

HIGH DEDUCTIBLE HEALTH PLAN

How the HDHP Works

You pay 100% of health care costs*, until you meet your deductible.

*Preventative care is covered at 100%.

DEDUCTIBLE

Then you pay 20% coinsurance and the plan pays 80% until you meet the out-of-pocket max.

OUT-OF-POCKET MAX

Then, relax!
The plan pays 100%

High Deductible Health Plan - \$3,000

| Benefit Overview | In-Network | Out-of-Network |
|----------------------------|--|---|
| Calendar Year Deductible | | |
| Individual | \$3,000 | \$6,000 |
| Family | \$6,000 | \$12,000 |
| Coinsurance | 80% | 60% |
| Out-of-Pocket Maximum | | |
| Individual | \$6,000 | \$12,000 |
| Family | \$12,000 | \$24,000 |
| Office Visit | Deductible, 80%* | 60%* |
| Specialist Office Visit | Deductible, 80%* | 60%* |
| Inpatient Hospital | Deductible, 80%* | 60%* |
| Outpatient Hospital | Deductible, 80%* | 60%* |
| Prescriptions | | |
| Generic | Deductible, then \$10 copay | Deductible, then 40% coinsurance |
| Preferred Brand | Deductible, then 20% coinsurance with \$25 min to \$50 max copay | |
| Non-Preferred Brand | Deductible, then 50% coinsurance with \$50 min to \$100 max copay | |
| Mail Order (90-Day Supply) | Deductible, then 2x copay will apply | |
| Specialty | Deductible, then \$100 copay | |
| Emergency Room | Deductible, 80%* | 60%* |
| Urgent Care | Deductible, 80%* | 60%* |
| Preventive Care | 100% for Routine Preventative services such as well-child, routine physicals, mammograms, and colonoscopies. | 60% for Routine Preventative services such as well-child, routine physicals, mammograms, and colonoscopies. |

* Subject to deductible/coinsurance.

Eligibility for an HSA is determined by federal guidelines. If you are enrolled in Medicare (Part A or Part B), Medicaid, TRICARE (any plan), or have coverage under another plan that is not a qualified High Deductible Health Plan, including coverage under your spouse/domestic partner's Medical FSA or HRA, you are not eligible to contribute to the HSA.

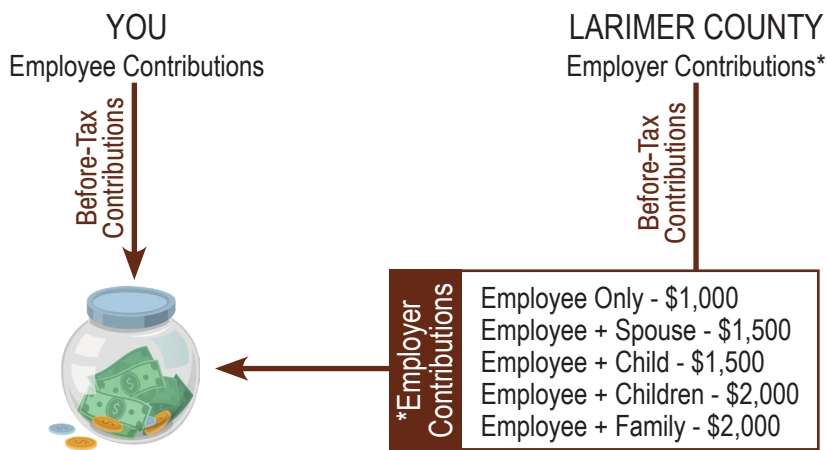
THE HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-advantaged bank account that will be opened on your behalf to use when you enroll in the High Deductible Health Plan (HDHP). Here are a few main features:

- Your contributions can be made by convenient pre-tax payroll deductions made directly to your HSA.
- Use these funds for qualified healthcare expenses for yourself or your eligible dependents during the year, or save them over the long term. Your HSA balance rolls over from year to year.
- You can change your contribution amount at any time throughout the year. **It is your responsibility to ensure you do not exceed the IRS calendar-year contribution limits.** Employer contributions received should be considered as part of your yearly IRS limit.
- Your account earns interest each month, and when it reaches \$1,000, you may invest a portion of your account. You also continue to earn interest on any unused funds you roll over.
- IRS regulations prohibit you from contributing to a regular Healthcare FSA and an HSA at the same time. You CANNOT participate in both plans, but you CAN still participate in the Dependent FSA.
- Your account is portable - you own it and can take it with you if you change plans, leave Larimer County, or retire.

