



Qualified High Deductible Health Plan & Health Savings Account

Hanford Employee Welfare Trust

HEWTF

What is a QHD

High Deductible Health Plan (HDHP)	Qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. Exception is Routine Preventive Care as defined by the IRS.
Deductible	Amount member is responsible for <u>before</u> the plan pays for certain services.
Coinsurance	Percentage of payment shared between the member and the plan for certain services after the deductible has been met.
Out-of-Pocket Maximum	Member total payments for deductible, coinsurance and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the calendar year.
HSA - Health Savings Account	Tax Free account that is used to pay for out-of-pocket costs not covered by the High Deductible Health Plan (HDHP).

The QHD Design

Kaiser Permanente	Provider In-Network	Out-of-Network
Deductible	\$1,500 Single \$3,000 Family Aggregate*	\$3,000 Single \$6,000 Family Aggregate
Coinsurance	80%	50%
Out-of-Pocket Maximum	\$3,500 Single \$7,000 Family Aggregate	Unlimited
Primary Care Visits	80%	50%
Preventive Care	Covered in Full	50%
Lab & X-ray	80%	50%
Inpatient Hospital	80%	50%
Emergency Room	\$200 copay; 80%	\$200 copay; 80%
Prescription Drugs		
Retail	80%	Not Covered
Mail Order	2 Times Retail	

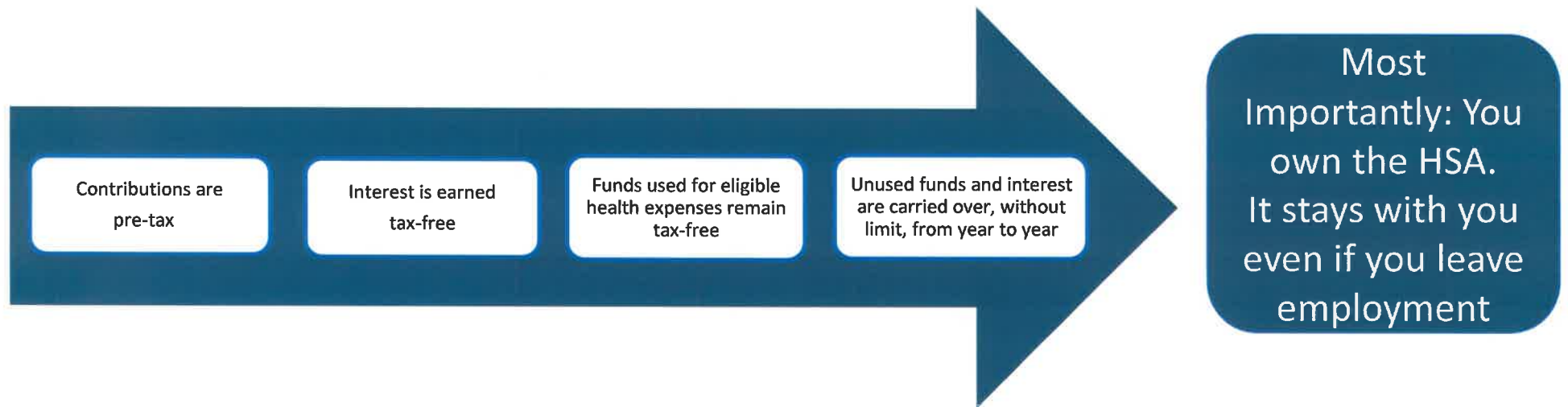
If you cover one or more dependents, you must meet the family aggregate deductible before any benefits are payable.

Health Savings Account (HSA)

A Health Savings Account is:

- An individually owned, tax-advantaged account that is used to pay for routine medical expenses either now or in the future
- In order to contribute to an HSA, individuals must be enrolled in a QHD medical plan with no disqualifying coverage

What are the Tax Advantages and Benefits of an HSA?



Are You Eligible for an HSA?

Are you covered on a Qualified High Deductible Health Plan? (QHD)



Have you been enrolled on Medicare, Tricare, VA or IHS non-Preventive Medical/Rx plan within the last 3 months?



Are you claimed as a dependent on another person's tax return?



Do you (OR YOUR SPOUSE) have a Flexible Spending Account (FSA)?



Is it a Limited Purpose FSA?



SORRY!

Unfortunately, you are not eligible for a Health Savings Account.

