



Frequently Asked Questions High Deductible Health Plan (HDHP) Health Savings Account (HSA)

Effective 1/1/2024

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ANSWERS:

General Information

What is an HSA?

A Health Savings Account (HSA) is a tax-advantaged account — money goes in tax free, earns interest tax free and is not taxed when it's withdrawn to pay for qualified expenses.

- Community High School District 155 will make contributions to your HSA based on your selected payroll frequency if you are enrolled in the District-sponsored High Deductible Health Plan. The first contribution will be made as soon as you have set up your HSA with Inland Bank.
- You may also make voluntary contributions to your HSA.
- Your HSA dollars earn interest, tax free.
- At the end of the year, any money remaining in your HSA rolls over to the next year.
- You own your HSA, so you keep the money even if you change jobs or health plans.
- You can withdraw money directly from your HSA using your HSA Bank debit card or checks to cover qualified expenses. Or, allow the account to grow over time and use it to help pay for future health-related expenses — like long-term care insurance premiums, COBRA premiums and certain retiree expenses.

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What is a HDHP?

A high-deductible health plan (HDHP) is a health plan that, when combined with an HSA, provides insurance coverage and a tax-advantaged way to help save for current or future medical expenses. The HDHP with an HSA gives you greater flexibility and discretion over how you use your health care dollars.

HDHPs have a higher annual deductible than traditional health plans.

To be eligible to fund an HSA, you must be covered by a qualified HDHP; you cannot have other health insurance coverage (including a spouse's plan) that is NOT a high-deductible health plan; and you may not contribute any money to an HSA once you are enrolled in Medicare.

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Who is eligible to fund an HSA?

To fund an HSA, you must be covered by a HDHP. You can have no other health insurance coverage (including a health care flexible spending account (HCFSA) that is NOT a high-deductible health plan and you may not be claimed on someone else's tax return.

Some examples of other coverage that would cause ineligibility are a HCFA, a spouse's HCFA, and a spouse's family enrollment in an HMO, other non-high deductible health insurance coverage, TRICARE, Medicare, or receipt of Indian Health Services or VA medical benefits within the previous three months.

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If I enroll in Medicare am I still eligible to contribute to an HSA?

No, you may no longer contribute to your HSA, but you may continue to use the funds in your account to pay for Medicare out of pocket expenses, but not Medicare premiums.

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How does the BCBS HDHP with an HSA work?

The HDHP with an HSA is a health plan that provides traditional health care coverage and a tax-advantaged way to help you build savings for future medical needs. A HDHP with an HSA is designed to give greater flexibility and discretion over how you use your health care benefits because you decide how to spend the dollars in your HSA.

To understand how the Plan works, let's review its components.

The Health Savings Account

- For our employees who enroll in the District 155 sponsored HDHP for plan year 2024, Community High School District 155 will make a Health Savings Account contribution of \$1,825 for Single coverage, \$2,737.50 for Single + Spouse or Single + Child(ren), and \$3,650 for Family coverage. The District will deposit a lump sum payment of \$912.50 for Single coverage, \$1,368.75 for Single + Spouse and/or Single + Child(ren) and \$1,825 for Family coverage at the first payroll cycle in January so long as your Health Savings Account has been established. The balance of the single, single + spouse, single + child(ren) or family coverage contribution will be made in equal installments according to your payroll cycle.
- You can make voluntary contributions to your HSA up to the annual IRS limit.
- When you have a qualified expense (e.g. doctor visit, prescription refill, dental procedures, and vision services), you may withdraw money from your HSA, tax free, to pay your service provider directly or be reimbursed for this out-of-pocket expense. Or, you can choose to pay out of pocket and allow your HSA to grow over time and use it for future health related expenses. Expenses covered by our HDHP Plan will apply to your deductible; expenses not covered by our HDHP Plan will not.
- Any unused dollars roll over year after year.
- You own your HSA, so you keep it even if you change health plans or jobs.
- You may want to make voluntary contributions to your HSA every year. This will lower your taxes and help you build a larger savings for future health care expenses.

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What are the key features of BCBS's HDHP with an HSA?

The HDHP with an HSA is an innovative health plan that gives you more control over how you spend your health care dollars or save for future health care expenses with a tax-advantaged HSA.

