Find the answers here

Frequently asked questions (FAQs) about your CDHP with HSA

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Health savings account (HSA)

Q. What is a health savings account (HSA)?

A. An HSA is a special tax-sheltered savings account used with medical plans called consumer-driven health plans (CDHPs). By law, to open or contribute to an HSA, the medical plan must be a qualified "high-deductible health plan." This means the deductible is higher than a traditional medical plan's deductible. You can use the money in your HSA to help pay your deductible, your coinsurance and other qualified in-network or out-of-network expenses. You can also save money in your health savings account for future health care costs. The account grows with interest. And you have investment options after your account reaches a minimum balance of $1,000. The HSA belongs to you and the money in the account is yours to keep, even if you leave your employer.

Q. How is my HSA funded?

A. Your HSA is funded by your own pre-tax contributions, up to a certain annual limit. You may also contribute money to your HSA after taxes are taken out. Others (including your employer) may contribute to your account as well. You also can earn more dollars for your HSA by taking certain steps to improve your health. The total of all contributions cannot be more than the maximums defined by the U.S. Treasury and the Internal Revenue Service (IRS). (See the question below: How much can I contribute to my HSA? for details.)

Q. Who can open an HSA?

A. To be eligible, you must meet the following criteria:

- You must be covered by an HSA-compatible health plan, such as the CDHP with HSA plan, and you cannot be covered by any other medical plan that is not an HSA-compatible health plan. This would include being enrolled in your spouse's plan as secondary coverage. Federal law requires minimum deductible levels for individual and family coverage for HSA-compatible health plans.

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- You must be enrolled in the plan on the first day of the month; otherwise, your eligibility to make contributions to your HSA begins the first day of the following month. You may make the maximum annual HSA contribution for the year regardless of the month you become eligible. You must remain enrolled in the HSA-compatible health plan for 12 months of the following tax year.
- You have no other health coverage except what is permitted under Other health coverage, defined in publication 969.
- You aren't enrolled in Medicare.
- You can't be claimed as a dependent on someone else's 2016 tax return.

The IRS has specific rules on who can open an HSA. See those rules in **IRS Publication 969**.[1]

Q. Can I enroll in the CDHP with HSA if my spouse is on Medicare?

A. Yes, as long as you are not enrolled in Medicare and you meet the IRS eligibility requirements for an HSA, you can enroll in the CDHP with HSA. You can contribute to an HSA and you may choose to cover your spouse on your plan and use the funds in your HSA to pay for qualified medical expenses for you and your spouse on Medicare.

Q. My spouse is enrolled in Medicare. Can he or she also be enrolled as a dependent on the CDHP with HSA?

A. Yes, but your spouse cannot open an HSA account in his or her own name because he or she is on Medicare. You may use the funds in your HSA to pay for qualified medical expenses for you and your spouse on Medicare.

Q. If my spouse is on Medicare and I am not on Medicare, how much can I contribute to an HSA?

A. If you are enrolled in family coverage (two or more people), the IRS will only allow you to set up an HSA. You may contribute up to $6,750 in 2017. You can use the HSA funds to pay for your spouse's out-of-pocket expenses, even if he or she is on Medicare.

Q. I am enrolled in Medicare Part A as I continue to work. Can I enroll in the CDHP with HSA?

A. Yes, you can enroll in the CDHP with HSA if you have Medicare Part A. However, you will not be eligible to make contributions to the HSA.

Q. Who can use the money in an HSA?

A. The money can be used for qualified health care costs for you, your spouse or any IRS-qualified dependent who you claim on your income taxes, whether or not he or she is covered on your health care plan. Talk with a tax advisor to find out if these rules apply to your tax situation. You can also go to **irs.gov** to find out who qualifies as a dependent.

You may not use the HSA funds for health care costs for a domestic partner or child who does not qualify as your tax dependent. If your domestic partner is covered by your CDHP with HSA plan, he or she can set up his or her own HSA at a financial company that manages HSA plans.

