

DATE: May 1, 2014
TO: **ELIGIBLE ACTIVE EMPLOYEES**
SUBJECT: BSSP's May, 2014 Open Enrollment
FROM: **Lisa Lipkin**



Welcome to BSSP's 2014 Open Enrollment period. The open enrollment period, and your opportunity to make your medical plan election or add additional benefits effective July 1, 2014, will close on May 31, 2014, at 11:59 p.m. *Changes and elections will not be accepted after that date.*

At BSSP's open enrollment website (www.bsspjpa.org/2014OE), you will find all of the information and tools necessary to complete your open enrollment elections. All open enrollment elections for employees currently with BSSP benefits will be processed via BSSP's enrollment portal VBAS (www.vbas.com).

- **All Employees Covered with Medical:** Because all current medical plans terminate effective June 30, 2014, everyone covered under a medical plan must select new coverage through VBAS. *BSSP and Paradise Unified School District will not accept written elections.* In compliance with the Affordable Care Act, you may also find the Summary of Benefits and Coverages for each medical plan, as well as a number of required plan disclosures, at www.bsspjpa.org/2014OE. If you would like a paper copy, please contact Lisa. You will also find many tools to assist you in selecting a medical plan at that website.
- **Full-Time Employees:** All full-time employees are required to elect a medical plan and enroll in their unit's selected dental and vision plans.

An annual certification of compliance with [BSSP Policy 1.24](#), Phantom Coordination of Benefits, is required of all full-time employees with a spouse/RDP. The certification must be completed via BSSP's enrollment portal, however the Spouse's/RDP's Employer Certifications must be submitted via paper form (available via the open enrollment website or portal) to Lisa. *Failure to certify will result in your spouse/RDP being enrolled in the Dogwood plan, regardless of your plan election. Spouses/RDPs will be reinstated to the employee's elected coverage on the 1st of the month following receipt of the proper certification; reinstatement will not be made retroactively.*

- **Part-Time Employees:** If you wish to terminate your coverage, you will be allowed to reinstate that coverage only under the following circumstances: 1) with proof of loss of other coverage or (2) with a permanent change in hours or work year impacting the amount of district contribution towards your benefits.

If you have not previously elected coverage and wish to do so, complete BSSP's [Employee Benefit Plan Application / Change Form](#). Print and submit the form to Lisa.



Vbas Online Reference Guide

BUTTE SCHOOLS SELF-FUNDED PROGRAMS

Everything you need for online enrollment is available through the Vbas system. You can access Vbas with your Internet browser at work or home: www.vbas.com

From the Vbas site you can make your 2014 benefit elections, add or remove dependents from coverage, and access a variety of information about your benefits package.

1. Visit www.vbas.com and you'll be directed to the Butte Schools Self-Funded Programs' home page on the Vbas system. Enter the following information, in order:
 - a. Your **User Name** (BSSP; last 4 digits of your Social Security Number; your 4-digit birth year; first initial of your first name and first initial of your last name. Example: "BSSP67891959CP")
 - b. Your **Password** (last 4 digits of your Social Security number and the 4-digit year of your birth (Example: "67891959")
2. Click **Sign-In**.
3. If prompted for the **Vbas User Agreement**, click **Accept**.
4. Create your **New Password**. Because your initial password is only temporary, you must create your own personal password. Choose a minimum of 8 characters (numbers, letters or a combination of both). Re-enter your new password to confirm.
5. Click **Save** to save your new password.
6. Before you begin your enrollment, you will be asked to verify your personal information. To begin the verification process, click **Get Started**. Be sure to update your basic and dependent information as necessary. Please input your email address into VBAS – thank you!
7. When you have finished the verification process look for **Verification Completed** on the right side of the screen.
8. Click **Make your Open Enrollment Elections** to begin enrolling in benefits July 1, 2014.

IMPORTANT: The rates in Vbas may be subject to negotiations. If you are a part-time employee, please review additional information in this packet to determine your employer contribution.

