UnitedHealthcare
HIGH DEDUCTIBLE HEALTH PLAN
with a HEALTH SAVINGS ACCOUNT (HSA)

You have the freedom to use any doctor or hospital you want. But you can save money when you choose doctors (including specialists), hospitals, and labs in network. Health care providers who are in our network have agreed to charge lower prices.

You also have coverage if you choose to receive care outside the network. However, you will likely pay more for the service.

You do not need to choose a primary care physician. But a primary care provider (PCP) can be helpful in managing your care.

You do not need a referral to see a specialist. See any doctor, including specialists, without referrals.

This plan allows you to open a health savings account (HSA).

An HSA is a personal bank account to help you save and pay for health care, while giving you real tax savings.

Turn to page 3 to learn more about the HSA.
HIGH DEDUCTIBLE HEALTH PLAN with an HSA

COVERED SERVICES

This plan covers all of the basic health care services required by law and more, including:¹

- Doctor office visits
- Emergency services
- Hospital care
- Lab services
- Mental health and substance use disorder services
- Outpatient care services
- Pregnancy and newborn care
- Prescription drugs through CVS
- Preventive care services
- Rehabilitative services and devices
- Wellness services and more

Your preventive care is covered 100% in our network.

You don’t have to pay any out-of-pocket costs for preventive care as long as you use a network doctor and claims are submitted as preventive.

PERSONAL CARE AND SUPPORT

The plan includes a number of services to help you improve your health, find the right care and get personal attention when you need it.

24-hour registered nurses

You can call and speak directly with a registered nurse anytime.

Healthy Pregnancy Program

We provide personal support for soon-to-be-mothers throughout their pregnancy.

Preventive Care Guidelines

To learn more about recommended screenings and vaccines for yourself and your family, please visit www.uhcpreventivecare.com

MEET TEKOA KUNTZ

Tekoa needed heart surgery. Before he was even born, UnitedHealthcare helped his mom and dad find a UnitedHealth Premium® surgeon at a children’s hospital that is recognized for treating complex heart conditions. Four years later – and after three surgeries – Tekoa loves to go to the pool. And he can leap of the couch like a super hero.

Learn more about the UnitedHealth Premium Tier 1 program at www.myuhc.com.

¹ This may not be a complete list of the services covered under this plan. See your health plan documents for coverage details.
HEALTH SAVINGS ACCOUNT (HSA).

An HSA is a personal bank account that helps you save and pay for your health care, while giving you real tax savings.

You can use the HSA to pay for qualified medical expenses.  
Use it for covered services such as doctor visits and prescriptions.  
Use it for other qualified medical expenses like dental and vision services.

You own the HSA. The money is yours to keep.  
There’s no “use it or lose it” rule. The money stays in the account until you use it.  
If you leave your employer, change health plans or retire, you take it with you.  
Use it to pay for services today or save it for a future need – even into retirement.

You don’t have to pay federal or, in most instances, state income taxes on:  
- Deposits you or others make  
- Money you spend on qualified expenses  
- Interest earned while money is in the account

2 STEPS TO START YOUR SAVINGS

1. Open your HSA.  
You open your HSA through PayFlex.  
If you need assistance, call toll-free at 1-800-284-4885, 8 a.m. to 8 p.m. (ET) Monday through Friday and 10:00 a.m. to 3:00 p.m. (ET) Saturday.  
You can access your HSA information at www.healthhub.com by clicking on Employee Account Login. Click Register Now if you are a new user.

2. Set a savings goal.  
There are a couple of options for contributing to your HSA. Small deposits quickly add up to make a big difference.  
- Payroll deduction: GW allows pre-tax contributions to be taken out of your paycheck and deposited into your HSA. It’s the easiest way to build your savings.  
- Electronic deposits: Log in to your account and make a deposit by transferring money from another bank account.

You must be eligible to open an HSA. See page 6 for eligibility requirements.

Open your HSA with PayFlex

2016 HSA Limits  
The IRS limits how much you can put into your HSA each year. The 2016 limits are:  
$3,350 for individual coverage $6,750 for family coverage  
Are You 55 or Older?  
You can put in an extra $1,000 this year.
HIGH DEDUCTIBLE HEALTH PLAN with an HSA

HOW THE PLAN WORKS

Here’s how your plan works in three simple steps. Remember, the plan covers your preventive care at 100% when you use network doctors.

**STEP 1**

Your deductible – You pay until you reach the deductible.

The deductible is the amount you pay for covered health care services before your health plan begins to pay. You will pay for all covered services until you pay your deductible.

You can pay for services with the money in your HSA. Or, you can pay another way (cash, credit card or check) and let your HSA grow.

**STEP 2**

Your co-insurance – You and your plan share the cost of services.

After paying the deductible, your plan has co-insurance. Co-insurance is when you and your plan share the cost of covered services. For example, if your plan pays 80% of the cost of services, you will pay 20%. You can pay for your share using the money in your HSA.

**STEP 3**

Your out-of-pocket limit – You are done paying.