Payments for a dependent who doesn't meet the definition of "tax dependent" may be considered nonqualified costs. This means you may have to pay taxes and penalties for these payments. For more details about eligible expenses and dependents for HSAs, see **IRS Publication 969**.[1] Keep in mind that this document changes regularly and you should check with your tax adviser if you have questions.

Q. I am enrolled in the CDHP with HSA. Can I continue to contribute to my spouse's HSA and use his or her bank?

A. You and your spouse can continue to make contributions to his or her HSA, but you cannot contribute more than the IRS family contribution maximum between both HSA accounts. For 2017, the family contribution maximum is $6,750.

Q. My child is under 26 but I no longer claim him or her on my taxes. Can I cover him or her on the CDHP with HSA?

A. The IRS has specific rules about covering a child. See **IRS Publication 969**.[1] You can cover dependents under age 26 in the CDHP with HSA, but you can't use your HSA account for their expenses unless they meet the following requirements:

- Account holder must be able to claim the child on his or her tax return.
- Your child is under age 19 or under age 24 if a full-time student, or totally and permanently disabled.

Dependents who do not qualify to receive funds from your HSA may qualify to open their own HSA and could be permitted to contribute up to the family maximum (for 2017, this is $6,750). They can contact a financial institution to discuss how to set up a separate HSA.

Q. My child is under age 26 and married. Can I cover him or her on my medical plan?

A. Yes, eligible dependents can be covered to the age of 26. Under health care reform, this applies to all dependent children up to age 26, regardless of student, employment, residential or marital status.

- The health care reform law expanded the definition of eligible dependents to age 26 for medical plan coverage, FSAs and health reimbursement accounts (HRAs).
- The law did not expand the definition of eligible dependent to age 26 for HSA expenses. Therefore, employees can use HSA funds tax-free only for eligible expenses of family members who meet the definition of a "tax dependent" in the Internal Revenue Code. Please refer to the previous Q&A.
- Disbursements for children who don't meet this stricter definition may be considered nonqualified expenses, which are subject to tax and penalties. That means you'll pay a penalty plus taxes if you use the pretax dollars from your HSA to pay health expenses for your older covered dependent if he or she does not meet the IRS definition of a tax dependent.
- Please refer to the **IRS Publication 969**[1] for more information or speak with your tax adviser.

Q. I do not have custody of my two children. I do not claim them on my tax return. Can I use funds in my HSA to pay for their qualified health care costs?

A. For purposes of medical and dental expense deductions, a child of divorced or separated parents can be treated as a dependent of both parents. Each parent can include the health care costs he or she pays for the child, even if the other parent claims the child's dependency exemption, if:

- The child is in the custody of one or both parents for more than half the year.
- The child receives more than half of his or her support during the year from his or her parents.
- The child's parents:
  - —Are legally divorced or separated.
  - —Are separated under a written agreement.
  - —Lived apart at all times during the last six months of the year.

This does not apply if the child's exemption is being claimed under a multiple support agreement.

To find out more about covering children and children of divorced or separated parents, please see **IRS Publication 969**[1] and talk with a tax adviser.

Q. If I am covering a child who is age 23 and I cannot claim him or her as a tax dependent, what is my maximum contribution to an HSA on a pretax basis?

A. If the child cannot be claimed as a tax dependent, the child is eligible to establish his or her own HSA and can contribute up to the family maximum ($6,750 for 2017). The employee also can contribute up to the family maximum in his or her HSA in this example.

Q. I have an HSA with another bank. Can I keep it? Do I have to open an account with your partner bank?

A. You can keep the HSA account you have. But, all contributions from your paycheck will only go to your employer-sponsored HSA. Also, you will have to pay any bank charges for your other HSA.

Q. What is the difference between an HSA and a health care flexible spending account (FSA)?

A. Both HSAs and FSAs can be funded with pre-tax dollars and be used to pay for medical expenses. However, HSA balances can roll over from year to year, while FSA money is forfeited if it is not spent during a 12-month period. And, if you leave your employer, your HSA dollars are yours to keep. FSA dollars are forfeited.