Key Plan features are:

- Affordable, low premiums with automatic per paycheck deposits into your HSA for employees enrolled in the District's HDHP plan.
- 100% coverage for in-network preventive care services (medical) that are not subject to the deductible.
- HSA debit card to access your funds.
- Your voluntary HSA contributions are tax deductible.
- Interest earned on your account is tax free.
- Investment options for excess HSA balances.
- Tax-free withdrawals may be made for qualified expenses.
- Unused funds and interest are carried over, without limit, from year to year.
- You own your HSA and it is yours to keep – even when you change health plans, jobs or retire.
- Nationwide coverage with the freedom to choose your providers.
- A cap that limits the amount of your annual out-of-pocket exposure.

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How can I learn more about our District's HDHP with an HSA?

You have several options:

- Review the Aetna enrollment materials provided on the CHSD 155 benefits enrollment site, or,
- Visit District155's employee information portal, TouchPoints at: <https://district155.touchpointsonline.com>.
- Visit www.aetna.com to see the resources and information available to you when you enroll.

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Health Savings Account

What is the annual contribution limit?

Limits are tied to the HDHP election (i.e., self-only or family coverage). For 2024, the self-only limit is \$4,150. The family coverage limit is \$8,300. Limits apply monthly or are prorated – for

example, if an individual has self-only coverage from January through June (six months of the year) the maximum contribution would be \$2,075. If an individual switches from self-only coverage after six months to family coverage for the rest of the year, the limit would be ½ of the annual self-only limit (\$2,075) plus ½ of the annual family limit (\$4,150).

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Does the money in my HSA earn interest and what investment options are available?

Yes, the money in your HSA earns interest. Interest earned on your HSA is not included in your income for federal tax purposes. There is no minimum balance required to earn interest.

The HSA investment services allow HSA account holders to invest in various investment options. Specific details will be included in your Welcome Kit from our HSA trustee, HSA Bank after registering for an account.

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What happens to my HSA if I leave my health plan or job?

You own your account, so you keep your HSA, even if you change health plans or jobs. Your account remains with HSA Bank unless you choose to close your account or transfer it. If you are no longer enrolled in a qualified HDHP, you are not eligible to make new contributions to your HSA, but you do not lose your balance and can continue to withdraw funds for qualified expenses.

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What is the survivor benefit associated with my HSA?

You may arrange to have your HSA transfer to your surviving spouse tax free using a beneficiary designation form. Otherwise, your HSA balance becomes part of your estate in the event of your death.

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How do I contribute to my HSA?

You are able to make pre-tax deductions through payroll. We will facilitate payroll deductions on your behalf to HSA Bank, the District's sponsored trustee. However, you are able to choose any trustee.

You may also make a lump sum contribution at any time, in any amount up to the maximum limit, inclusive of any employer contribution. You can claim your total voluntary contribution for the year as a tax deduction when you file your income taxes. You have until April 15 of the following year to make HSA contributions for the current year.

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When will contributions to my account be available for withdrawal?

HSA contributions will be available for withdrawal when funds are deposited. Voluntary HSA contributions may be made from your designated bank account through electronic funds transfer (EFT) or on a lump sum basis at any time during the plan year. The availability of funds depends on how funds are contributed and varies by individual.

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How do I withdraw money from my HSA?

Once contributions have been made to your account, you can use your HSA debit card, online bill pay, or checks to get instant access to your HSA dollars to pay for qualified out-of-pocket expenses quickly and easily. You may order checks from HSA Bank.

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What expenses can I pay for with my HSA?

Your HSA can be used to pay for "qualified expenses," as defined by IRS Code 213(d). These expenses include, but are not limited to, medical plan deductibles, dental services, vision services, diagnostic services covered by your plan, health insurance premiums if you are receiving federal unemployment compensation, LASIK surgery and some nursing services. You can request a copy of IRS-allowable expenses (IRS Publication 502) by calling 1-800-829-3676, or visit the IRS website.

You can also use your HSA funds to pay premiums for COBRA continuation coverage. When you become age 65, you can use the account to purchase any health insurance other than a Medigap policy. You may not, however, continue to make contributions to your HSA once you are enrolled in Medicare.

Remember to keep receipts for your HSA purchases to show that you used your HSA funds for qualified expenses. If you are audited and your HSA expenses are questioned, your receipts provide the best proof. Under HSA regulations, you are responsible for determining which expenses are considered "qualified expenses." Please consult your tax advisor for guidance.

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Can I use my HSA to pay for non-health-related expenses?