9. Start on the Medical Election page.
10. Click **Next** to move from page to page, selecting your benefits. If you make any changes, click **Save** afterward.
11. Once you are satisfied with your choices, click **Submit Elections** to complete your enrollment and print your Open Enrollment Election Summary. You can also click on the **Printable Summary** button.
12. Click **Sign Out** when you are finished. That's it! You've enrolled!
13. Click on the survey link to provide feedback about your Vbas online enrollment experience.

If you have problems logging into Vbas, contact your district's Payroll or Benefits Office.



BUTTE SCHOOLS

SELF-FUNDED PROGRAMS

Healthy Employees
Supported by Quality,
Well-Managed Programs

www.bsspjpa.org

530-879-7438 (tele)

530-879-7595 (fax)

500 Cohasset Road, Suite 24, Chico

Cathy Ramirez
Administrative Assistant
cramirez@bsspjpa.org

Christy R. Patterson,
Executive Director
cpatters@bsspjpa.org

2014 Open Enrollment Update

Online Open Enrollment

Welcome back to VBAS! All plan elections and certifications will be processed through our portal at www.vbas.com which opens May 1 at 12:01 a.m. All employees covered under a medical plan must select a new plan through the portal. Through this process, you will:

- ◆ Log in to your secure account. Your username follows this format:

BSSP55551900AZ . BSSP, last 4 digits of your social security number, your birth year, initial of first name and initial of last name. Your password is the last 4 digits of your social security number and your birth year (55551900). You will then be asked to reset your password. If you forget your password, email bssp@bsspjpa.org to request a reset.

- ◆ Verify or correct the information currently on record at BSSP. Your changes will be forwarded to your district's benefits/payroll office.
- ◆ Enter your email address.
- ◆ Elect your coverage (effective July 1, 2014) or add additional coverage.
- ◆ Part-time employees may waive any coverage or add coverage if they have not previously dropped that line of coverage voluntarily.
- ◆ Full-time employees must:
 - ◆ Enroll in a carrier (Anthem, Delta Dental and VSP) plan or administrative fee.
 - ◆ Complete the phantom coordination of benefits certification.

Note that employer contributions displayed in VBAS reflect those for full-time employees only and are subject to negotiated changes. Part-time employees should contact your district's benefits or payroll office with any questions regarding your district's contribution. *Paper election forms are not available; the VBAS portal closes May 31st at 11:59 p.m.*



New Medical Plans

Each year benefits are reviewed for mandated changes, comparability to other plans, and ways to offset the increasing cost of members' medical claims, the basis upon which rates are set.

A new suite of plans (Alder, Birch, Cedar and Dogwood plans for active employees and non-Medicare retirees as well as the Assurance Plus 1 plan for Medicare retirees) addresses the following goals and objectives identified through member surveys, district interviews, a strategic planning session and numerous meetings of the Board of Directors:

- ✓ Provide BSSP employees and their dependents with a variety of plans and rates to meet the needs of the population
- ✓ Encourage use of the BSSP Health and Wellness Center
- ✓ Encourage member engagement and consumerism
- ✓ Streamline the plans to eliminate confusing copays
- ✓ Realign the plans to better reflect benefit differences
- ✓ Balance the costs/rates to better reflect the costs of each population within BSSP (actives, non-Medicare retirees and Medicare retirees)

See page 4, New Plans

LEARN MORE ABOUT OPEN ENROLLMENT OPTIONS! *If you are unable to attend a site-based open enrollment presentation, attend one of below presentations — they are open to all BSSP members!*

Want The Most Accurate BSSP Information ASAP?

Sign up at bsspjpa.org to receive direct emails about your BSSP benefits, the Health and Wellness Center, and general health and wellness information.

Health and Wellness Center

If you haven't yet, be sure to schedule your Health Risk Assessment or annual physical exam at the Health and Wellness Center. The HWC is also open for acute and episodic appointments as well. Call 866-959-9355 or 530-879-7582 to schedule your appointment.