Q. Can I have an HSA and an FSA?

A. Yes, you are eligible to have both an HSA and an FSA only if the FSA has been defined as either a:

- **Limited/Special Purpose FSA**, which may be limited to dental or vision services.
- **Limited Purpose High-Deductible FSA**, which also allows for dental or vision services, as well as paying for coinsurance under the traditional health component of the plan, after meeting the deductible.

Making contributions to your HSA

Q. How do I make contributions to my HSA?

A. If your employer allows it, the easiest way is through pretax payroll deductions. However, you may also contribute directly to your HSA after taxes. To make after-tax contributions, call your HSA financial company or go online to the financial company's member website and set up an electronic fund transfer from your personal bank account.

Q. How much can I contribute to my HSA?

A. The annual contribution maximum in 2017 is $3,400 for individual coverage and $6,750 for family coverage. The maximums are set by the U.S. Treasury and the IRS. Those maximums may go up every year for inflation. Check **irs.gov** for the most current maximum amounts.

Q. Can I ever contribute more than the annual limit?

A. Yes, people aged 55 and older who are not enrolled in Medicare can contribute an extra $1,000 above the regular limits. This is called a "catch-up contribution." These individuals can make catch-up contributions each year until they enroll in Medicare. Only the account holder can make catch-up contributions. The contribution amounts allowed are subject to proration if you are enrolled in the plan less than 12 months or under other circumstances. Catch-up contributions can be made in the same way your regular contributions are made.

Q: If I am 55 and older and my spouse is too, can we both make catch-up contributions?

A. If only one spouse has an HSA in his or her name, only that spouse can make a catch-up contribution. If both of you want to make catch-up contributions when you are age 55 or older, you must establish separate HSA accounts. Please note the contribution combined cannot be more than the IRS family contribution maximum.

Q. What if I contribute too much to my account during a year and go over the annual maximum allowed?

A. If you contribute too much to your account, IRS rules require that you pay regular income tax, plus a tax penalty on the amount you went over. If you realize you've contributed too much before you file your taxes, you may choose to submit a form showing these contributions to the HSA financial company to remove those excess funds. Different rules apply if you contributed too much because you left the plan during the year. See the question *What if I end my coverage before the end of the year?* to find out more.

Q. What if I end my coverage before the end of the year?

A. You take that money with you wherever you go. The HSA is in your name and it's your account. If you're on Medicare or go to another employer who doesn't have a qualified high-deductible health plan, you can still use your HSA money to pay for copays and qualified medical expenses. However, you won't be able to continue to make contributions to your HSA unless you continue to participate in an HSA-compatible plan.

If you leave during the year and do not enroll in another HSA-compatible plan, the annual contribution maximum is prorated. This is based on the number of months that you were enrolled in an HSA-compatible plan. If you fund your account for the entire year, then leave the plan and do not join another HSA-compatible health plan, you will need to withdraw the excess funds before the end of the tax year. You'll have to treat these funds as taxable income if you have over-funded the account. If you don't, you may have to pay tax penalties.

For example, let's say Mary was enrolled in the CDHP with HSA and changes jobs on July 1, 2017, and is no longer eligible to contribute to her HSA. She would figure out her health savings maximum contribution amount for that year this way:

$3,400 x 6 months / 12 months = $1,700

You can contact your HSA financial company if you have questions about your account.

Q. What if my spouse has an HSA, too?

A. The chart below explains different situations:

If your spouse:	And you have:	Then, the IRS:
Has PPO (preferred provider organization) self + children coverage.	HDHP (high-deductible health plan) self-only coverage.	Treats you as having single coverage and only you may set up an HSA (health savings account). You may contribute up to $3,400.
Has HDHP self-only coverage with a $1,500 deductible.	HDHP self + child coverage with a $3,000 deductible.	Treats you both as having family coverage, and combined you may contribute up to $6,750 to an HSA.
Has HDHP self + family coverage with a $3,000 deductible.	HDHP self + spouse coverage with a $3,000 deductible.	Treats you both as having family coverage, and combined you may contribute up to $6,750 to an HSA.
Is enrolled in Medicare.	HDHP self + family coverage only.	Will only allow you to set up an HSA. You may contribute up to $6,750.