If your deductible and co-insurance payments reach the out-of-pocket limit, you are done paying. Your plan will pay 100% of covered services for the rest of the plan year. This limit is there to protect you if you have a major medical event.

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**Your deductible**

Pay with your HSA or pay another way

**Your co-insurance**

(After you reach the deductible)

Plan: 80% + You: 20%

You can pay your share using your HSA.

**Your out-of-pocket limit**

You are done paying

When you reach the limit, the plan pays 100%.

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Preventive care is covered at 100% when you use a network doctor.

If you’re asked to pay at the doctor’s office: Most health care providers will send your bill (claim) to UnitedHealthcare before you are asked to pay anything. However, some providers may ask you to pay some of the cost during your visit. If you make any payment, it will apply to your deductible and out-of-pocket limit.

*In-Network Percentages.
AFTER YOU ENROLL:

myuhc.com

Use myuhc.com to take charge of your health care.

As a member, myuhc.com is where to go for all of your UnitedHealthcare benefit information.

But it offers you more than that. You’ll have easy access to tools to help you make decisions about your health, organize your health information and even improve your health.

Take charge of your health care. Be sure to register on myuhc.com after you sign up for your benefits.

Check out these helpful tools.

Easily estimate health care costs.

myHealthcare Cost Estimator shows you the estimated costs for a treatment or procedure. You’ll even see what you could be responsible for paying based on your plan. Finally there’s a tool that makes searching for health care costs an easy and personal shopping experience.

Easily find high quality doctors.

The UnitedHealth Premium® designation program makes it easy to find network doctors who meet national standards for quality and local market benchmarks for cost efficiency. When you do an online search for a network doctor, Look for this symbol:

Easily manage and pay your claims.

myClaims Manager provides a clearer explanation of your claims and costs, which helps you better understand and track your expenses. You can even pay your health care providers online for any claim that shows a ‘You Owe’ amount.
HEALTH PLAN QUESTIONS

Why does the plan have a high deductible?
In order to let you 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).

Plus, this plan is meant to help you take a more active role in your health care buying decisions. If there is a chance that you will have to pay more for health care services, you might think about the cost and the benefits of the service. A higher deductible can help you be a better health care shopper.

Do I really have to pay the full cost of medical and pharmacy services before I meet the deductible?
Yes. You pay for all medical and pharmacy services until you meet your deductible (network preventive care and most preventive medications covered at 100%). You can use an HSA to help pay or you can save it for later use. Be sure to use network providers to reduce your cost. Remember, most preventive medications are covered at 100% and not subject to the HDHP deductible or co-insurance.

HSA QUESTIONS

Opening an HSA

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 use any bank?
Yes. You can open your HSA with any bank of your choice. PayFlex is the designated HSA administrator for The George Washington University.

Can I see any doctor I want? Why am I asked to use network providers?
Yes, you can see any doctor you want and you don’t need referrals. You are encouraged to use network health care providers because they’ve agreed to charge you a lower price. When you use a network doctor, you will usually pay less compared to seeing a doctor who is out-of-network.

Can I cover my children and other dependents under this plan?
Yes, children are eligible for coverage under the plan up to age 26. And any dependents under age 19 cannot be denied coverage because of a pre-existing medical condition.

Can I open an HSA if I have a health care flexible spending account? 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 better prepared if you need to pay or reimburse yourself for any services early in the year. Also, if you have any expenses before you open your HSA, you cannot 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 his or her Medicare premiums.
**Contributing to 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 2016 limits are:
- $3,350 for individual coverage.
- $6,750 for family coverage.

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

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 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.

If my spouse has their 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.

**Using the HSA**

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. Or, you can save your HSA and pay with credit card, check or cash.

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 (18 – 25 years), can I use my HSA to help pay for his/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 co-payments.

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.

Talk with a legal or tax professional if you have more questions or want personal advice about eligibility and taxes.
HOW CAN THIS PLAN HELP ME?
Everyone has different health care needs depending on where they are in life. What is important to you?

I feel **healthy.**

**Lower monthly premiums**
The plan will usually have lower premiums. Lower premiums can add up to big savings for you at the end of the year. You might put those savings into your HSA.

I need affordable care for **my family.**

**A national network**
You save money when you use a doctor in the network. You can rest easy knowing a network doctor is nearby when you’re traveling or if you’re covering a child going to school in another state.

I have **health issues.**

**Quality care and personal support**
Need help finding the right doctor to treat a condition? Need help with a treatment decision? You’ll have personal attention when you need it.

I want to save for **today and the future.**

**An HSA to help you pay and save**
You can use the HSA to pay for services today or save it for a future need – even into retirement. Plus, you save money by paying less in taxes.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.
The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor’s care.

For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see [myuhc.com](http://myuhc.com).

Information for individuals residing in the state of Louisiana or 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, co-insurance, deductibles, and non-covered services. Specific information about network and non-network facility-based physicians can be found at [myuhc.com](http://myuhc.com) or by calling the toll-free Customer Care telephone number that appears on the back of your health plan ID card.