May 5th
(Retirees, only)
2:00 PM
Butte College
Skyway Center
Chico

May 21st
(Active employees)
7:00 PM
PVHS Library
East Avenue
Chico

May 20th
(Webinar)
7:00 PM
Pre-register @
bsspjpa.org

Recorded presentations are also available at bsspjpa.org after May 12th

Open Enrollment Checklist



- Visit www.bsspjpa.org for up-to-date benefit information, open enrollment tools and much more.
- Make all open enrollment elections at www.vbas.com.
- Sign up to receive e-mail announcements directly at www.bsspjpa.org.
- Review this **Open Enrollment Update** and the **Plan Comparison** sheet.
- Attend an **open enrollment presentation** hosted by your district or one of the presentations listed at the bottom of page 1.
- Turn in by **May 31st**:
 - Coordination of Benefits Certification I or Certification II when applicable
 - Application for Additional Optional Life and Optional Life and Voluntary AD&D form (if increasing BSSP life insurance)
 - Health Savings Account / Flexible Spending / Section 125 Plan elections
- Update your **Health Savings Account** (if solely covered by an HSA-eligible plan such as Cedar or Dogwood) election.
- Email bssp@bsspjpa.org or call 530-879-7438 to request your coupon for a **free mammogram screening**.
- Create a **secure on-line account** at Anthem, Express Scripts, Delta Dental and VSP. View your claims, access additional services, search for network providers, sign up for electronic EOBs, etc. By law, spouses and children over 17 will need to create their own accounts.
- Complete your **Health Risk Assessment** at the Health and Wellness Center. Call 530-879-7582 to schedule your appointment.
- Schedule your next **physical exam, eye exam, dental exam**. Annual physical exams are provided at no cost at the Health and Wellness Center; call 866-959-9355 or 530-879-7582 to schedule an appointment.
- Submit an **enrollment application for a new dependent** (spouse, RDP, newborn or adopted child or step-child) must be received within 31 days of the date of birth, adoption or marriage.
- Review your **beneficiaries** for life and disability insurances as well as other important accounts.

Medicare Retirees

Coverage for retirees and their spouses eligible for Medicare Parts A and B will be under Anthem's Assurance Plus 1 plan, a Medicare supplement, with a monthly rate of \$441 per individual. This Medicare supplement pays 100% of Medicare Part B expenses when using an Anthem PPO provider, but additional out of pocket costs will apply when using non-PPO providers. Prescription benefits continue with Express Scripts and are the same as the Alder and Birch plans, above. Non-Medicare spouses or children of retirees may enroll in the Alder or Birch plans. See the last page for additional benefit details.

Referenced Based Benefits

If you're facing an elective procedure like a hip or knee replacement, cataract removal, carpal tunnel release, knee arthroscopy, colonoscopy or endoscopy, you probably think you won't know how much it costs until you receive the bill, but that's not the case. With the Estimate Your Cost and Find a Doctor tools, available on anthem.com/ca, you can find the estimated costs for a particular procedure at a specific provider, and you can shop around for the option that best meets your needs.

Introducing the Smart Idea Behind RBB

This is especially useful when you're getting a procedure that's covered under the Referenced Based Benefits (RBB) program. RBB gives you a benefit maximum on certain elective procedures you schedule in advance. As long as you see a provider who charges at or below the benefit maximum, you only have to pay your deductible, copays and coinsurance.

For instance, let's say you need an MRI. After checking your benefits plan, you see that you have a \$2000 limit for your colonoscopy. Using the Estimate Your Cost and Find a Doctor tools, you can find providers near you with colonoscopy costs at or below your benefit limit. You can also compare quality information like safety ratings and the number of similar procedures performed. If you choose to go to a provider who charges a little more, that's fine, too. You just have to pay the amount above the benefit limit, up to your out of pocket limits.

To find providers that offer the best value without having to sacrifice on quality, just log on to anthem.com/ca, go to the Useful Tools section and click on Estimate Your Cost or Find a Doctor. Or you can also call the phone number on the back of your ID card to speak to an Anthem Customer Service Representative about finding a provider and understanding your benefit maximum.