An HSA is a tax benefit that is heavily regulated by the IRS. There are certain requirements to be considered qualified to contribute pre-tax dollars.

You are still eligible to participate in the QHD, but you are not eligible to fund a HSA to pay for out-of-pocket expenses.

CONGRATULATIONS! It appears you are eligible to make pre-tax contributions into a Health Savings Account!

HSA: How Much Can I Contribute?



The IRS sets the contribution guidelines

- \$3,850 if you have individual coverage
- \$7,750 if you have family coverage
- Additional \$1,000 if you are 55 or older as of December 31, 2023

You may change your contribution amounts during the year

Determine how much to contribute

- Estimate how much you'll need
- Elect how much to contribute
- Funds are taken from your paycheck before taxes
- Savings result from lower overall taxes

NOTE: You must complete the application during annual enrollment, or when eligible, and provide any additional documentation requested from Wex within 60-days. Failure to do so may result in suspension of the account and HEWT will be unable to deposit funds.

Health Savings Account (HSA)

HEWT Contributes:

- Single Employee: \$750 per year (pro-rated for new hires based on hire date)
- Employee + 1 or more dependents: \$1,500 per year (pro-rated for new hires)

	2023 HEWT Contribution	2023 Annual IRS Maximum	Maximum you can contribute
Employee Only	\$750	\$3,850	\$3,100
Employee + 1 or more dependents	\$1,500	\$7,750	\$6,250

Employees can fund an additional \$1,000 if they are 55 or older as of December 31, 2023



HSA: Who Can Spend the Dollars?

HSAs may reimburse any qualified health expense of the:



**Account holder
(i.e. employee)**

**Account holder's
legal spouse**

**Any tax dependents
of the account
holder**

Non-Tax Dependents and Domestic Partners:

Expenses of non-tax dependents are not eligible for reimbursement through the account holder's HSA, however, if they are HSA-eligible, i.e. have no other disqualifying coverage, they can open their own HSA!

HSA – How Do I Use It?

Use your Wex HSA Debit Card to pay instantly

- Works like a debit card, just swipe and go
- Funds come directly from your HSA
- Can only use funds as they are deposited into your account
- No PIN required

Pay My Provider

- Pay bills instantly, directly, online
- Doctor bills, orthodontia and more

Pay Me Back

- Traditional claims
- Fast Reimbursement



Wex Mobile App

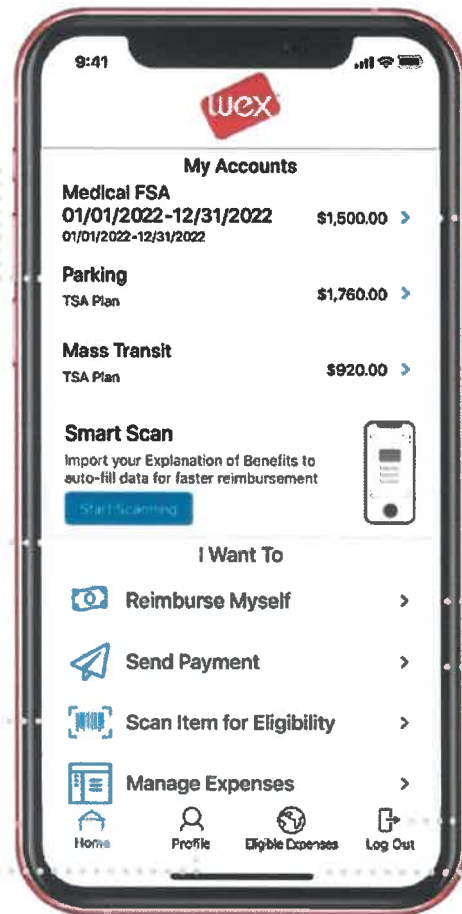
With our mobile app you can:

Get instant notifications on the status of your claims.

File a claim and upload documentation in seconds using your phone's camera.

Scan an item's bar code with your phone's camera to determine if it's an IRS code Section 213(D) eligible expense.

Report a card as lost or stolen.



Check your balance and view account activity.

Easily move funds from your HSA into your bank account to cover eligible expenses.

View current HSA investments balance, recent activity and rate of return.

Reset login credentials.

Log in with your Face ID.



Security on the go

Our mobile app uses secure encryption and won't store pictures on your phone, keeping your documentation safe and secure. Login is protected by a four-digit passcode of your choosing. You can also log in with your thumbprint on Apple devices.