Visit www.hsastore.com and the Surency site for eligible expenses and other tools to manage your HSA account.

Funding Your HSA



- HSA takes pre-tax dollars, grows tax free, and its untaxed when used!
- Spend the available funds in your HSA to pay for eligible expenses throughout the year or save the funds for the future.
- **The 2020 Health Savings contribution limits are \$3,550 for a single person and \$7,100 for a family.**

HSA Facts



Your HSA balance rolls over every year.



HSAs earn interest.



The account goes with you, whether you change plans, leave, or retire.



Want to participate in an HSA? It is up to you to open and manage your account with Surency (our HSA vendor). If you enroll in an HSA-compatible plan, materials will be mailed to your home address shortly after enrollment with instructions for how to open your account. A Surency user guide will also be available on the Benefits page for reference.

You must open an account Surency to receive your Larimer County HSA contribution, even if you do not elect to contribute.

EMPLOYEE SCENARIOS

Choosing your plan is an important decision, but using it wisely throughout the year is equally essential. That's why Larimer County provides you with programs and resources to help you be a smart healthcare consumer. Let's take a look at two employees who elect the same medical plan, but use it very differently.



Meet Sandy

She is 48-years-old and has worked for Larimer County for 10 years. She and her husband have two children, so she elects Family coverage in the High Deductible Health Plan (HDHP).



Meet Max

He is 39-years-old and has worked for Larimer County for 5 years. He and his wife have two children, so he chooses Family coverage in the High Deductible Health Plan (HDHP).

| | | | | |
|--|--|--------------------------|---|----------|
| +\$2,000 | Employer HSA Contribution | | | +\$2,000 |
| -\$0 | Sandy goes in for her annual preventative exam. This is paid for by the plan at 100% since the visit was for preventative services only. | Annual Preventative Exam | Max goes in for his annual preventative exam. This is paid for by the plan at 100% since the visit was for preventative services only. | -\$0 |
| +\$480 | Sandy decides to take advantage of the wellness incentive. She completes all required activities by the deadline. | Wellness Incentive | Max doesn't pay very close attention to his medical benefits so he does not participate in the wellness program and missed his chance to earn \$480 off his insurance premium. | +\$0 |
| -\$45 | Sandy's husband comes down with the flu. He knows they have access to Teladoc, so he uses it to talk to a doctor even though its late at night. | Flu | Max comes down with the flu. He doesn't realize he has access to Teladoc, so he goes to an urgent care center for treatment because its after hours. | -\$138 |
| -\$138 | One of Sandy's children gets a bad cut. Sandy takes her to an in-network urgent care center to get treatment. | Injury | One of Max's children gets a bad cut. He takes her to an in-network emergency room for treatment. | -\$544 |
| -\$250 | Sandy is having some back problems and needs to see a specialist. She calls Grand Rounds and they find an in-network specialist to care for her. | Specialist | Max is having some back problems and needs to see a specialist. He accidentally chooses someone out-of-network, so he pays more for treatment. | -\$350 |
| -\$48 | Sandy was prescribed brand name Lipitor by her doctor, but asked him to prescribe a generic version instead. | Prescription | Max was prescribed brand name Lipitor by his doctor, and didn't ask his doctor if there was a generic alternative available. | -\$1,968 |
| +\$1,999 | | TOTAL | -\$1,000 | |
| By using Larimer County's resources to be a better healthcare consumer, Sandy was able to cover all of her out-of-pocket medical expenses without using any of her own money, and has money left over! Plus she saved additional money on her premiums by participating in the Wellness program. | | Bottom Line | Because he didn't use Larimer County's resources and consider his options more carefully, Max had to go completely out-of-pocket and use his own money to pay for medical expenses. | |

Please note: These examples and the associated costs are intended to be illustrative only. Your actual costs for care may differ from those shown here.

EMPLOYEE SCENARIOS

Choosing your plan is an important decision, but using it wisely throughout the year is equally essential. That's why Larimer County provides you with programs and resources to help you be a smart healthcare consumer.



Meet John

He is 28 years old and has worked for Larimer County for 2 years. He is single, so he elects Employee Only coverage in the High Deductible Health Plan (HDHP).

