



Choice Plus Plan with HSA Frequently Asked Questions (FAQs)

These FAQs are for general informational purposes only.

Terms to understand

What is a deductible?

A deductible is the amount you have to pay for covered health care services before your health plan starts to pay. You don't need to pay a deductible for covered preventive care services if they are received in the network.

Do I really have to pay the full cost of covered health care services before I meet the deductible?

Yes. You will pay for all covered health care services until you reach your deductible. You can use a health savings account (HSA) to help pay or you can save it to use later. Using network providers will help lower your cost.

What is coinsurance?

After you've paid your deductible, you only pay a percentage of the cost for each covered service, called coinsurance (e.g., your plan pays 80% and you pay 20%).

What is an out-of-pocket limit?

The out-of-pocket limit is the most you have to pay for covered services in a plan year. If your deductible and coinsurance payments reach the out-of-pocket limit, your plan will pay 100% of covered services for the rest of the year.

Specifics of the plan

Why does the plan have a high deductible?

To open and put money into an HSA, you must have a high deductible health plan. This is one of the rules set by the Internal Revenue Service (IRS). This type of plan is meant to help you take a more active role in your health care buying decisions.

How is this plan different from a copayment plan?

Most traditional copayment plans focus on managing your health benefits. This plan focuses on managing your health by encouraging you to:

- Take a more active role in your health care buying decisions.
- Make healthier choices and seek quality care.
- Open an HSA, which you can't get with a traditional plan.

Can I see any doctor I want? Why am I asked to use network providers?

Yes, you can see any doctor you want. You are encouraged to use health care providers in the network because they've agreed to charge lower prices. For example, when you use a network doctor, you'll usually pay less compared to one who is not in the network.

Do I need to choose a primary care provider and get a referral to see a specialist?

No. You have the freedom to use any doctor or hospital without being required to choose a primary care physician (PCP) or get referrals.

Are emergency room and urgent care services covered?

Yes, emergency room and urgent care services are covered.

Can I cover my children and other dependents under this plan?

Yes, adult children are eligible for coverage under the plan up to age 26. Dependents younger than 19 cannot be denied coverage because of a pre-existing medical condition.



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- Check claim updates.
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- Estimate costs.

Opening an HSA

What is a health savings account or HSA?

An HSA is a bank account that lets people put money aside, tax-free, to save and pay for qualified health care expenses. It's a real bank account, but you don't pay federal income tax on the money you deposit into it or the money you use for qualified medical expenses. You can even build your savings into a nest egg for retirement.

What are the requirements for opening an HSA?

To deposit money into an HSA, you must be enrolled in an HSA-eligible health plan.

You are eligible if:

- You are covered under an eligible high deductible health plan (HDHP).
- You are covered by no other health coverage, unless it is permissible coverage.
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

Some other restrictions apply. Please talk to a tax, benefits or financial advisor if you have more questions.

Can I open an HSA if I have a health care flexible spending account (FSA)?

No. All of the money in your health care FSA must be spent before you can open an HSA.

Is it OK if I wait to open my HSA?

It's important to open and make a deposit into your HSA as soon as the plan year starts. That way, you will be prepared if you need to pay or reimburse yourself for any services early in the year. If you have any expenses before you open your HSA, you can't use your HSA to reimburse yourself later.

If my spouse is on Medicare, can I open and contribute to an HSA?

Yes. If a spouse will be or is already covered by Medicare, you can sign up for this plan and open and contribute to an HSA. If you file taxes jointly with your spouse, you can use your HSA to help pay for your spouse's qualified expenses, such as Medicare premiums.

What is a qualified medical expense?

According to the IRS, a qualified medical expense is a health care service or item that would qualify for a tax deduction. This means you can use an HSA to pay for these expenses and without paying taxes on them. Go to [IRS.gov](https://www.irs.gov) to learn more about which expenses can be paid with an HSA.

What expenses don't qualify for tax benefits?

Examples of expenses that do not qualify include cosmetic surgery, health club memberships, teeth whitening and over-the-counter medicines purchased without a prescription. If you use an HSA to pay for an expense that is not qualified, you will have to pay taxes on the expense and may also have to pay a 20% penalty.

