Human Resources

High Deductible Health Plan with Health

Reimbursement Account (HDHP-HRA)

Blue Care Elect Deductible

If you are enrolled or considering enrolling in the High Deductible Health Plan with Health Reimbursement Account (HDHP-HRA), the following should provide you with a summary of the plan along with some helpful tips on how the plan works.

Plan Features and Highlights

- BCBS Plan Name: *Blue Care Elect Deductible*
- Existing plan since 2010
- WHOI pays 75% of the premium, employee pays 25%
- Annual Deductible: $2,000 for individual coverage, $4,000 for family coverage*
- WHOI will fund the first 50% of the deductible through the HRA
- Uses BCBS' national PPO network
- In-network and out-of-network coverage
- No Primary Care Physician required
- No referrals to Specialists required
- Employees can participate in traditional Healthcare Flexible Spending Account (Health FSA)

* family coverage = employee + spouse, employee + child(ren), and employee + family

Annual Deductible

The plan requires an upfront annual deductible of $2,000 for individual coverage and $4,000 for family coverage. Once the annual deductible is met, all services are covered in full, with the exception of Rx prescriptions which always require a co-payment under this plan.

Although there is a $4,000 annual family deductible, there is a per member cap of $2,000. For example, if a covered member of your family meets his/her $2,000 deductible (individual cap), then his/her deductible type services will be covered in full for the remainder of the year. Then, other covered family members are subject to meeting the remaining $2,000 deductible. Once the full $4,000 deductible is met, all deductible type services for all covered family members are covered in full.

Services subject to the Annual Deductible

All services, except for routine preventive visits and Rx prescriptions, are subject to the annual deductible. Once the annual deductible is met, all services except for Rx prescriptions co-payments are covered in full for the remainder of the calendar year.

In-Network

The HDHP-HRA plan is part of BCBS of Massachusetts national PPO provider network which includes more than 90% of all practicing physicians and hospitals across the United States (not limited to Massachusetts or New England). You receive the highest level of benefits under your health care plan when you obtain covered services from in-network providers. To find a preferred provider in the PPO network, visit the BCBS website at www.bluecrossma.com/findadoctor and select the 'Blue Care Elect (PPO/EPO)' network.

Out-of-Network

Under this plan, you can also receive covered services from non-preferred providers (out-of-network providers

who are not part of the PPO network). After your plan deductible is met, you pay an additional 20% co-insurance for out-of-network services, up to the plan's annual out-of-pocket maximum. The Plan's annual out-of-pocket maximum is either $5,000 or $10,000 depending on coverage level for individual or family. This annual maximum includes the annual deductible.

Health Reimbursement Account (HRA)

A Health Reimbursement Account (HRA) is automatically provided and funded by WHOI to *cover the first 50% of the annual deductible.* So, for an employee enrolled in individual coverage, the HRA will pay for up to the first $1,000 spent on deductible services and up to the first $2,000 for family coverage. Once the HRA is exhausted, you are responsible for the remainder of the annual deductible.

NOTE: The HRA is pro-rated for any mid-year enrollments into the HDHP plan. For example, an employee who enrolls in the HDHP-HRA plan in March will receive 10/12ths of the annual HRA amount.

For more detailed information about the WHOI-funded Health Reimbursement Account, please visit the HR/Benefits website under the 2015 Medical Plan Changes webpage at:
http://www.whoi.edu/HR/page.do?pid=123516

How will I pay for my medical expenses under the HDHP-HRA plan?

Annual *routine preventive services* are covered in full with no office visit co-payment or deductible charges.

Rx *prescription drugs* require a co-payment only and are not subject to the deductible. Co-payments are based on the drug tier level (e.g., $15/$30/$50)

For *services that are subject to the deductible*, you should not pay anything at the point of service and follow these instructions:

At the Doctor's Office:

- Go to the doctor and show your BCBS ID card
- Provider submits claim to BCBS
- BCBS processes the claim and determines the allowable/contracted charges
- BCBS sends a claims summary to the provider for appropriate billing and to the patient for their records
- Provider bills patient based on the BCBS allowable charges
- BCBS sends claim to Health Equity to verify if eligible deductible expenses and if HRA funds are available. If eligible, Health Equity will send payment directly to the provider from your HRA funds. Once HRA funds are depleted, you pay the provider out-of-pocket or should you have one, using your Health FSA debit card.

At the Pharmacy:

- Go to pharmacy
- Pay Rx co-pay depending upon tier ($15/$30/$50)
- Can use Health FSA debit card or pay out-of-pocket. Note, the HRA does not pay for Rx prescriptions.

Last updated: October 15, 2014

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