Yes. You may withdraw money from your HSA for items other than qualified expenses, but it will be subject to income tax and an additional 20% penalty tax on the amount withdrawn. Once you turn age 65, the 20% penalty would not apply but withdrawals would still be subject to income tax.

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Are there any HSA administrative or maintenance fees?

There is no cost for the Health Savings Account that the District sponsors through HSA Bank.

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Are there any fees associated with using my HSA debit card?

You will not incur point-of-service transaction fees. If you use your HSA debit at an ATM you could incur the banking fees of the banking establishment.

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Are the Plan deposits to my HSA monthly or will it be in one lump sum?

The funding by the Board of Education will provide for a lump sum amount in January (or upon the first payroll cycle after you open your Health Savings Account, and then the balance will be added per payroll. One-half of the total contribution amount will be deposited as a lump sum for employees enrolled in the District 155 HDHP health plan.

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How much may I contribute to my HSA?

You may contribute up to the annual IRS limit. For 2024, the maximum contribution amount allowable is \$4,150 for single-only coverage and \$8,300 for family coverage. As an employee, District 155 will contribute \$1,825 for single, and you may contribute up to \$2,325 additional. District 155 will contribute \$2,737.50 for the Single + Spouse and the Single + Child(ren) coverage, and you may contribute up to \$5,562.50 additional. District 155 will contribute \$3,650 for Family coverage, and you may contribute up to \$4,650 additional. The total deposit from all sources may not exceed the IRS limits set above.

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What is a “catch-up” contribution?

The contribution limit is increased by an additional \$1,000 for HSA-eligible individuals who turn 55 by the end of the tax year (12/31). The \$1,000 catch-up contribution is pro-rated on the same basis as other limits.

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What is the limit for married couples who are both HSA eligible?

Married couples (including same-sex married couples) share the maximum contribution limit – meaning they could establish a single HSA with a \$8,300 contribution, or could each establish their own HSA and contribute \$4,150 each (or some other division – provided they don’t exceed the statutory maximum when the contributions are combined).

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What happens if my medical expense exceeds the amount in my HSA? Can I submit a withdrawal later on in the year when my balance is higher?

If the amount of your medical expense exceeds the amount in your HSA you would be responsible for paying that expense out of pocket. You may reimburse yourself from your HSA with the amount available by making a withdrawal from an ATM using your HSA debit card and can reimburse yourself as additional funds are available.

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Can I make voluntary contributions via payroll deduction?

Yes. You may elect or change your pay period contributions during Open Enrollment, or notifying HR of mid-year changes (not to exceed the annual IRS maximum).

You may also have funds direct deposited to your HSA on a post-tax basis from your personal checking or savings account by performing this online through HAS Bank's banking portal at www.hsabank.com.

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Would dual employees of District 155 each be allowed to open a separate Health Savings Account?

Yes, but it may not be necessary to maintain two accounts. If employees are over age 55 and each would like to contribute the additional \$1,000 catch-up contribution, each would be required to have their own Health Savings Account to contribute the catch-up contribution.

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How would the District 155 Board of Education HSA contribution work for dual employees?

As it is today, dual employees determine a primary employee for the purposes of enrolling in insurance coverages. The primary employee should enroll in family HDHP coverage and open the Health Savings Account. The District will contribute the family level contribution of \$3,650; \$1,825 upfront, and the balance of \$1,825 divided up equally over the course of your pay cycle. Should both employees wish to open and maintain an account and actively deposit pre-tax payroll contributions they may do so. Be sure not to exceed the total maximum IRS allowable contribution of \$8,300 during 2024 for family coverage (or the maximum including allowable catch-up contributions if over age 55).

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Are there special rules for people who become HSA eligible in the middle of a tax year?

Yes. A person who enrolls in an HDHP mid-year (a month other than January) can take advantage of a special rule called the “full-contribution rule.” If the individual is still HSA eligible on December 1 of that year, this allows the individual to make a full year’s worth of contributions even if they were only HSA eligible for part of the year. However, individuals who take advantage of this rule must remain HSA eligible for a 13-month testing period (i.e., from December 1 through the end of the next calendar year) – otherwise they lose some of this favorable tax treatment. Neither employers nor the HSA custodians (bank) are responsible for reporting whether an HSA-eligible individual remains an eligible individual during the testing period associated with the full-contribution rule. Employees can also always just contribute the prorated amount based on the number of months they were HSA eligible.

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What about Domestic Partners and HSA contributions?