Meet Tara

She is 32 years old and has worked for Larimer County for 4 years. She is single, so she elects Employee Only coverage in the Choice PPO Plan.

| | | | | |
|---|---|----------------------------------|---|----------|
| | | Annual Employee Premium | | |
| -\$480 | HDHP Plan | | Choice PPO Plan | -\$1,344 |
| +\$480 | John decides to take advantage of the wellness incentive. He completes all required activities by the deadline. | Wellness Incentive | Tara completes the biometric screening, but does not do the other required activities to earn the wellness incentive. | +\$0 |
| +\$1,000 | | Employer HSA Contribution | Tara is on a PPO plan, and is therefore not eligible for the employer HSA contribution. | +\$0 |
| -\$180 | John has diabetes and goes to the Wellness Clinic for a check-up every three months. Each new preventative care appointment at the Wellness Clinic costs \$45 for those enrolled in the HDHP. | Doctor Visits | Tara has diabetes and goes to the Wellness Clinic for a check-up every three months. Appointments at the Wellness Clinic are free for those on the PPO plans. | -\$0 |
| -\$0 | John gets a flu shot at the Wellness Clinic. | Flu Shot | Tara gets a flu shot at the Wellness Clinic. | -\$0 |
| -\$280 | John goes to a dermatologist to have a suspicious mole checked out. They end up removing it just to be on the safe side. | Specialist | Tara goes to a dermatologist to have a suspicious mole checked out. They end up removing it just to be on the safe side. | -\$50 |
| -\$45 | John gets a cold on the weekend and has an appointment with Teladoc. | Teladoc | Tara gets a cold on the weekend and has an appointment with Teladoc. | -\$10 |
| -\$2,400 | John fills a monthly prescription of insulin at the pharmacy. Cost estimate is for 12 months. | Prescription | Tara fills a monthly prescription of insulin at the pharmacy. Cost estimate is for 12 months. | -\$780 |
| | -\$1,905 | TOTAL | -\$2,184 | |
| When looking at all of his medical costs, John was better off enrolling in the HDHP for 2020. | | Bottom Line | When looking at all of her medical costs in total, Tara would've been better off enrolling in the HDHP for 2020. | |

Please note: These examples and the associated costs are intended to be illustrative only. Your actual costs for care may differ from those shown here.

FREQUENTLY ASKED QUESTIONS

1. What is the difference between a Medical FSA and an HSA?

Both FSAs and HSAs are tax-advantaged accounts that allow people to save money to pay for qualified medical expenses, but they have several key differences.

Flexible Spending Accounts (FSAs) are established by an employer.

- FSA funds can be used to cover deductibles, copays, and coinsurance, as well as qualified medical expenses that are not covered by health insurance, such as LASIK eye surgery.
- “Use it or lose it” - Employers can allow enrollees to carry over up to \$500 to the next year instead of allowing FSA funds to be used as late as March 15 of the following year.
- Contributions are deducted from each paycheck throughout the year. However, the full annual contribution amount is available for use immediately (or after the first contribution is made). If the employee used the full amount and then quits or is terminated prior to the end of the year, FSA funds do not have to be paid back to the employer.

Health Savings Accounts (HSAs)

- If an HSA is established by an employer, and the employee quits or is terminated, the HSA goes with the employee, regardless of whether contributions were made by the employee or the employer.
- Money in the HSA that is not used for medical expenses remains in the account.
- If money is withdrawn for non-medical purposes prior to age 65, it is taxed and there is an additional 20% penalty applied. After age 65, money can be withdrawn without a penalty, but if it is not used for qualified medical expenses, income taxes will be owed.

2. Can I have a medical FSA and an HSA at the same time?

No. IRS regulations stipulate that you cannot have both at the same time. That means if you or your spouse have a medical FSA in 2019, it must have a \$0 balance as of 12/31/2019 to be eligible to contribute into the HSA starting 1/1/2020. No FSA rollover is allowed either.

3. How does an HSA plan work?

An HSA works in conjunction with high deductible health insurance. Your HSA dollars can be used to help pay the health insurance deductible and any qualified medical expenses, including those not covered by the health insurance, like dental and vision care.

4. Who can have an HSA?

You must:

- Be covered by qualified high deductible health insurance plan;
- Not be covered under other health insurance;
- Not be enrolled in Medicare; and
- Not be another person's dependent.

Exceptions: Other health insurance does not include coverage for the following: accidents, dental care, disability, long-term care, and vision care. Workers' compensation, specified disease, and fixed indemnity coverage is permitted.

5. Can my HSA be used for dependents not covered by the health insurance?

Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents.

6. Can my HSA be used to pay premiums?

No, this would be a non-medical withdrawal, subject to taxes and penalty.

