THE MAROON SAVINGS CHOICE - FREQUENTLY ASKED QUESTIONS

1. What is the Maroon Savings Choice?

   Maroon Savings Choice is a consumer driven health plan, that will give you greater control and flexibility over how your health care dollars are spent, that will consist of two components.

   Component 1:
   It will be a preferred provider organization administered by Blue Cross Blue Shield of Illinois that will offer the same broad network of physicians and care providers, similar to the current Maroon Plan. The prescription drug coverage will also be administered by CVS Caremark.

   Unlike the current Maroon, it will offer lower payroll contributions and will have higher annual deductibles and out-of-pocket maximums.

   Component 2:
   It will include a Health Savings Account (HSA) to which the University will contribute to for each eligible employee enrolled. Employees will have the option to contribute additional funds to their HSA, but contributions are not mandatory.

2. What is a Health Savings Account (HSA)?

   A tax-advantage account created to pay for qualified health expenses (medical, prescription drug, dental and vision). Funds go into your account tax-free, may earn interest or investment returns tax-free, and are distributed from your account tax-free from federal income taxes, if spent on qualified health expenses. You will never pay taxes on these funds, as long as you use this money to pay for qualified health expenses.

   You may use the money to help pay for your deductible and/or co-insurance or to roll over year-to-year. Any unused HSA funds that roll over allow you to build tax-free savings for future health care needs, including funds for medical expenses during retirement years.

3. How does my HSA get funded?

   The University will contribute $500 to the health savings account of every eligible employee enrolled as an individual, or $1,000 for those enrolled along with a spouse and/or children.

   For 2015, employees have the option to contribute up to $2,850 if enrolled as an individual or up to $5,650 if enrolled along with a spouse and/or children. Please note, employee contributions are not mandatory.
4. **What is a “Qualified Medical Expense”?**

   An HSA-qualified medical expense is any health care cost paid on behalf of an individual or his or her spouse or dependents as defined by the Internal Revenue Code.

5. **Can I enroll in the Maroon Savings Choice and the Health Care Flexible Spending Account (FSA)?**

   Per IRS regulations, employees enrolled in a HSA are not eligible to participate in a traditional health care flexible spending account. The HSA allows for payment of qualified medical, prescription drug, dental and vision expenses.

   However, Maroon Savings Choice plan members may enroll in a Dependent Care Flexible Spending Account to pay for eligible dependent care expenses incurred while you and your spouse (if married) work.

6. **What is the difference between a Health Care FSA and an HSA?**

   **Health Care FSA**
   - Enrollment allowed for only faculty and staff members not enrolled in the Maroon Savings Choice medical plan. Those who are enrolled in the UCHP, HMO Illinois, Humana and those not enrolled in any medical plan can elect a health care FSA.
     - IRS requires you to forfeit any money left in your FSA that you do not use during the plan year. You cannot receive the balance and you cannot carry it over to the next year.

   **Maroon Savings Choice HSA**
   - Enrollment only allowed for faculty and staff members enrolled in the Maroon Savings Choice medical plan. Those who are enrolled in the UCHP, HMO Illinois, Humana and those not enrolled in any medical plan cannot participate in the Maroon Savings Choice HSA.
     - Any money left in your HSA that you do not use during the plan year is automatically carried over to the next year.
     - Monies in your HSA are yours to take with you if you leave the University. There is no vesting requirement.
     - Both University and member contributions can be invested through DEVENIR and/or TD Ameritrade.
7. How will the Annual Deductible Work?

The Maroon Savings Choice annual deductible will operate like any traditional deductible, you must first pay the deductible then the plan will cover a percentage of the cost of your Medically Necessary Care. Participants can use either their HSA funds or pay out-of-pocket to satisfy the deductible. All medical services, including prescription drug costs, count toward the medical deductible and the out-of-pocket maximum amounts.

8. What is my cost for Preventative Care Before and After I Satisfy My Annual Deductible?

All University medical plans, including the Maroon Savings Choice, provide 100% coverage for all preventive care, with no deductible or co-insurance.

9. When I Satisfy My Annual Deductible, what do I have to Pay?

Once you meet your annual deductible, you will pay a percentage of the charge for each office visit, emergency room visit, and hospital stay. You will also only pay a copayment for prescription drugs. The cost of each prescription will depend upon the type of drug (generic, preferred brand, non-preferred brand), which pharmacy the drug was purchased (in or out-of-network), and where the drug was purchased (retail pharmacy or mail order service).

Remember, the amount you pay in coinsurance and prescription copays accumulate toward your annual deductible and out-of-pocket maximum.

10. I have NOT Satisfied My Annual Deductible, will I have to pay when I’m at the Doctor’s Office?

Generally, no payment is due at the time you receive medical care. You should:
- Ask the doctor to submit the claim to Blue Cross Blue Shield of Illinois;
- Obtain an Explanation of Benefits (EOB) from Blue Cross Blue Shield of Illinois that shows the network discount and the amount remaining until you reach your deductible; and
- Pay the balance due from the doctor’s office when you receive a bill that lines up with your EOB.

11. I need Prescription Drugs, and I have NOT Satisfied My Annual Deductible, do I have to pay the pharmacy when I pick up my medicine?

Yes, but make sure to show your CVS Caremark prescription identification card to get the discounted cost of the prescription. You can use your HSA to pay these costs. Prescription drug costs count toward the medical deductible.

Remember, you may also obtain medications through Caremark’s mail order service.
12. **What is an Out-Of-Pocket Maximum?**

This is the maximum amount you will pay for medical and prescription drug expenses in a calendar year. Once you have met the out-of-pocket maximum, the plan will cover medical and prescription costs at 100% with no additional copays or coinsurances.

13. **Where can I obtain additional information?**

An online decision-making tool will become available later this summer to assist you in selecting the best medical plan for you and your family. You can also learn more at the annual Benefits and Health Fair, which is scheduled for Thursday, October 16, 2014 and at other informational sessions to be held during the annual open enrollment period.