If an employee and domestic partner each are enrolled in family HDHP coverage, both may establish an HSA and contribute \$8,300 (assuming each of them remains HSA eligible for the entire year.) Domestic partners are not married under federal law, so they do not share the contribution limit the way married or civil union couples do.

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I understand that I can keep my dependents on my health insurance until the end of the month that they turn age 26, but am I allowed to pay for their out of pocket expenses (medical, dental or vision) from my Health Savings Account?

If you claim them on your taxes as a tax-dependent, then you are allowed to pay for their expenses from your Health Savings Account. If they are not a tax dependent, then you are not allowed to use your HSA funds for their expenses.

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I read that I can pay Long Term Care (LTC) insurance premiums from my HSA account. Does the amount I use for LTC premium count towards my health plan out of pocket expense limit?

You can use funds from your HSA to pay for LTC insurance premiums. The amount you withdraw from your HSA to pay LTC premiums would NOT count toward your out of pocket expense limit or toward your deductible because it is not a covered expense under the HDHP Plan.

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What happens to any remaining money in my HSA at the end of the year?

At the end of the year, any unused money remains in your HSA.

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What happens if too much is contributed to an HSA?

Excess contributions are subject to a cumulative 6% excise tax. However, this can be avoided if the excess contributions (and any attributed net income) are distributed to the account holder before the last day prescribed by law (including extensions) for filing the individual's tax return.

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Tax Issues

Are contributions to my HSA tax deductible?

Your voluntary contributions to your HSA made with post tax dollars (money that has already been subject to income tax) are tax deductible.

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How do I deduct voluntary HSA contributions from my taxes? Do I have to itemize?

HSA Bank will send a Form 5498-SA that will list your contributions to your HSA and a Form 1099-SA that will list the distributions from your HSA. You will need to complete a Form 8889 to report HSA contributions. See the IRS website or your tax advisor for more information.

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HDHP Plan Details

How can I keep track of my HSA balance and my deductible?

You can check your HSA balance online using the HSA Bank member portal and your deductible can be viewed on the insurance carrier member web portal.

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If I am enrolled in the Family Plan, is the deductible per person or per family?

If you are enrolled in the HDHP plan as family coverage, the plan has a single deductible of \$3,200 and a \$6,400 deductible for family. If one member meets the \$3,200 deductible, benefits will be payable for that member. This is called an imbedded deductible.

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What do I pay when I go to the doctor's office?

In most instances, you will not make a payment at the time you receive services at a participating provider. Instead, you should wait for the medical claim to be processed through the Aetna claim system. Aetna will process the claim and apply the applicable amount towards your deductible. The doctor's office will send you a bill requesting payment. You can decide how to pay using your HSA debit card, check (if available), or online bill pay. If you have already met your deductible, you will be billed for the difference between the billed charges and the amount covered by the medical plan.

Generally, when you visit a participating provider for covered preventive care, you pay nothing because eligible in-network preventive care (medical) is covered at 100%.

While many nonparticipating providers will submit claims for covered care to Aetna on your behalf, some may not. In that case, you may have to pay the full cost of the visit up front and then submit a claim.

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When I visit a network provider, how can I be sure I am getting Aetna's negotiated fee?

Participating providers should bill Aetna members the Aetna-negotiated fee, so it is important for you to identify yourself as an Aetna member and show your Aetna ID card. You may use the online tools on the Aetna member website to estimate the cost of service at the negotiated fee. Your Explanation of Benefits, which can be viewed on www.aetna.com will also show the "submitted charges" and the "negotiated or allowable amount" so that you can be sure you are being billed the Aetna negotiated fee.

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Do I have coverage while out of the country?

Yes. You may use your available HSA funds to reimburse yourself for any qualified expenses (per IRS). If you satisfy the HDHP deductible and access care out of the country using the

traditional coverage of the Plan you would be using out-of-network providers and Aetna pays 70% of the plan allowance for covered benefits. You can also call Aetna service line at (855) 888-9046 for in-network providers while out of the country and need emergency services or are hospitalized. They will also provide you with information on how to submit claims for services outside the country.

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What services fall under the preventive care benefit?

The HDHP Plan covers preventive care at 100% when you visit participating providers. Some preventive services included are routine physicals, routine immunizations, routine screenings, Mammograms, some preventive prescriptions, etc. Please see your Community High School District 155 enrollment materials for a listing of these services, which will provide frequency limitations and other details.