Exceptions. No penalty or taxes will apply if the money is withdrawn to pay premiums for:

- Qualified long-term care insurance; or
- Health insurance while you are receiving federal or state unemployment compensation; or
- Continuation of coverage plans, like COBRA, required under any federal law; or
- Medicare premiums.

7. What are the tax benefits?

There are three major tax advantages to your HSA.

- Cash contributions to an HSA are 100% deductible from your federal gross income (within legal limits).
- Interest on savings accumulates tax deferred.
- Withdrawals from an HSA for “qualified medical expenses” are free from federal income tax.

8. What is a qualified medical expense?

A qualified medical expense is one for medical care as defined by Internal Revenue Code Section 213(d). The expenses must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision. Most expenses for medical care will fall under IRC Section 213(d).

However, some expenses do not qualify. A few examples are:

- Surgery for purely cosmetic reasons
- Health club dues
- Illegal operations or treatment
- Maternity clothes
- Toothpaste, toiletries, and cosmetics
- HSA money cannot generally be used to pay your insurance premiums. See exceptions above under “Can my HSA be used to pay premiums?”.

*See IRS Publications 502 (“Medical and Dental Expenses”) and 969 (“Health Savings Accounts and Other Tax-Favored Health Plans”) for more information.

9. What happens to my HSA when I die?

Your HSA will be treated as your surviving spouse’s HSA, but only if your spouse is the named beneficiary. If there is no surviving spouse or your spouse is not the beneficiary, then the savings account will cease to be an HSA and will be included in the federal gross income of your estate or named beneficiary.

10. When can I start to use the funds in my HSA?

Once your account is open, a deposit has been made to your account and funds are available, you can start using your HSA. You are 100% vested as soon as the funds are deposited and you have total control over the funds.

11. What about “catch up” contributions for those 55 and older?

Individuals aged 55 and over may contribute an additional \$1,000 above the maximum for each tax year.

12. How are prescription drugs covered under the High Deductible Health Plan?

Under the High Deductible Health Plan, the IRS doesn’t allow for copays until your deductible has been met. That means for prescription drugs, you pay 100% of the cost for your medications until the deductible is met. You can use HSA dollars to pay for your prescription drugs though. If you are considering the HDHP for 2020, please research the **total** cost of your medications before making a final decision. This information can be found when you login to www.optumrx.com. The one exception to this rule is that preventative medications are covered at 100% under the HDHP.

13. As an employee, why are you only giving those that sign-up for the High Deductible Health Plan money?

Per IRS regulations, a Health Savings Account can only be provided to those who enroll in a High Deductible Health Plan. We are unable to provide employees a Health Savings Account if they’re enrolled in the PPO plans. The Health Savings Account is offered because of the fact that the employee has a much higher deductible to pay up front, as well as no copays. This helps them to cover the cost of these expenses until they can build up an account balance over time.

14. When will the Larimer County Employer HSA contribution be deposited into my account?

The Larimer County employer HSA contribution will be divided by 24 and deposited into equal amounts with each paycheck in which we apply full benefit deductions. It will not be contributed as a single lump sum payment as it was in 2019.

15. Can I change my plan each year? HDHP in 2019, Choice in 2020, HDHP in 2021, etc.

Yes, you can change your plan elections each year. However, if you are in the HDHP in 2019 and change back to the PPO in 2020, you will no longer be able to contribute into the HSA in 2020. You can still use the money in the account to pay for your qualifying expenses though.

16. Will services received at the Wellness Clinic still be paid at 100%?

Per IRS regulations, only preventative care services received at the Wellness Clinic will be paid at 100%. All other services received at the clinic will require a service charge per visit of \$45. This is because the IRS does not allow for High Deductible Plans to provide “first dollar” coverage for anything other than preventative care.

17. If I decide to contribute additional money into my HSA, will I have it all available up front as of January 1st like on the FSA plan?

No, under the HSA rules, whatever you contribute out of each paycheck is what will be available in your account. The total HSA contribution that you decide to do will be divided equally over each of your paychecks in 2020. Note, there are 26 paychecks in 2020 but benefit deductions only come out of 24 paychecks. For example, if you decide to contribute an additional \$1,500 annually, it would be \$64.50 per paycheck. ($\$1,500/24 \text{ paychecks} = \62.50)

