



# Choice Plus Plan with HSA Frequently Asked Questions (FAQs)

These FAQs are for general informational purposes only.

## 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 an 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 percent and you pay 20 percent).

## 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.

## 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 percent of covered services for the rest of the year.

## 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 after you meet the deductible.

## 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. Any dependents under age 19 cannot be denied coverage because of a pre-existing medical condition.

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