Medical Plans Available 7/1/14

Active and Non-Medicare	Alder	Birch	Cedar [^]	Dogwood [^]
	Monthly Rate			
Active Family	\$1253	\$1030	\$925	\$677
Non-MCare Retiree Family	1503	1236	n/a	n/a
Non-MCare Retiree Single	1052	864	n/a	n/a
Child of Medicare Retiree	715	588	n/a	n/a
<i>Max Out of Pocket includes medical and prescription deductible, copay, co-insurance and pre-funded HSA deposit below. See the last page for additional benefit details. ^ Higher limit applies to each covered individual and family in total.</i>				
Max Out of Pocket	\$1000 / \$3000	\$1600 / \$4800	\$2500 / \$8000	\$6350 / \$12700
Deductible	\$500 / \$1500	\$800 / \$2400	\$1500 / \$4000	\$5000 / \$10000
Copay + Co-ins to \$X	\$100 ER \$0 HWC 10% to \$500 / \$1500	\$100 ER \$0 HWC 25% to \$800 / \$2400	\$100 ER \$25 HWC 25% to \$1500 / \$5000	\$250 ER \$25 HWC 30% to \$1350 / \$2700
HSA Deposit	n/a	n/a	\$500 / \$1000	n/a
RX Deduct	\$150/\$450, Waived for Generic		Combined with Medical, above	
RX Mail (90#)	\$25/\$60/\$90 Copay		\$50/\$100/\$100	
RX Retail (31#)	Up to \$30/\$100/\$150		Up to \$20/\$50/\$50	
RX HWC (31#)	\$4/\$8/not available			

Saving with the Cedar and Dogwood Plans: Health Savings Accounts (HSAs)

Finances are tight for everyone and a health savings account (HSA) may be a part of your financial toolkit worthy of consideration. BSSP's Cedar and Dogwood plans are both HSA-qualified plans, and the Cedar plan includes a pre-funded contribution to your HSA.

You must be exclusively covered with HSA-qualified plans in order to utilize an HSA. If you have secondary coverage under BSSP's Alder or Birch plans, or a non-HSA plan from a spouse's employer, you are not eligible to participate in an HSA. Contact your spouse's employer to determine if that coverage is HSA-qualified.

HSAs create immediate tax savings, help you build a safety net for future costs and can help in saving and planning for retirement. They are similar to a flexible spending or unreimbursed medical account through your Section 125 plan, but offer these additional benefits:

- ◆ There's no deadline to spend the funds — no "use or lose"
- ◆ Funds may be
 - ◆ Invested similar to a 403(b)
 - ◆ Used for medical costs in retirement
 - ◆ Accessed by debit card

Want more information? BSSP has partnered with Wells Fargo to provide HSAs to eligible members. Visit hsawellsfargo.com/enrolltoday/.



**WELLS
FARGO**

LiveHealth Online: Another Low-Cost Provider Alternative at \$49 per Session

The Health and Wellness Center (HWC) is available to all covered members, free to those on the Alder and Birch plans and available for a \$25 copayment for those on Cedar and Dogwood. However, the HWC isn't open 24/7. Live Health on Line, at just \$49 per session, is a great low-cost alternative in many cases, particularly for those who are not in the Butte County area.

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.

With LiveHealth Online, you get:

- ◆ Immediate doctor visits through live video.
- ◆ Your choice of U.S. board-certified doctors.
- ◆ Help at the same cost as your regular doctor visits.
- ◆ Private, secure and convenient online visits.

Who are the doctors at LiveHealth Online?

- ◆ U.S. board-certified.

- ◆ Average 15 years practicing medicine.
- ◆ Mostly primary care physicians.
- ◆ Specially trained for online visits.

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. If it's not an emergency, the Health and Wellness is your free or lowest-cost option. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:

- ◆ Cold and flu symptoms such as a cough, fever and headaches
- ◆ Allergies
- ◆ Sinus infections
- ◆ Family health questions

Start a conversation now. Just enroll for free at livehealthonline.com or on the app, and you're ready to see a doctor. Download the app now at apple.com or play.google.com/store.