2020 BENEFITS COST SUMMARY

| | TOTAL COST (monthly) | COUNTY PAYS (monthly) | EMPLOYEE PAYS (monthly) | EMPLOYEE PAYS (semi-monthly)* | EMPLOYEE WELLNESS** RATE (semi-monthly)* |
|--|-------------------------|--------------------------|----------------------------|----------------------------------|--|
| STANDARD PPO PLAN - UMR† | | | | | |
| Employee Only | \$ 900.00 | \$ 830.00 | \$ 70.00 | \$ 35.00 | \$ 15.00 |
| Employee and Spouse | \$ 1,750.00 | \$ 1,350.00 | \$ 400.00 | \$ 200.00 | \$ 180.00 |
| Employee and 1 Child | \$ 1,200.00 | \$ 910.00 | \$ 290.00 | \$ 145.00 | \$ 125.00 |
| Employee and Children | \$ 1,650.00 | \$ 1,280.00 | \$ 370.00 | \$ 185.00 | \$ 165.00 |
| Employee and Family | \$ 2,300.00 | \$ 1,780.00 | \$ 520.00 | \$ 260.00 | \$ 240.00 |
| CHOICE PPO PLAN - UMR† | | | | | |
| Employee Only | \$ 1,000.00 | \$ 860.00 | \$ 140.00 | \$ 70.00 | \$ 50.00 |
| Employee and Spouse | \$ 1,900.00 | \$ 1,300.00 | \$ 600.00 | \$ 300.00 | \$ 280.00 |
| Employee and 1 Child | \$ 1,350.00 | \$ 920.00 | \$ 430.00 | \$ 215.00 | \$ 195.00 |
| Employee and Children | \$ 1,800.00 | \$ 1,250.00 | \$ 550.00 | \$ 275.00 | \$ 255.00 |
| Employee and Family | \$ 2,600.00 | \$ 1,830.00 | \$ 770.00 | \$ 385.00 | \$ 365.00 |
| HDHP with HSA - UMR† | | | | | |
| Employee Only | \$ 850.00 | \$ 810.00 | \$ 40.00 | \$ 20.00 | \$ 0.00 |
| Employee and Spouse | \$ 1,550.00 | \$ 1,260.00 | \$ 290.00 | \$ 145.00 | \$ 125.00 |
| Employee and 1 Child | \$ 1,100.00 | \$ 890.00 | \$ 210.00 | \$ 105.00 | \$ 85.00 |
| Employee and Children | \$ 1,400.00 | \$ 1,130.00 | \$ 270.00 | \$ 135.00 | \$ 115.00 |
| Employee and Family | \$ 2,000.00 | \$ 1,610.00 | \$ 390.00 | \$ 195.00 | \$ 175.00 |
| DENTAL PLAN - DELTA DENTAL† | | | | | |
| Employee Only | \$ 38.00 | \$ 38.00 | \$ 0.00 | \$ 0.00 | |
| Employee and 1 Dependent | \$ 74.00 | \$ 38.00 | \$ 36.00 | \$ 18.00 | |
| Employee and Family | \$ 107.00 | \$ 38.00 | \$ 69.00 | \$ 34.50 | |
| VISION INSURANCE - VISION SERVICE PLAN† | | | | | |
| Employee Only | \$ 8.82 | \$ 0.00 | \$ 8.82 | \$ 4.41 | |
| Employee and 1 Dependent | \$ 16.70 | \$ 0.00 | \$ 16.70 | \$ 8.35 | |
| Employee and Family | \$ 24.40 | \$ 0.00 | \$ 24.40 | \$ 12.20 | |
| LIFE INSURANCE - VOYA | | | | | |
| | | Rate per \$1,000 | | | |
| Employee Only | <i>varies</i> | \$ 0.142 | \$ 0.00 | \$ 0.00 | |
| Employee and Family | <i>varies</i> | \$ 0.00 | \$ 0.76 | \$ 0.38 | |
| DISABILITY BENEFITS - VOYA | | | | | |
| | | Rate per \$100 | | | |
| Short-Term Disability | <i>varies</i> | \$ 0.20 | \$ 0.00 | \$ 0.00 | |
| Long-Term Disability | <i>varies</i> | \$ 0.45 | \$ 0.00 | \$ 0.00 | |
| OTHER VOLUNTARY POLICIES | | | | | |
| The costs for Supplemental Term Life Insurance, Voluntary Accidental Death & Dismemberment, and the VOYA plans are based on the coverage selected. | | | | | |

* Premiums will be deducted from the first 2 paychecks of each month. When there is a month with three paychecks, they will not be deducted from the 3rd check.

** Subtract another \$20 per paycheck if spouse earns the Wellness Rate discount in addition to the employee.

† Employee Choice: Pre-tax or Post-tax deductions.