Q. Does tax filing status (joint vs. separate with my spouse) affect my HSA contribution?

A. Tax filing status does not affect your contribution. The IRS requirements simply refer to eligible expenses for the "spouse" — they do not include requirements for filing jointly or separately. However, the IRS indicates that children must be tax dependents. **IRS Publication 969**[1] has more details. See the question *I do not have custody of my two children* to learn more.

Q. Can I use the HSA account for eligible expenses for my spouse even if we file our taxes separately?

A. Yes, the IRS requirements simply refer to eligible expenses for the "spouse" — they do not include requirements for filing jointly or separately. However, the IRS indicates that children must be tax dependents. IRS Publication 9691 has more details.

Q. I am going to enroll in the CDHP with HSA. What happens if my spouse chooses coverage under a health care FSA?

A. Usually, a health care FSA covers the expenses of the participant and the participant's spouse and dependents. If your spouse has a health care FSA, most likely your health care costs are covered under your spouse's FSA. If so, then you won't be able to make contributions to your HSA.

There are exceptions to this rule. For example, if your spouse's FSA is a limited-purpose FSA that only covers dental and vision costs.

Q. Can I use my HSA to pay for medical expenses before I set up my account?

A. No. You cannot be reimbursed for qualified medical expenses before the date your HSA account is established.

Q. What happens if I have a medical expense early in the year and there isn't enough money in my HSA to cover my out-of-pocket costs?

A. The HSA works like a bank account. You can only spend what is in the account. However, you can start the reimbursement process for any services incurred after you enrolled in the HSA when you have more funds in your account.

Q. What counts toward my out-of-pocket maximum?

A. The out-of-pocket maximum adds together your deductible and the percentage you shared in the cost for covered expenses (your coinsurance or portion of the cost). Once you reach the maximum out-of-pocket, the plan pays covered expenses at 100% for the rest of the year.

It's very important to understand that if the provider's charge is more than our maximum allowed amount for out-of-network services, you will be responsible for paying the difference. Out-of-network providers can bill you for balances above the amount your plan pays, even if you've paid your out-of-pocket maximum.

Q. Are deductibles included in the out-of-pocket maximum for the CDHP with HSA?

A. Yes, deductibles and coinsurance for your medical and pharmacy costs are included in the out-of-pocket maximum. This includes your prescription drug costs.

Q. Once I reach my out-of-pocket maximum, do I still have to pay for office visits and prescriptions?

A. No. Once you meet your out-of-pocket maximum, the plan pays 100% for covered expenses. If you use out-of-network providers they can bill you for the amount above what we allow and this will be your responsibility to pay.

Q. Are dental and vision care considered qualified medical expenses for purposes of a health savings account?

A. Yes, many dental, orthodontia and eye care expenses are considered qualified medical expenses. However, cosmetic procedures, like cosmetic dentistry, would not be considered a qualified medical expense. For a detailed list, please see **IRS Publication 502**.[2]

Q. What if I have money left in my HSA at the end of each plan year?

A. Whatever you don't spend is yours to keep and save year after year. Your HSA can help you pay for future health care costs.

Q. How can I find out more about HSA regulations?

A. Go to the U.S. Treasury website at **treasury.gov** and type HSA in the search box. You may also read **IRS Publication 969**.[1]

Services covered by your medical plan

Q. What is traditional health coverage?

A. Once you meet your deductible in a CDHP with HSA plan, the plan works like a preferred provider organization (PPO) plan. You pay coinsurance (a percentage of what the provider can charge) when you go to a network provider. You'll pay more if you go to a provider who is not in the network. Check your plan summary to find out more about coinsurance.