Download the app for free on Apple and Android smartphones and tablets.



HSA: Additional Eligible Expenses

Other eligible expenses for tax-free distributions include:

- Premiums for COBRA
- Premiums for coverage while receiving unemployment compensation under State Law
- Premiums for individuals over age 65 (Medicare premiums)

Note: if you terminate employment or coverage under the QHD

- You cannot use the funds in the HSA to cover premiums for coverage under another employer's plan
- You can use the funds for out-of-pocket expenses such as copays and deductibles.

HSA Records Checklist



You must keep records sufficient to show that:

- The distributions were exclusively to pay or reimburse qualified medical expenses
- The qualified medical expenses had not been previously paid or reimbursed from another source
- The medical expenses had not been taken as an itemized deduction in any year
- Do not send these records with your tax return. Keep them with your tax records

Plan Comparison Example 1

(For Demonstration Purposes Only)

What if I rarely use my benefit? - Employee Only coverage

	Kaiser QHD	Kaiser POS
Deductible before visit	\$1,500 Individual	\$150 Individual
HEWT HSA Contribution	\$750	N/A
Office Visit \$200	\$200	\$10
Generic Prescription \$20	\$20	\$20
Employee Out-of-Pocket	\$220	\$30
Employee Out-of-Pocket After using HSA Contribution	\$0	N/A - \$30
Total Annual Employee Only Premium	\$1,465	\$2,039
Total Employee Cost (Premium + Out-of-Pocket)	\$1,465	\$2,069

The \$574 annual premium differential can be placed into your HSA plan to protect against unforeseen cost and/or grow for future medical expenses.

Plan Comparison Example 2

(For Demonstration Purposes Only)

What if I max out my plan? - Employee Only coverage

	Kaiser QHD	Kaiser POS
Deductible before visit	\$1,500 Individual	\$150 Individual
Out-of-Pocket Maximum	\$3,500 Individual	\$1,150 Individual
Less HEWT HSA Contribution	\$750	N/A
Employee Out-of-Pocket	\$2,750	\$1,150
Plus Total Annual Employee Only Premium	\$1,465	\$2,039
Total Annual Employee Cost (Employee out-of-pocket + Premium- HEWT HSA Contribution)	\$4,215	\$3,189

Plan Comparison Example 3

(For Demonstration Purposes Only)

What if I max out my plan? - Employee + Family coverage

	Kaiser QHD	Kaiser POS 2 Individuals Maximum Benefit
Deductible (QHD - when covering one or more dependents the family deductible will apply)	\$3,000 Family Aggregate	\$300
Out-of-Pocket Maximum (QHD - when covering one or more dependents the family out-of-pocket will apply)	\$7,000 Family Aggregate	\$2,300
Less HEWT HSA Contribution	\$1,500	N/A
Employee Out-of-Pocket	\$5,500	\$2,300
Total Annual Employee + Family Premium	\$4,499	\$6,261
Total Annual Employee Cost (Employee out-of-pocket + Annual Premium – HEWT HSA Contribution)	\$9,999	\$8,561

Kaiser Cost for the POS plan may vary dependent upon how many individuals under the plan meet the out-of-pocket maximum.

Meet Jane

Jane has a chronic disease and takes a specialty medication at a cost of \$4,000 per month \$48,000 per year. How much will she pay annually on the QHD assuming no other claims?

Cost of RX \$48,000	Janes Annual Out-of-Pocket Cost
Cost of Prescription: \$48,000 / Year	
Deductible \$1,500	\$1,500
After meeting the deductible Jane Pays 10% until her Out-of-Pocket Maximum of \$3,500 has been met	\$2,000
Kaiser Pays 100% of the balance after the Out-of-Pocket Maximum has been met	\$0
Sub-Total: Out-of-Pocket Cost	\$3,500
Less: \$750 HEWT HSA Contribution	\$750
Total Annual Out-of-Pocket Cost	\$2,750

On the POS plan Jane would have paid a \$60 / mo copay or \$720 per year for this RX.

Healthcare FSA Plan

Two Healthcare Spending Accounts:

EXISTING: General Purpose: Paired with the POS Plans
 Allows reimbursement for medical, dental and vision expenses

NEW: Limited Purpose: Paired with the QHD + HSA
 Allows reimbursement for dental and vision expenses only

- Annual pledge is available immediately! No waiting for the dollars to be withheld with each check
- The whole family can use the fund! Even if they have other healthcare coverage
- Set aside up to **\$2,850 per year**
- Includes \$500 Rollover provision

NOTE: If you enroll in the QHD plan and have funds in the General Purpose FSA at the end of the year, these will be moved to the Limited Purpose FSA

FSA contribution decisions are IRREVOCABLE for the entire plan year!