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Is it possible to have dual coverage with HDHP coverage? For example, what if an employee's spouse has Medicare but is also covered on the employee's HDHP? Does that impact HSA eligibility?

An individual can have dual HDHP and non-HDHP coverage, but any non-HDHP coverage would mean that individual is not HSA eligible (*can't make or have contributions made on their behalf*). In other words, the *coverage restrictions apply only to the individuals who want to remain HSA eligible*. So, in the above example, an individual could be covered by an HDHP and Medicare simultaneously, but would not be HSA eligible. The individual's spouse could still be eligible if he/she had HDHP coverage and no disqualifying coverage and he/she can contribute the family limit if covered by HDHP family coverage. Both spouses' medical expenses can also be reimbursed from the HSA regardless of whether they are covered by a non-HDHP medical plan.

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What online resources are available to help me use my Aetna HDHP?

Aetna's member portal - Your personalized, secure self-service website is packed with health and benefits information. When you register, you can order ID cards, check eligibility or claim status, and much more. Here are just a few highlights:

- Aetna Member website and Aetna Health App –
 - View your health plan summary and get detailed information about what is covered.
 - View claim details and pay claims for your whole family
 - Search for providers, procedures and medications
 - Get cost estimates before you get care
 - Track spending and progress toward meeting the deductibles for you and your family
 - Access your ID card whenever you need it

- Get recommended health actions based on your profile
 - Compare in-network and out-of-network provider fees, and the costs for services such as routine physicals, emergency room visits, lab tests, X-rays, MRIs,
- Aetna Discount Programs – Get access to discounts off the regular charge on products and services offered by third party vendors and providers. Aetna makes not payment to the third-parties, you are responsible for the full cost. Services include discounts on vision services, at-home-weight loss program, hearing aids, oral health care products, etc.

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Is there a provider directory available?

Yes. Log onto www.aetna.com or www.docfind.com and click the Provider Finder located on the page for a listing of participating physicians, hospitals and other health care professionals. Please note our Aetna plans utilize the Aetna Choice POS II network for the HDHP/HSA plan.

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Dental, Vision and Pharmacy

May I use my Health Savings Account on my out-of-pocket dental and vision expenses?

You may use your health savings account funds on qualified dental and/or vision expenses whether or not enrolled in dental or vision insurance.

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How do I pay for prescriptions?

Until you meet your deductible, you will pay the entire cost of the prescription (CVS/Caremark negotiated rate at a participating pharmacy). It is important for you to identify yourself as a CVS/Caremark member and show your Health/RX ID card to get the negotiated rate. If you have funds available in your HSA, you may use your HSA debit card to purchase the prescription. Once you meet your deductible, you will be subject to prescription drug copays, which will apply to your Out-of-Pocket maximum. Once the Out-of-Pocket amount is met, prescriptions would be covered at 100%.

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Can I use funds from my HSA for an over-the-counter drug?

No. Beginning in 2011, HSA's were not eligible for use to purchase over the counter (OTC) drugs, unless you have a prescription from your doctor. OTC medications are no longer

considered a qualified expense by the IRS. For the list of IRS-allowable expenses, you can request a copy of IRS Publication 502 by calling 1-888-238-6240, or visit the IRS website.

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Miscellaneous

Is my spouse eligible for the Spousal Parity program if we enroll in the HDHP plan?

Yes. The eligibility and plan benefits will apply in the same manner and in accordance with the Plan Document. The parity program will reimburse the covered person 100% of the difference between what the covered person's primary plan paid and what District 155's health plan would have paid for in-network deductible, coinsurance and copays as if it was the primary coverage.

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May I still enroll in the Dependent Care Flexible Spending Account if I enroll in the HDHP/HSA?

Yes, you may enroll in a Dependent Care FSA if you enroll in a High Deductible Health Plan that is HSA qualified, and you may still contribute to your Health Savings Account.

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May I use the Aetna Teladoc telehealth services if I am enrolled in the HDHP, and will this coverage disqualify me to contribute to my HSA?

You may use the telehealth service if you are enrolled in the HDHP. In fact, it's encouraged. There is a minimal charge for using the Teladoc telehealth service for those on a qualifying HDHP/HSA. This small charge of \$49 allows you to maintain eligibility to contribute to your HSA, and is much less expensive than a visit to your primary care physician, urgent care or local emergency room.

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What should I do if I have not received my medical ID card?

If you have not received your ID card, you can go to Aetna.com and request a new card or call their customer service center at 1-888-982-3862.

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