Q. What services does the CDHP with HSA plan cover?

A. It covers services that are usually covered by a typical health plan. That includes things like office visits, prescription drugs and major surgeries. Check your plan summary to see some of the services covered by your plan.

You can use your HSA to pay for qualified health care costs not covered by your plan. For a list of qualified medical expenses, see **IRS Publication 502**.[2]

Q. What about preventive care services like mammograms and checkups?

A. The medical plans cover preventive care services like checkups, vaccines and mammograms at 100% when you use a provider in the network. You won't have to pay anything out of your own pocket when you get care from a network provider. You may choose to use your HSA funds to cover these costs.

Q. How do I know what is considered preventive care?

A. Our medical plans cover preventive care services like checkups, vaccines and mammograms at 100% when you see a network provider. Your Summary Benefit Description shows which services are covered by your plan. In addition, this brochure gives you a general understanding of what is covered under preventive services.

Managing the money in your HSA

Q. Who holds the money in my HSA?

A. A qualified financial institution holds it and handles those records. If your employer selects an Anthem partner bank, we will handle all of the enrollment administration for you.

Q. How do I find out my HSA balance?

A. It's easy. First register at anthem.com after you get your medical ID card. Then, log in and go to the bank website. There, you can see your account balance, transactions and manage your personal information online.

Q. Will I have to register to use the site the first time I log in to the bank website through anthem.com?

A. Yes, the first time you go to the HSA bank website from anthem.com, you will need to set up a username and password. After you do that, you will be able to use the banking site member website through anthem.com. Also, you will be able to use the bank website username and password to access your information directly through their website and through their mobile application.

Q. How do I access the money in my HSA?

A. You will receive a debit card to use to pay for eligible expenses when funds are available. You also can make payments online at anthem.com. You can pay the provider directly or get reimbursed for an eligible cost online.

Q. Will my HSA earn interest?

A. Yes. The HSA is an interest-bearing account.

Q. Can I invest my HSA?

A. Yes. You'll need to have at least $1,000 in your HSA before you can invest it. You can invest in certain mutual funds after you reach the $1,000 minimum balance in your account.

Q. Are the interest and investment earnings in my HSA tax-free?

A. Yes, when the funds are distributed and used for qualified health care costs. Interest and investment earnings grow tax-deferred in the account. That means you'll only be taxed if funds are withdrawn for non-health care costs.

Q. Are any administrative fees charged to my HSA?

A. Yes, you'll have to pay banking fees, such as overdraft charges or charges for debit cards to replace lost ones. When you enroll in the program, you will get information about the account.

Q. Is there a time restriction on when I may use the funds in the account?

A. No. Once funds are put into the HSA, they may be used at any time in the future for qualified health care costs.

Q. If I leave the medical plan, what happens to my HSA?

A. You own the HSA; the money is yours to keep. You may choose to keep the funds in your account or roll the funds into a different account. If you leave the funds in your account, you will have to pay fees to keep it. If you retire and are insured by Medicare, change to a health plan that is not an HSA-compatible plan or go to another employer that doesn't offer an HSA-compatible plan, you can still use your HSA to pay for out-of-pocket qualified health care costs. But you won't be able to continue to make contributions to your HSA.

Q. Can I roll over funds from my HSA to another HSA if I leave the program?

A. Yes. Contact your new HSA administrator for help with the rollover process.

Q. What if I use HSA funds to pay for nonqualified health care costs?

A. If you realize you've used HSA funds for nonqualified health care costs before you file your taxes, you can fill out a form showing these contributions, along with a check to put the funds back in your HSA. If you've filed your taxes and did not return the funds, the amount you spent on the nonqualified expense will be considered part of your taxable income. You will also owe a 20% penalty on that amount if you are under age 65.