Phantom Coordination of Benefits

This policy applies only to school board members and full-time employees with a working spouse/RDP who is covered under a BSSP medical plan. Single employees, retirees, and those whose spouses/RDPs are self- or not employed are exempt.

BSSP's Phantom Coordination of Benefits policy prevents BSSP plans from bearing more than a fair-share of medical claims for spouses or registered domestic partners (RDPs) of full-time employees.

If you are a full-time employee or board member and your spouse/RDP is eligible for employer-provided coverage at a cost of less than \$150 per

month, your spouse/RDP has two options:

1. Your spouse/RDP may enroll in his/her employer coverage. BSSP medical will be secondary; BSSP does not provide prescription benefits as secondary coverage.
2. Your spouse may decline employer coverage. BSSP's Dogwood plan will serve as his/her primary coverage regardless of the plan you have enrolled in.

Failure to complete the questionnaire in VBAS and submit Certification I or Certification II, when applicable, will result in your spouse/RDP being moved to the Dogwood plan.

Out-of-pocket Maximums

How do I reach my Out-of-pocket Maximum (OOP)?

With each BSSP medical plan, you have limits to meet before the plan pays 100%. Only the allowed amounts on approved claims are credited towards your limits — amounts you pay in excess of the allowed amount to non-network providers are not considered. Claims are analyzed and your out-of-pocket limits are reached in this order:

Copayment An emergency room visit, from which you are not directly admitted to inpatient status, has a \$100 copayment on the Alder, Birch and Cedar plans and a \$250 copayment on the Dogwood plan. A copayment of \$25 is also charged to members on the Cedar and Dogwood plans for non-preventive visits at the Health and Wellness Center.

Deductible Any balance on the claim is credited to your unmet deductible.

Co-insurance You are responsible for co-insurance (10% on Alder, 25% of Birch and Cedar, 30% on Dogwood) on the balance of each claim until your out of pocket limit is met.

Prescriptions Prescription deductibles and copayments are also credited to your out of pocket maximums.

When your deductible and out of pocket maximum has been met, the plan will pay 100% of allowed claims, including prescriptions, at the network rate for the remainder of the plan year.

IMPORTANT!! All plans have separate and additional deductible and out of pocket limits for non-network services. To minimize your out of pocket costs, prior to any non-emergency service, ensure all providers involved in your care are on Anthem's PPO network.

Because you cannot select your provider for emergency services, emergency services, including ambulance, will be paid as network even when provided by non-network providers.

New Plans *(continued from page 1)*

- ✓ Lower prescription drug copays for certain disease states
- ✓ Reduce medical trend in the future in order to continue to provide medical plans at a cost that are affordable for everyone

There are many benefit enhancements included in the new plans:

- ✓ Copayments have been eliminated except in the following cases:
 - ✓ Emergency room visit not resulting in an inpatient admission
 - ✓ For members on Cedar and Dogwood, a \$25 copayment remains for non-preventive visits to the Health and Wellness Center.
- ✓ Prescription costs are credited against out of pocket maximums.
- ✓ Prescription copayments for asthma, diabetes and heart disease are reduced to \$5 generic, \$20 formulary, and \$30 non-formulary.
- ✓ Enrollment in the Cedar plan includes a \$500 (single) or \$1000 (family) pre-funded contribution to a health savings account. You must be covered exclusively by HSA-eligible plans to receive the contribution. See the separate Wells Fargo HSA flyer included in your open enrollment packet.
- ✓ Qualifying members are eligible for a \$50 incentive when enrolling ConditionCare; a \$50 incentive is also available when the ConditionCare program has been completed. For more information on ConditionCare, visit your secure account at anthem.com/ca.
- ✓ Acupuncture is added as a covered benefit and subject to a 24-visit limit with physical therapy and chiropractic care.
- ✓ Additional physical therapy chiropractic visits beyond the 24-visit limit are subject to pre-authorization.