- Adjustments can be made if a “life event” (marriage, divorce, death, birth, adoption) occurs
- **Watch out for the “Use it or Lose it” rule**

Flexible Savings vs. Health Savings

	Limited Purpose FSA	General Purpose FSA	Health Savings Account**
Type of Expenses	Dental & Vision only	Medical, Dental and Vision	Medical, Dental and Vision
Can be used with an HSA?	Yes	No	N/A
Contribution Limit**	\$2,850	\$2,850	Tax Year: 2023 Single Enrollment \$3,850 Family Enrollment \$7,750 \$1,000/year catch up if age 55 or older
Can funds be rolled over?	Yes, up to \$500	Yes, up to \$500	Yes - unlimited
Can it be used for non-qualified expenses?	No	No	Yes, but taxed as income; additional 20% penalty (to age 65)
Is interest earned?	No	No	Yes
Investment Options	No	No	Yes, with a minimum balance of \$2,000


** HSA contribution limit includes HEWT's contribution.

How To Get Reimbursed for FSA Claims



1. Mail / Email / Upload / Fax a Claim Form & supporting documents to Optum
 - Explanation of Benefits
 - Receipts and/or BillsOptum will reimburse you via check or direct deposit
2. Pay your Health FSA claims at time of service with the Optum Debit Card!
 - Acts like a debit card but no PIN is necessary
 - Swipe & save at your provider's office or pharmacy
 - Minimizes the need for submitting claim forms (but save your receipts!)
 - Funds are automatically deducted from your FSA as long as you have a positive balance

Questions?



Please contact HEWT at

- Benefits-HEWT (onsite) or
- Benefits-HEWT@rl.gov (offsite) for more information.

AM I ELIGIBLE FOR A HEALTH SAVINGS ACCOUNT?



AM I ELIGIBLE TO CONTRIBUTE TO OR PARTICIPATE IN AN HSA?

The IRS has established specific rules regarding who may contribute to a Health Savings Account (HSA), or accept contributions to their HSA from another party, such as an employer or family member. Generally, you must be enrolled in an IRS-Qualified High Deductible Health Plan (QHD) and not have any other non-QHD coverage to be eligible to open or contribute to an HSA.

The more specific rules as defined by the IRS are as follows:

- You must be enrolled in a **QHD**. For 2023, this means that the QHD must have:
 - ❖ A **minimum deductible & maximum out-of-pocket limit** consistent with IRS requirements.
 - ❖ A **plan deductible** that applies to all eligible expenses, with the exception of preventive care services (e.g., annual routine physical).
 - ❖ 100% coverage of in-network **preventive care services**.
- You may not be a **dependent on someone else's federal tax return**.
- You may not be enrolled in any **impermissible coverage**. This includes all of the following:
 - ❖ Medicare (any Part of Medicare, including A, B, C or D).
 - ❖ Any other employer-sponsored coverage, such as a plan through your spouse's employer, that is not a QHD.
 - ❖ General purpose Health Care Flexible Spending Account (FSA). This includes:
 - A general-purpose FSA through your employer or your spouse's employer.
 - An FSA grace period which extends the Health Care FSA coverage period, unless the FSA balance at the end of the prior plan year is zero.*
 - Note: a Limited Purpose FSA (used for dental and vision expenses only) designed to work alongside a QHD is permitted.
 - ❖ TRICARE
 - ❖ Receipt of medical benefits through the Department of Veterans Affairs or Indian Health Services during the preceding three (3) months. (NOTE - Veterans enrolled in a QHD, with no other disqualifying coverage, and who have a service-connected disability may make or receive HSA contributions regardless of when they received VA benefits)

***NOTE: As of 12/31/2022** if you have general-purpose FSA balance of up to \$500, this balance will roll-over into an eligible limited FSA, if you elect the QHD plan for 2023.

WHO IS ELIGIBLE TO UTILIZE FUNDS FROM MY HSA ACCOUNT?

You - Contributions can be made only if you are enrolled in a Qualified High Deductible Health Plan (QHD) and are not enrolled in any other non-QHD plan such as Medicare, your spouse's medical plan or a general-purpose FSA through your employer or your spouse's employer.