Q. Do I have to use funds from my HSA to pay for health care costs?

A. No. You may pay out of pocket with after-tax dollars and let your HSA balance grow tax-free.

Tax benefits

Q. What are the tax benefits of an HSA?

A. There are several benefits:

- Contributions to the account are (federal) tax-deferred or tax-advantaged.
- Any investment and interest earned in your account are (federal) tax-deferred.
- Withdrawals from the account for qualified health care costs are (federal) tax-free.
- Depending on the state where you live, you may save on your state tax as well.

Choosing health care providers

Q. What is the difference between in-network and out-of-network providers?

A. Network providers are doctors, hospitals, facilities and other health care providers who are part of the network. That means they have a contract with us and will accept the amount we allow as payment in full for certain covered services. This large network includes many providers and specialists so you find the care you need.

You can even find network care when you travel across the country with the BlueCard® PPO program, which is included with your plan. Just call **1-800-810-BLUE** if you need care away from home.

Out-of-network providers do not have a contract with us and have not agreed to accept the amount we allow as payment in full for specific covered services. This means out-of-network providers may charge more for services than what the network providers agree to accept. If you see an out-of-network provider, you'll pay a higher coinsurance, plus any provider charges above what we allow.

Q. How do I know if my doctor is in the network?

A. You can search the provider network by going to anthem.com and selecting **Find a Doctor**. Follow the steps and select your plan. If you need more help, call the Member Services number on the back of your ID card.

Q. If my doctor isn't in the network, can I still use his or her services?A.You can go to any doctor you choose. And you don't need a referral to see a specialist. However, you'll save money when you go to a network doctor. Also, if you see an out-of-network doctor, you may have to file a claim yourself. You can download a claim form at anthem.com.

Q. Can I go to any doctor or hospital when I travel away from home?

A. Yes. Many providers throughout the country are part of the BlueCard PPO® program. To find a network doctor or hospital when you travel, call **1-800-810-BLUE**. However, if you see an out-of-network provider, you may end up paying more out of pocket.

Q. If I need to file a claim, how do I get reimbursed?

A. In most cases, you won't need to file a claim if you go to a network provider. If you go to an out-of-network provider, you might have to file the claim. If so, send your claim to us for reimbursement. You can download a claim form at anthem.com.

Prescription drug coverage

Q. Does the HSA plan cover prescription drugs?

A. Yes, show your ID card when you go to your pharmacy. If you have funds in your HSA, you can choose to use your HSA debit card for your share of the cost at the pharmacy. You can also use your HSA debit card for your cost when you use the home delivery pharmacy service if you have funds available.

If you have used all of the funds in your HSA - or choose not to use these funds and save them for future use - you will have to pay out of pocket until you meet your annual deductible before the traditional health coverage part of the plan begins. Then, you will pay any coinsurance for your prescription drugs. Check your *Plan Summary* to find aout more about your prescrption drug benefits.

Q. Is there a preferred drug list for the HSA plan?

A. No, you don't have to use medications from a preferred drug list.

Q. Do I need to get preauthorization for any drugs?

A. Some medications are **not** covered unless you first get approval through a coverage review process. To save you time and help avoid any confusion, check to see if your medication requires coverage review (prior authorization) by calling Member Services at the number on your medical plan ID card..

Some medication may be covered, but they may have limits (like only for a certain amount or for certain uses and lengths of time) unless you get approval through a coverage review. Before the medication may be covered under your plan, we will ask your doctor for more information to make a decision.

Q. Do my prescription costs apply to my out-of-pocket maximum or my medical deductible?

A. Yes, prescription drug costs apply to your annual deductible and the medical annual out-of-pocket maximum. Once you meet your deductible, you begin to pay the copay or coinsurance.

Q. How do I submit prescriptions to the home delivery pharmacy?

A. Home delivery pharmacy is an easy and cost-effective way for you to get a medication for an ongoing condition. We encourage you to use the member website to download the most up-to-date home delivery order form, which will help speed up the processing of the home delivery prescription order. You can access and download the Express Scripts prescription order form by logging in to the anthem.com member website and selecting Pharmacy, which will take you to the Express Scripts website. Prescription order forms for home delivery are available to download from the site. You also will get a printed order form with each order that's filled by the Express Scripts pharmacy.