✓ LiveHealth Online provides an opportunity for an appointment with a medical doctor via an Internet video session. The cost is only \$49, subject to deductible and coinsurance limits. This is a great low-cost alternative to an urgent care center or when the Health and Wellness Center is closed. See the Live Health On Line flyer included in your open enrollment packet.

✓ The Anthem Assurance Plus 1 plan is a Medicare supplement available to retirees and/or their spouses/registered domestic partners eligible for Medicare.

This year, the Affordable Care Act brings fees necessitating a 1.3% increase in rates. In addition, increases in members' claims is projected at 10.9%. Once again, rate stabilization funds were used to partially offset these increases. Other design changes were implemented to help curb the continual rise of medical costs for everyone:

✓ Referenced Based Benefits provide a limit to the facility charges for certain non-emergency procedures: cataract removal, hip and knee replacements, colonoscopy, endoscopy, ACL repair and carpal tunnel release. Prior to one of these procedures, verify your selected facility is participating in Anthem's Referenced Based Pricing program. Receiving services at facility which does not participate in the program will increase your out of pocket costs. See the Referenced Based Pricing flyer included with your Open Enrollment packet.

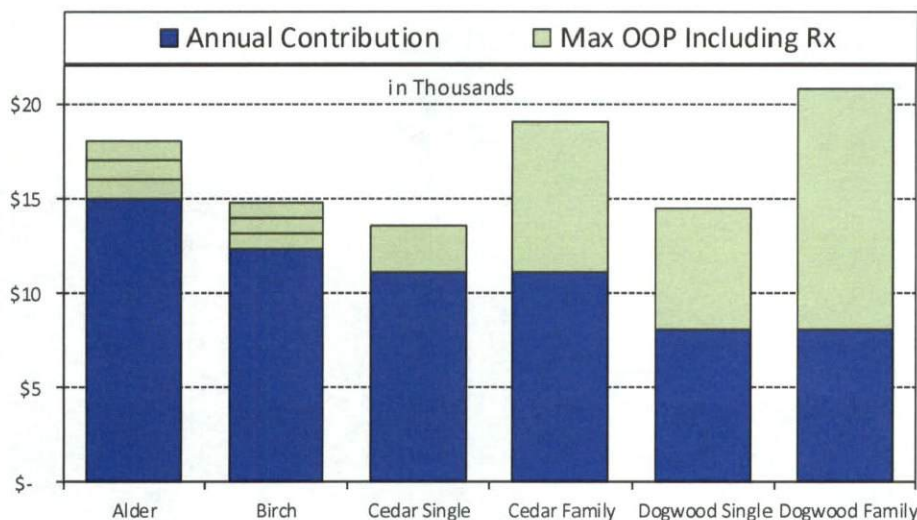
✓ Additional deductible and out of pocket limits apply for services from non-network providers. Emergency services will be considered as having been provided in-network for this purpose.

Be sure to review the Summary of Benefits and Coverages and Medical Plan Comparisons available at www.bsspjpa.org/2014oe for more details.

No Dental or Vision Benefit Changes

There are no changes in benefit design for benefits provided by Delta Dental or VSP.

Contributions and Maximum Out-of-pocket Costs by Plan



This chart may help you in determining which plan to choose: 1) Determine your annual district contribution and draw a line across at that amount. 2) You will pay (via payroll deduction) all of the contribution above that line. 3) You may also pay up to the maximum out-of-pocket (including prescriptions) shown. You will only pay the maximum out-of-pocket when you (or your family members) have a lot of medical claims. Remember, that is the maximum. How likely are you to incur the out-of-pocket maximum? Visit www.bsspjpa.org for more tools. All plans utilize the same provider network and cover the same procedures. Only contributions and out-of-pocket costs differ.

Whom Do I Call?

Call your district when you ...

- Have questions regarding your payroll deduction.
- Want to know when your coverage will end or what your retiree benefits will be.
- Need to change your address and/or phone number.
- Want to add a new family member (spouse, registered domestic partner, or child).
- Need to delete a family member (divorce, marriage of an over-age dependent, end of eligibility for over-age dependent, death).

