YOUR HSA MEDICAL PLAN: PUTTING IT ALL TOGETHER

You and the Company share in the cost of medical plan coverage. Your contribution is made each pay period on a pre-tax basis. Preventive care is covered 100% in-network*, which means there's no cost to you (the deductible does not apply).

For other eligible services, you must pay 100% of the cost until you meet the deductible.

After you meet the deductible, the Plan pays a percentage of expenses (coinsurance). For most in-network expenses, the Plan pays 80%. The Plan's out-of-pocket maximum works as a safety net to limit how much you pay in a year.

Pay Deduction

Medical contributions are based on your base salary, the number of people you cover and whether you and/or your spouse/domestic partner use tobacco.

Preventive Care

It includes visits such as your annual physical, well-woman exam, checkups for dependent children and immunizations. Flu shots are available at your doctor or innetwork pharmacy at no cost.

Deductible

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Coinsurance

Out-of-Pocket Maximum

HEALTH SAVINGS ACCOUNT

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Use the tax-free money in your Health Savings Account (HSA)

to pay for eligible expenses toward your deductible and coinsurance.

After you reach the out-of-pocket maximum, the Plan pays 100% of eligible expenses for the rest of that year.

In-network vs. **out-of-network**: In-network providers have negotiated service rates with Blue Cross Blue Shield (BCBS). An out-of-network provider may charge more than BCBS is willing to pay. Because of this, the out-of-network deductible is higher than the in-network deductible. Before receiving treatment, check with your plan carrier to ensure a doctor, lab, hospital, specialist or other provider is in-network.

* Visit your plan carrier website for specific preventive services and immunization lists covered under your plan.