Your Legal Spouse - Qualified withdrawals can be made at any time.

Your Dependent(s) - If you claim any dependents on your tax return, the IRS considers them to be an eligible tax dependent for HSA purposes. Tax dependents (section 152 tax dependents*) may include your domestic partner, natural or adopted children, stepchildren, or children of a domestic partner. Out-of-pocket expenses for these tax dependents can be reimbursed with funds from your HSA. Although the Affordable Care Act requires health plans to cover adult children to age 26, this rule does not extend to HSAs. Therefore, you may cover a child under the QHD who is not your tax dependent. If your HSA funds are used to reimburse expenses incurred by a non-tax dependent, income taxes and a 20% penalty may apply.

HOW DOES THE IRS KNOW WHAT I CONTRIBUTE TO MY HSA?

Money taken out of your paycheck will appear in box 12 of your W-2 as code W and, per IRS regulations, it will include an employer contribution. You are required to complete an additional tax form due to having an HSA. If you make non-payroll contributions to your HSA, you can file to receive a tax credit for them. For more information about your HSA, tax filings and forms, contact a tax advisor.

WHAT HAPPENS IF I CONTRIBUTE MORE THAN IS ALLOWED?

You must withdraw any excess funds before your federal income tax form for that year is due (usually April 15). If you do not, you will pay your normal taxes plus an additional 6% penalty tax on any excess contribution.

*A tax dependent as defined by IRS Section 152 is an individual for whom you provide more than half of the individual's support, the individual lives in the same residence for the entire tax year, and the relationship does not violate state law. You should check with your tax advisor to see if your dependent meets this definition.

MEDICARE & HSA Q&A

WHAT DO I NEED TO DO IF I AM BECOMING ELIGIBLE FOR SOCIAL SECURITY CASH BENEFITS AND WANT TO CONTRIBUTE TO AN HSA?

If you want to contribute to an HSA while still actively at work, you will need to delay your Social Security cash benefit. This is because you are automatically enrolled in Medicare Part A when you begin receiving your Social Security benefit and there is no option to waive the Medicare Part A benefit. Once you are covered under Medicare Part A, you are no longer eligible to contribute to an HSA. You may also want to ask your financial advisor if delaying your Social Security benefit and contributing to an HSA is in your best interest.

I AM ALREADY RECEIVING MY SOCIAL SECURITY CASH BENEFIT AND I AM MEDICARE ELIGIBLE, WHAT CAN I DO TO NOW BECOME ELIGIBLE TO CONTRIBUTE TO AN HSA?

Your only option is to stop any future Social Security cash benefit. However, to do so you will be required to pay back all of your Social Security payments previously received.

I ALREADY HAVE AN HSA AND I NOW WANT TO START RECEIVING MY SOCIAL SECURITY CASH BENEFIT. WHAT HAPPENS TO THE MONEY IN MY HSA?

Because Medicare Part A is included in Social Security, you can no longer contribute to your HSA. However, your enrollment in Medicare only affects your ability to contribute to an HSA, not your ability to retain and use money in your HSA.

WHAT IS CONSIDERED A QUALIFIED EXPENSE?

The following are examples of expenses that can be reimbursed by the money in your HSA. These expenses are still eligible even if you are covered under Medicare, provided they have not otherwise been paid by insurance.

- Qualified medical expenses which are expenses that would also be eligible for a medical or dental tax deduction
- Prescription drugs and over-the-counter medications
- Insulin
- Vision expenses, including eyeglasses or contact lenses
- Insurance premiums for long-term care insurance, COBRA premiums, health coverage while receiving unemployment compensation, and, if age 65 or older, Medicare and other health coverage (this does not include premiums for a Medicare supplemental policy, such as Medigap)

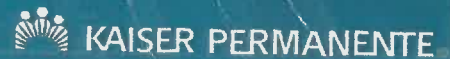
WHO CAN INCUR EXPENSES?

The above expenses can be incurred by any of the following individuals as long as the expense is not also reimbursed under any other type of health plan.

- You
- Your spouse
- All dependents you claim on your tax return
- Any person you could have claimed as a dependent on your tax return except that:
 - ❖ The person filed a joint return,
 - ❖ The person had gross income of \$4,300 or more; or
 - ❖ You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return

Benefit Summary

Hanford Employee Welfare Trust (HEWT)
Group Number: 8882300 Ind/8882400 Family



Effective Date 1/1/2023

Health Plan Access PPO

Ref RQ-172467

This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage.