Q. Do I need to use a particular pharmacy for specialty drugs?

A. Please contact Member Services to find out more about specialty drug coverage.

Q. How do I get the most out of my pharmacy benefits?

A. There are a few key steps to take to get the most out of your pharmacy benefits:

- Show your ID card when you drop off your prescriptions.
- Have your prescriptions filled at a participating pharmacy.
- Ask for generic drugs to lower your out-of-pocket cost.
- When possible, use the home delivery pharmacy for your prescriptions.

Health and wellness programs

Q. What health and wellness programs are available?

A. The health and wellness programs listed below are available to you at no extra cost to you.

- **ConditionCare** — Helps members manage chronic conditions such as asthma, diabetes, heart failure, coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD).
- **ComplexCare** — Supports members who have multiple ongoing health conditions.
- **Future Moms** — Helps mothers-to-be make informed decisions for a healthy pregnancy and delivery.
- **AIM Specialty Health®** — Choose the care that's right for you with the help of AIM Specialty Health. AIM gives you access to effectively shop for imaging services, like a magnetic resonance imaging (MRI) scan, while keeping cost and quality in mind.
- **LiveHealth Online®** — Connect with board-certified doctors from your computer, tablet or mobile device 24/7.
- **Anthem Health Guide** — supporting you with answers and guidance. You can reach us by phone, mobile app, email or even chat with us online via your computer or mobile device. Whatever you choose, you'll get a health guide who's ready to answer your questions and help you make the most of your health plan benefits.

Q. What are health and wellness programs?

A. Our health and wellness programs provide you with resources, tools, guidance and support to help you manage your health and make more informed health care decisions. Just a few of the tools and health coaching programs are described below. Register and log in at anthem.com for more details.

Plus you can earn cash rewards for taking part in some of Anthem's other health programs.

Q. What is the Health Assessment?

A. Our Health Assessment is an online health profile the you can complete in a few minutes. It helps you identify possible risk factors based on your current health, family history, lifestyle and other factors, And, like all tools at anthem.com, the Health Assessment is confidential. Your information is protected by the highest level of online security, and will not be shared with your employer. You and your covered famly members may fill out the Health Assessment to get a snapshop of your health status and potential health risks.

Q. How does the Health Assessment help me earn rewards?

A. You are eligible to earn $50 in your HSA per plan year for completing the Health Assessment.

Q. What are health coaching programs?

A. Our health coaching programs are available at no extra cost to you. If you have certain or ongoing health concerns, you team up with a registered nurse. The programs include:

- **MyHealth Coach** — Assists members with other concerns, such as high blood pressure, high cholesterol, low-back pain, pre- and post-surgery support, and certain types of cancer and musculoskeletal/arthritis conditions.

Q. Do health coaches actually provide care?

A. No, but your health coach may discuss treatment plans with you and your doctor to help you get the best care — and help you stay on track with your doctor's advice.

Q. How can I contact a health coach?

A. There are several ways:

- Follow the hospital notification requirements on the back of your ID card. A health coach may work with you to coordinate care.
- If you are pregnant or have diabetes, heart disease, asthma, cancer or other chronic or serious conditions, call Member Services and ask about health coaching.
- If you are facing an elective surgical procedure such as back or joint surgery, call Member Services and ask about the MyHealth Coach program for education on these types of procedures.
- If you get a call or letter from a health coach, call back. It just takes a few minutes to get started and could be just the help you need.

Q. Will my employer know if I am enrolled in a health coaching program?

A. No. The only way your employer will know is if you tell your employer. Information shared by you or your doctor will not be released unless you have given written permission.

