



HIGH DEDUCTIBLE HEALTH PLAN ACKNOWLEDGEMENT

High Deductible Health Plans (HDHPs) were developed to provide MUST members with the opportunity to invest in Health Savings Accounts (HSAs) and become more involved in their healthcare. The HDHP design is determined by federal regulations. Specific plan-design differences are listed below.

- **Family plan deductible and out-of-pocket maximum.** There is no single deductible under the family plan (two or more members enrolled). The family deductible can be met by a single member or a combination of members. The family deductible must be met before claims are paid on any member of the family. The family out-of-pocket maximum can also be met by a single member or a combination of members. As per federal regulations, only preventive care can be paid prior to the deductible being met under an HDHP plan. **IMPORTANT NOTE: THE FAMILY DEDUCTIBLE DOES NOT APPLY TO AN HDHP WITH AN EMBEDDED DEDUCTIBLE.**
- **Limitations regarding Other Coverage:**
 - In order to participate in a Health Savings Account you cannot have other coverage that is primary to this plan (including Medicare).
 - This is not creditable coverage for Medicare Part D.
- **All prescription drugs apply to the deductible.** Once your deductible is met, the plan will begin to cover the allowed amount. Beginning in July 2011, there is no need to submit prescription-drug claims to the claims office. Medical claims and prescription drugs will be integrated so that, when you purchase a drug at the pharmacy, the payment you make will apply to your deductible; thereafter, the payment will apply towards the co-insurance or co-payment.
- **Preventive care.** Preventive care paid as a policy benefit will be paid prior to the member's meeting his/her deductible. This is allowed by federal regulations governing qualifying HDHPs. No other claims will be paid prior to satisfying the deductible. Specific frequency limits for preventive care (per benefit period) apply.
- **Chemical-dependency and Mental Illness claims.** The deductible must be met prior to any payment for outpatient or inpatient claims. When the deductible has been met, claims will be paid at the appropriate co-insurance level.
- **Diabetic education.** The deductible must be met prior to any payment for diabetic education. Once the deductible has been met, the plan will pay 100% of any diabetic-education claim up to the plan maximum five visits per benefit period.
- **Health Savings Account.** This plan is a qualifying HSA plan and allows a member to participate in a Health Savings Account. (Be aware that any money withdrawn from the HSA to pay for medical expenses for dependent children will be subject to income tax and a 20% penalty unless the child is claimed on the participant's tax return as a dependent or is otherwise eligible for tax-free reimbursements under the pre-ACA rules that apply specifically to HSAs.)

I have read and understand the unique benefit designs of this plan. I understand that I am entitled to change this coverage during Open Enrollment and/or during a Special Enrollment Period only. As a member of the _____ School District, I elect MUST coverage under the High Deductible Health Plan.

Signature

Date

Print Name

Group Number