



HSA-QUALIFYING HEALTH PLAN ACKNOWLEDGMENT

HSA-qualifying health plans were developed to provide MUST members with the opportunity to invest in Health Savings Accounts (HSA) and become more involved in their healthcare. The HSA-qualifying plan design is determined by federal regulations. Specific plan-design differences are listed below for your review.

HSA- Qualifying Health Plan

- **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 a qualifying HSA plan. **IMPORTANT NOTE: THE FAMILY DEDUCTIBLE DOES NOT APPLY TO AN HSA PLAN WITH AN EMBEDDED DEDUCTIBLE.**
- **All prescription drugs apply to the deductible.** While there is a discount that may apply when the member presents his/her ID card to the pharmacy, the remainder of the cost must be paid up front by the member. The discounted amount does not apply toward the deductible. The prescription cost must be submitted to MUST to apply to the deductible or for reimbursement under the medical plan. A prescription-drug reimbursement form is attached to this form.
- **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 HSA plans. No other claims will be paid prior to satisfying the deductible. Specific plan maximums for preventive care per benefit period apply.
- **Chemical-dependency 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-payment level.
- **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-payment 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 of \$250 per benefit period.
- **Health Savings Account.** This plan is a qualifying HSA plan and allows member to participate in a Health Savings Account.

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 **HSA-qualifying health plan.**

Signature

Date

Print Name

Group Number