Understanding the Choice HDP Plan

All health plans are not the same. With some plans you pay more for insurance premiums; with others you pay less for premiums but more for deductibles, co-pays and coinsurance when you receive a service.

The Choice HDP is a plan with a higher deductible but lower premiums than some of the other plans offered by the City. The HDP provides full health coverage, pharmacy benefits and in and out of network coverage; members pay co-pays and coinsurance when they receive services and must meet an annual deductible for covered services.

The annual deductible for the HDP is $1,750 per individual, $3,500 per family. Because the deductible in the HDP is higher, the monthly premiums you pay are lower. A summary of the HDP coverage and the monthly premiums can be found in the Benefits Line.

How the HDP Works

With the HDP you are subject to an annual deductible, co-pays and coinsurance. The deductible must be paid before the plan will help pay for eligible expenses. Remember, preventive care services are paid 100% by the plan; the deductible does not apply. Also, if you join the HDP, the City will fund a Health Reimbursement Account (HRA) for you. This HRA account will help you pay for eligible health care expenses including services that apply to the annual deductible.

Deductible

When you have an expense that is subject to the plan deductible, the HRA will pay for this expense as long as you have money in your account. If you use all of your HRA, you are responsible for paying the remainder of the deductible.

Coinsurance

After you meet your annual deductible the plan shares the cost of the expenses with you. This is called coinsurance. For in-network services, the plan will pay 90% of the eligible expenses and you are responsible for the other 10%. For out-of-network services, the plan will pay 70%; you pay 30%.

Note: In addition to coinsurance, there are co-pays for certain services such as doctors visits, prescriptions, inpatient hospital stays, etc. See Benefits Line for more details.

Out-of-Pocket Maximum

The HDP Out-of-Pocket Maximum protects you from major expenses. This amount is the most you have to pay each year for all covered services that you receive. If you meet this maximum in any year, expenses over this amount will be paid 100% by the plan.

The deductible, coinsurance and co-pays apply to the out of pocket maximum.

Two Examples of How Annual Expenses are Paid by the HDP Plan		
Service Provided	3-day Inpatient Hospital Stay $5,000/Total Charge	Physician Visit $100, ER Visit $1,200 and Generic Prescription $150
Your deductible	**$1,750**	**$950**
Your co-payment	**$900**	**$275**
Your co-insurance	**$235**	**$0**
Prescription drugs	**$0**	**$15**
Total	**$2,885**	**$1,240**
with HRA Minimum Contribution of $250,you pay	**$2,635**	**$990**
with HRA Maximum Contribution of $700,you pay	**$2,185**	**$540**

Funding Your Health Reimbursement Account

How to Earn HRA Contributions

The following chart shows how you can earn HRA contributions:

What You Do	You Earn	Your Spouse Earns
Enroll in the HDP	$250	
Receive a Biometric Screening	$200	$200
Take Health Risk Assessment	$125	$125
Attest to Being Tobacco Free	$125	$125
Total of $1,150 annual HRA contributions available	$700	$450

Note: If you have Employee +1 or Family coverage and your primary dependent is your child (not a spouse) a contribution of $450 will be made to the HRA on one child's behalf. The child is not required to complete any of the items above. Contributions will not be made for any additional children.

You receive an HRA contribution of $250 when you enroll in the plan. You and your spouse, if applicable, have until December 31 to complete the Tobacco Free Attestation, take a Health Risk Assessment and/or receive a Biometric Screening to have the funds shown above credited to the HRA account in your name.

New Hires within six months of the end of the plan year have until the end of the plan year, March 31, to complete the tasks to fund the HRA.

The Health Reimbursement Account is funded by the City and maintained by UnitedHealthcare. You can access your HRA information by logging on to www.myuhc.com. The HRA account can only be used to pay for medical plan deductibles and coinsurance payments. United will disperse funds from your account directly to the provider when processing your medical plan claims. Your HRA account can be used for the eligible expenses or any family member covered by the city's health insurance.

The HRA does not earn interest; you can't borrow from it or take withdrawals and you can't make additional contributions with your own money. HRA funds can pay for deductible services, when applicable. [You cannot pay co-pays for doctors, hospitals, emergency rooms, urgent care centers or prescriptions with the HRA]. If you leave employment with the city or change to another city health plan you cannot keep the HRA account or take it with you.

If you have a balance left in your HRA at the end of the plan year (March 31), the remaining funds will rollover to the following year. You will then have the opportunity to earn additional contributions by again completing the four items above for the new plan year. The maximum amount you can rollover is $700 for you and $450 for your covered spouse (or eligible dependent child).

What's In It for Me?

❶ The HDP lets you save money with lower monthly premiums than the City's other health plans.

❷ The City funds a Health Reimbursement Account to help you meet the plan deductible.

❸ Preventative services, in-network, are always 100% covered by the Plan.

❹ The HDP allows you to use any provider you choose; you'll most likely save more by using a provider in the UnitedHealthcare network.

Questions & Answers

Can I have a Flexible Spending Account (FSA) and an HRA? How does this work?

You may have a FSA that you fund with pre-tax dollars and an HRA funded by the City. Your FSA debit card can be used to pay co-pays for services and prescriptions.

How do I qualify for HRA funds?

First, just by enrolling you qualify for a $250 HRA contribution. You (and your spouse, if applicable) have until December 31 to complete the following three items to earn additional funds. New Hires within six months of the end of the plan year have until March 31, to complete the tasks to fund the HRA.

- **Biometric Screening** - Go to your own provider or the Employee Health and Wellness Center. Once the screening is complete and the claim information is in the United system, you will receive a $200 contribution to the HRA. If your covered spouse completes a biometric screening an additional $200 will be contributed to the HRA.
- **Health Risk Assessment** - Register and log in at www.myuhc.com. Go to 'Personal Health Record' to complete the assessment which will take approximately 15 minutes. When complete, you will receive a $125 contribution to your HRA. An additional $125 contribution will be made if your covered spouse also completes the assessment. You also have the option to complete the Health Assessment in the Employee Wellness Portal to receive this credit.
- **Tobacco Free Attestation** - If you (and your spouse, if applicable) are tobacco free, complete the Tobacco-Free Attestation which can be found on the Intranet or in the Benefits Office. The completed form should be returned to the Benefits Office (MSC 4th floor).

How do I enroll?

You enroll in the HDP as a new employee or during the annual open enrollment period using Oracle Self Service.

How does my provider get paid for services?

When you receive a service, your provider will file a claim with our claims administrator, UnitedHealthcare. If the service requires that you pay a deductible or coinsurance, United will check to see if you have funds in your HRA. If you do, United will pay the provider directly.

What if a provider requires that I pay my deductible at the time I receive service?

Before receiving service, show the provider the HRA member card you will receive upon enrolling in the Choice HDP. If your provider still requires upfront payment you can either defer the service until your eligibility is confirmed or pay your portion and request reimbursement from the provider when they receive payment from United.

For any other questions, attend an Open Enrollment Help Session or call your UnitedHealthcare representative, Lauren Gibson at 727-893-7911.