In accordance with the Patient Protection and Affordable Care Act of 2010,

- The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and
- Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan.

Benefits	Preferred Provider Network	Out-of-Network
Plan deductible	Individual deductible: \$1,500 per calendar year Family deductible: \$3,000 per calendar year Until the total family annual deductible is met, benefits will not be provided for any family member	Individual deductible: \$3,000 per calendar year Family deductible: \$6,000 per calendar year Until the total family annual deductible is met, benefits will not be provided for any family member
Individual deductible carryover	4th quarter carryover does not apply	4th quarter carryover does not apply
Plan coinsurance	Plan pays 80%, you pay 20% (plan pays 90%, you pay 10% enhanced benefit for outpatient visits) Enhanced benefit applies when services are provided by an Enhanced provider.	Plan pays 50%, you pay 50% of the Allowed Amount.
Out-of-pocket limit	Individual out-of-pocket limit:\$3,500 Family out-of-pocket limit:\$7,000 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services If enrolled on the family plan you must meet the family out-of-pocket maximum	Individual out-of-pocket limit:No limit Family out-of-pocket limit: No limit Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services If enrolled on the family plan you must meet the family out-of-pocket maximum
Pre-existing condition (PEC) waiting period	No PEC	Same as preferred provider network
Lifetime maximum	Unlimited	Shared with preferred provider maximum
Outpatient services (Office visits)	No copay, deductible and coinsurance apply Enhanced benefit applies when services are provided by an Enhanced provider.	No copay, deductible and coinsurance apply
Hospital services	Inpatient services: Deductible and coinsurance apply Outpatient surgery: No copay, deductible and coinsurance apply	Inpatient services: Deductible and coinsurance apply Outpatient surgery: No copay, deductible and coinsurance apply
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Preferred generic/preferred brand/non-preferred 20% or (10% enhanced) Plan Coinsurance up to a 30 day supply; Deductible applies. Certain preventive medications are covered in full (at a PPN pharmacy, 1st fill only, then covered at the PPN cost shares)	Preferred generic/preferred brand/non-preferred Not covered
Prescription mail order	2x the enhanced benefit prescription drug cost share up to a 90 day supply	Not covered
Acupuncture	Covered up to 12 visits per calendar year No copay, deductible and coinsurance apply	Visit limits shared with preferred provider network No copay, deductible and coinsurance apply
Ambulance services	Deductible and coinsurance apply	Preferred provider deductible and coinsurance apply
Chemical dependency	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply

Devices, equipment and supplies <ul style="list-style-type: none"> ➤ Durable medical equipment ➤ Orthopedic appliances ➤ Post-mastectomy bras limited to two (2) every six (6) months ➤ Ostomy supplies ➤ Prosthetic devices 	Deductible and coinsurance apply	Deductible and coinsurance apply
Diabetic supplies	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
Diagnostic lab and X-ray services	Inpatient: Covered under Hospital services Outpatient: Deductible and coinsurance apply High end radiology imaging services such as CT, MRI and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.	Inpatient: Covered under Hospital services Outpatient: Deductible and coinsurance apply High end radiology imaging services such as CT, MRI and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.
Emergency services (copay waived if admitted)	\$200 copay Deductible and coinsurance apply	\$200 copay Preferred provider deductible and coinsurance apply
Hearing exams (routine)	No copay, deductible and coinsurance apply	No copay, deductible and coinsurance apply
Hearing hardware	Not covered	Not covered
Home health services	Covered at deductible and coinsurance up to 130 visits total per calendar year	Visit limit shared with preferred provider network Deductible and coinsurance apply
Hospice services	Deductible and coinsurance apply	Deductible and coinsurance apply
Infertility services	Not covered	Not covered
Manipulative therapy	Covered up to 12 visits per calendar year without prior authorization; additional visits when approved by the plan No copay, deductible and coinsurance apply	Visit limits shared with preferred provider network No copay, deductible and coinsurance apply
Massage services	See Rehabilitation services	See Rehabilitation services
Maternity services	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply
Mental Health	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply
Naturopathy	No copay, deductible and coinsurance apply	No copay, deductible and coinsurance apply
Newborn Services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity-related surgery (bariatric)	Not covered	Not covered
Organ transplants	Unlimited, no waiting period Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply	Not covered
Preventive care Well-care physicals, immunizations, Pap smear exams, mammograms	Covered in full Women's contraception is covered as preventive, and Men's contraception is covered in full after annual deductible has been satisfied	Deductible and coinsurance apply Women's preventive care services (including contraceptive drugs and devices and sterilization) are subject to the applicable Preventive Care cost share and benefit maximums. Routine mammograms: Deductible and coinsurance apply