Can I use any bank?

Yes. You can open your HSA with any bank of your choice. Optum Bank® is your employer's preferred health care bank and a national leader in HSA banking.

Using an HSA

Is there a limit on how much I can put into my HSA each year?

Yes. The IRS limits how much you (and others) can put into an HSA each year.

The 2020 limits are:

- \$3,550 for individual coverage.
- \$7,100 for family coverage.

If you are 55 or older, you can deposit an extra \$1,000 during the year. This is called a catch-up contribution. Any contributions above these limits are subject to income taxes and a penalty.

Do I have to pay federal taxes on the money I deposit into an HSA?

When you deposit money into an HSA, you won't have to pay federal income tax on:

- Deposits you or others make into your HSA.
- Money you spend from your HSA on qualified expenses.
- Interest earned from the HSA.

Can other people put money into my HSA?

Yes, anyone can contribute to your HSA.

What happens if I leave my current employer, change health plans or retire?

The money in your HSA is yours to keep. If you leave your company, change health plans or retire, you take your HSA with you. If you switch to a health plan that makes you ineligible to continue depositing money in an HSA, you may continue to use the money in your account for qualified medical expenses, but you can no longer make deposits.

Contributing to an HSA

If my spouse has his or her own health plan with an HSA, can I also contribute to it?

Yes, but the IRS says the two of you together can only contribute up to the family limit. Both of you can contribute to just one of your HSAs, or you can contribute to both HSAs as long as the total amount doesn't go above the annual family limit.

I want my HSA dollars to go as far as possible. How can I find out how much a treatment or procedure is going to cost?

After you enroll, you will have tools on myuhc.com[®] that can help you estimate the cost of treatments and other procedures based on your health plan, a specific doctor or hospital and your ZIP code.

How do I pay with an HSA?

If you receive a bill from your doctor or if you are paying for a prescription, you can pay from your HSA using your HSA debit card or checks provided by your bank.

If I paid a health care bill with my credit card, can I pay myself back from my HSA?

Yes, as long as the service is a qualified expense. You can take money out of your HSA to pay yourself back with no penalty.

Can I use the HSA for my spouse or dependents if they're not covered under my plan?

You can use the HSA to pay for qualified expenses of any family member if they are claimed as a spouse or dependent on your taxes. If a tax dependent is not covered under your plan, and you use your HSA to pay for their expenses, those expenses will not go toward your deductible.

If I am covering an adult child, can I use my HSA to help pay for his or her qualified medical expenses?

Your child must be a tax dependent to use your HSA. If your child is not a tax dependent, but is covered by your plan, he or she may be able to open his or her own HSA.

If I'm 65 or older and decide to retire, what happens to my HSA?

After you turn 65 or start receiving Medicare benefits, you may withdraw money from your HSA for medical and non-medical purposes without penalty. When your Medicare coverage starts, you can use your HSA to pay your Medicare premiums, deductibles and copayments.

If I cover my domestic partner under my plan, can I use my HSA for my partner's medical expenses?

If your domestic partner meets the IRS qualifications of a tax dependent, you can use your HSA to help pay his or her qualified expenses. If your partner is not a tax dependent, you can still cover your partner under your plan. However, your partner would need to open and fund his or her own HSA to pay for the expenses.

Can I have an HSA and a health care flexible spending account (FSA)?

No. If you are enrolled in a health care FSA, the IRS will not allow you to open an HSA. But the law does permit you to enroll in a limited-purpose FSA if it is offered to you. A limited-purpose FSA can only be used to pay for eligible dental and vision expenses.

I still have money in my health care FSA. Can I open an HSA?

No. All of the money in your health care FSA must be spent before you can open an HSA.



Contact your UnitedHealthcare representative for additional information.



The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP. All UnitedHealthcare members can access a cost estimator online tool.

Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator, or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Information for individuals residing in the state of Louisiana or who have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those non-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles and non-covered services. Specific information about network and non-network facility-based physicians can be found at myuhc.com or by calling the toll-free Customer Care telephone number on the back of your health plan ID card.

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