Q. What is MyHealth Advantage?

A. MyHealth Advantage helps you control your health care costs. We review your incoming health claims to try and help save you money. We can check to see what medications you're taking and alert your doctor if we spot a potential drug interaction. We'll also track your routine tests and checkups, reminding you to make these appointments by mailing you MyHealth Note. MyHealth Notes summarize your recent claims.

Q. What is the 24/7 NurseLine?

A. 24/7 NurseLine is a service you can call to get answers to your immediate health care questions. Registered nurses are on hand to answer your calls 24 hours a day, 7 days a week.

Q. What is the Healthy Lifestyles Online program?

A. An online program focusing on physical, social and emotional behaviors impacting your total well-being. With this program, you take charge of your total wellness through a personalized well-being plan and custom trackers that help you manage your physical and mental health.

Q. How does Healthy Lifestyles Online help me earn incentives?

A. Each adult family member can earn up to $150 each year. Members earn a $50 incentive at each 3,000, 5,000 and 10,000 point milestone. You can quickly achieve their first milestone of 3,000 points by completing the Well-Being Assessment and setting up their Well-Being Plan.

Q. What is the Healthy Lifestyles: Tobacco-Free Program?

A. The Tobacco-Free Program is a step-by-step program that uses proven techniques and personalized support to help you stop using tobacco and improve your health for total well-being. It features one-on-one telephone counseling sessions to help you develop your own Tobacco-Free plan, including deciding what nicotine-replacement products may work best for you. The program also includes coverage for nicotine-replacement products (gum or patch). You and your covered family members over age 18 or older are eligible for this program.

Q. What is the Healthy Lifestyles: Healthy Weight Program?

A. Our Healthy Weight Program includes one-on-one telephone counseling sessions to help you reach a healthy weight. Working with a registered dietitian and health educator, you'll have confidential phone sessions to discuss topics like healthy eating, physical activity and exercise, stress management, maintenance and relapse. It's available to you and your covered family members aged 18 or older who have a body mass index (BMI) of 25 or higher.

Q. What are Anthem Health Rewards?

A. Anthem Health Rewards is a program to help you get healthy and get paid. If you take part in a health and wellness program or activity, you'll earn rewards right away. This includes the Healthy Lifestyles program, which helps you to take charge of your total wellness through a personalized well-being plan and custom trackers that help you manage your physical and mental health.

Plus you can earn cash rewards for taking part in some of Anthem's other health programs.

What if I have questions?

Q. How does the money I contribute to my HSA help me save on taxes?

A. Any money you contribute to your HSA is considered (federal) tax-deductible. That means it's not counted as taxable income for the year. So, if you put $1,000 into your HSA, your adjusted gross income for the year is lowered by $1,000, which could save what you owe for taxes, depending on your tax status.

Q. What should I do with the receipts for services I had?

A. You should keep them. Since you own the HSA, you are responsible for giving documentation to the IRS, if you ever need to, for the expenses charged to your HSA. You can upload your receipts to anthem.com. You can do this online or through your mobile phone.

Q. Are there any special instructions for filing my taxes?

A. Yes. You will have to complete a *Form 8889* to report your HSA contributions and distributions when you file your taxes. Information from *Form 1099-SA* mailed to you by financial institution by early February shows annual distributions. You can find Form 8889 and instructions at **irs.gov**.

You'll receive *Form 5498-SA* from the HSA bank each May. It's for your information only. You don't need to file it with your tax return. And you'll need to keep track of your receipts for anything you pay for from your account in case you need to give documentation to the IRS to show you used any HSA funds on qualified health care costs. Please talk with a tax adviser to make sure you file your taxes correctly.

The information included does not constitute legal, tax, or benefit plan design advice. We strongly encourage you to consult with a tax adviser before establishing a health savings account. Any health savings account will be established between the individual account holder and the HSA custodian or trustee. Anthem is responsible for the administration of the health plan, and the custodian is responsible for the administration of the HSA.

1 http://www.irs.gov/pub/irs-pdf/p969.pdf

2 http://www.irs.gov/pub/irs-pdf/p502.pdf