Rehabilitation services Rehabilitation visits are a total of combined therapy visits per calendar year	Inpatient: 30 days per calendar year. Services with mental health diagnoses are covered with no limit. Deductible and coinsurance apply Outpatient: 45 visits per calendar year. Services with mental health diagnoses are covered with no limit. No copay, deductible and coinsurance apply	Inpatient: Day limits shared with preferred provider network Deductible and coinsurance apply Outpatient: Visit limits shared with preferred provider network No copay, deductible and coinsurance apply
Skilled nursing facility	Up to 60 days per calendar year, deductible and coinsurance apply	Day limits shared with preferred provider network, deductible and coinsurance apply
Sterilization (vasectomy, tubal ligation)	Women's sterilization is covered as preventive, and Men's sterilization is covered in full after the annual deductible has been satisfied.	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply Outpatient Surgery: See Hospital services; Outpatient surgery section Women's sterilization procedures are covered subject to the applicable Preventive Care cost share and benefit maximums.
Temporomandibular Joint (TMJ) services	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply	Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply
Tobacco cessation counseling	Quit for Life Program - covered in full	Applicable cost shares apply
Routine vision care (1 visit every 12 months)	Covered in full	Covered in full
Optical hardware Lenses, including contact lenses and frames	Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance Members age 19 and over: \$150 per 12 months Not subject to deductible and coinsurance	Shared with preferred provider network
Virtual Care Including Telemedicine, Telephone Services and Online (E-Visits)	Deductible applies	Telemedicine: Applicable cost shares apply Telephone Services and Online (E-Visits): Not Covered

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

RQ-172467

Level of Coverage	2023 HEWT Contribution*	HSA Contributions 2023 Annual IRS Maximum	Maximum You Can Contribute**
Employee Only	\$750	\$3,850	\$3,100
Employee + One or More Dependents	\$1,500	\$7,750	\$6,250

*HEWT contribution amounts are pro-rated for new hires.

**Employees 55 years or older by December 31, 2023 may contribute an additional \$1,000 catch-up.

Level of Coverage	Employee Contributions	
	Bi-Weekly	Monthly
Employee Only	\$56.36	\$122.11
Employee + 1 Dependent	\$103.13	\$223.45
Employee + 2 or More Dependents	\$173.02	\$374.88



BENEFITS

IRS Announces 2024 HSA and EBHRA Contribution Limits, HDHP Minimum Deductibles, and HDHP Out-of-Pocket Maximums

EBIA

May 18, 2023 · 1 minute read

*Rev. Proc. 2023-23 (May 16, 2023)*Available at <https://www.irs.gov/pub/irs-drop/rp-23-23.pdf>

The IRS has released the 2024 cost-of-living adjusted limits for health savings accounts (HSAs), high-deductible health plans (HDHPs), and excepted benefit health reimbursement arrangements (EBHRAs). Here are the details:

(up from \$7,500 in 2023), and \$16,100 for family HDHP coverage (up from \$15,000 in 2023).

- **EBHRA Contribution Limit.** The maximum amount that may be made newly available for plan years beginning in 2024 is \$2,100 (up from \$1,950 for plan years beginning in 2023).

EBIA Comment: The catch-up contribution limit (for HSA-eligible individuals aged 55 or older) is set forth in Code § 223(b)(3) and remains at \$1,000. EBHRAs, first available in 2020, are limited-dollar, nonintegrated HRAs that qualify as excepted benefits. They can be offered by employers of any size and must meet specified requirements. For more information, see EBIA's **Consumer-Driven Health Care** manual at Sections X ("HSAs: Required HDHP Coverage"), XII ("HSAs: Contributions"), and XXVIII.C ("Excepted Benefit HRAs (EBHRAs)"). See also EBIA's **Cafeteria Plans** manual at Section XVI.K ("Special Considerations for HSAs Offered Through Cafeteria Plans").

Contributing Editors: EBIA Staff.