC Kaiser Permanente Medical Plan Options

10/01/2020 - 09/30/2021

Benefits	TRADITIONAL HMO PLAN	DEDUCTIBLE HMO PLAN	\$1,500 HSA
Calendar Year Deductibles & Maximums			
Calendar Year Deductible			\$1,500 / \$3,000
Single / Family	None	\$1,000 / \$2,000	
Annual Out-of-Pocket Maximum			\$3,000 / \$6,000
Single / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	
Professional Services			
Physician Office Visit	\$20 per visit	\$20 per visit	10% per visit after ded
Preventive Care	No Charge	No Charge	No Charge
Lab and X-Ray	No Charge	\$10 per encounter	10% per encounter after ded
Chiropractic			Not Covered
Acupuncture	\$10 per visit (30 visits / year)	\$10 per visit (30 visits / year)	10% per visit after ded, referral required
Infertility Services			
Office Visits	\$20 per visit	\$20 per visit	10% per visit after ded
Most outpatient surgery & procedures	\$20 per procedure	20% per procedure after ded	10% per procedure after ded
Covered Reproductive Technology	Artificial Insemination Only	Artificial Insemination Only	Artificial Insemination Only
Hospitalization			
Inpatient Hospitalization	No Charge	20% per admit after ded	10% per admit after ded
Outpatient Surgery	\$20 per procedure	20% per procedure after ded	10% per visit after ded
Other Benefits			
Ambulance	\$50 per trip	\$150 per trip	10% per trip after ded
Emergency Room	\$100 per visit (waived if admitted)	20% per visit after ded	10% per visit after ded
Mental Health			
Inpatient	No Charge	20% per admit after ded	10% per admit after ded
Outpatient	\$20 (individual); \$10 (group)	20% per visit after ded	10% per visit after ded
Substance Abuse			
Inpatient	No Charge	20% per admit after ded	10% per admit after ded
Outpatient	\$20 (individual); \$5 (group)	20% per visit after ded	10% per visit after ded
Prescription Drugs			
	Generic / Brand	Generic / Brand	Generic/Brand
Retail	\$10 / \$20 (100 day supply)	\$10 / \$30 (30 day supply)	\$10 / \$30 (30 day supply) after ded
Mail Order	\$10 / \$20 (100 day supply)	\$20 / \$60 (100 day supply)	\$20 / \$60 (100 day supply) after ded

Blue Shield of California

Preferred Provider Organization (PPO)



SISC Blue Shield Medical Plan Options

Effective 10/01/2020 - 09/30/2021

Benefits	100% Plan A	80% Plan K	HSA A \$1,500
Calendar Year Deductibles and Maximums	In-Network	In-Network	In-Network
Calendar Year Deductible			
Single / Family	None	\$1,000 / \$2,000	\$1,500 / \$2,800 / \$3,000
Annual Out-of-Pocket Maximum			
Single / Family	\$1,000 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000 / \$6,000
Professional Services			
Physician Office Visit	\$20 per visit	\$30 per visit	10% per visit after ded
Preventive Care	No Charge	No Charge	No Charge
Lab and X-Ray	No Charge	20% after ded	10% after ded
Chiropractic (up to 20 visits/calendar year)	No Charge	20% after ded	10% after ded
Acupuncture (up to 12 visits/calendar year)	No Charge	20% after ded	10% per visit after ded
Infertility Services	Not Covered	Not Covered	10% per visit after ded
Hospitalization			
Inpatient Hospitalization	No Charge	20% after ded	10% after ded
Outpatient Surgery	No Charge	20% after ded	10% after ded
Other Benefits			
Ambulance	\$100 copay	\$100 copay + 20% after ded	\$100 copay + 10% after ded
Emergency Room (copay waived if admitted)	\$100 per visit	\$100 per visit + 20% after ded	\$100 per visit + 10% after ded
Mental Health			
Inpatient	No Charge	20% after ded	10% after ded
Outpatient	\$20 per visit	\$30 per visit	10% after ded
Substance Abuse			
Inpatient	No Charge	20% after ded	10% after ded
Outpatient	\$20 per visit	20% after ded	10% after ded
Prescription Drugs			
Rx Specific Out-of-Pocket Maximum	\$1,500 / \$2,500	\$2,500 / \$3,500	Medical Deductible + Out-of-Pocket Maximum
Retail	\$5 / \$20 / \$20 (30 day supply)	\$9 / \$35 / \$35 (30 day supply)	\$9 / \$35 / \$35 (30 day supply) after ded
Mail Order	\$0 / \$50 / \$20 (90/90/30 day supply)	\$0 / \$90 / \$35 (90/90/30 day supply)	\$0 / \$90 / \$35 (90/90/30 day supply) after ded

SISC PPO Plan Design



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Blue Shield SISC Microsite: <https://blueshieldca21-prod.modolabs.net/>

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

Find a provider online: [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 deductibles (if any) are 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.
- Physical Medicine Services (Chiropractic, Physical or Occupational Therapy) require Prior Authorization after the first five visits.
- Call Blue Shield Member 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 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 effective date:

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

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