Call Butte Schools Self-Funded Programs when you ...

- Have eligibility questions about yourself or your dependents.
- Have questions about a letter you received from BSSP.
- Have questions regarding the benefits of your plan after you are eligible for Medicare
- Need carrier telephone numbers not included on your card or the reverse of this sheet.

Call the Health and Wellness Center directly to schedule an appointment

Call the carrier when you...

- Have questions on an explanation of benefits (EOB).
- Want to know how much deductible you have remaining.
- Want to know how much towards your maximum you have used.
- Are billed or balance-billed by a network provider of service.
- Need the status of a claim.

Be sure to note the name of the person you spoke with. If your concern was not handled to your satisfaction, BSSP can follow-up and assist you with your concern.

Butte Schools Self-Funded Programs JPA (See below for Health and Wellness Center)

Office: 500 Cohasset Road, Suite 24, Chico
 Telephone: 530-879-7438
 Fax: 530-879-7595
 Cathy Ramirez, Administrative Assistant
 Christy Patterson, Executive Director

www.bsspjpa.org
cramirez@bsspjpa.org
cpatterson@bsspjpa.org

Butte Schools Health and Wellness Center

Office: 500 Cohasset Road, Suite 24, Chico
 Scheduling, only: 866-959-9355
 Telephone, including scheduling: 530-879-7438
 Fax: 530-879-7595

Anthem Blue Cross

Claims: www.anthem.com/ca
 PO Box 60007, Los Angeles, CA 90060
 Pre-authorization or Pre-Service Review: 800-274-7767
 Customer Service: 800-727-2762
 24/7 Nurseline: 800-977-0027
 BC PPO (out of state) Providers: 800-810-2583

Express Scripts

Reimbursements: www.express-scripts.com
 PO Box 14711, Lexington, KY 40512
 Mail Order (initial only): PO Box 650022, Dallas, TX 75265
 Customer Services: 800-711-0917

Wells Fargo Bank

Customer Service: www.wellsfargo.com
 866-884-7437

Magellan Health Services www.magellanhealth.com/member
 Intake: 800-523-5668

Delta Dental

Claims: www.deltadentalins.com
 Customer Service: PO Box 997330, Sacramento, CA. 95899
 866-499-3001

VSP

Reimbursement: www.vsp.com
 Customer Service: PO Box 997105, Sacramento, CA 95899
 800-877-7195

Sun Life Financial

Claims: www.sunlife-usa.com/univ/un_8.cfm
 Group Life Claims, SC 3225, PO Box 81100
 Wellesley Hills, MA 02481
 Customer Service: 800-247-6875
 Global emergency services/Assist America: 800-304-4585
www.assistamerica.com



Register at these websites for additional information about your coverage and claims as well as wellness tools, tips and much more!

BUTTE SCHOOLS SELF-FUNDED PROGRAMS 2014 - 2015 Active Plan Comparison

Monthly Composite RATE	ALDER \$1,253		BIRCH \$1,030		CEDAR \$925		DOGWOOD \$677	
MEDICAL - ANTHEM BLUE CROSS* -- Prudent Buyer Network www.anthem.com/ca 800-727-2762								
Plan Year Deductible	Individual	In-Network	Non-Network	In-Network	Non-Network	Cedar/Dogwood Plans : HSA Compatible Plans Family deductible / Out of Pocket Maximum apply when EE+1 or more enrolled; Rx applies to deductible		
						In-Network	Non-Network	In-Network
	Family	\$500	\$1,500	\$800	\$1,600	\$1,500	\$4,500	\$5,000
Plan Year Out-of-Pocket Maximum (Rx included)								
Individual	\$1,000	\$3,600	\$1,600	\$4,800	\$3,000	\$9,000	\$6,350	
Family	\$3,000	\$10,800	\$4,800	\$9,600	\$9,000	\$24,000	\$12,700	
CDHP/H.S.A. Pre-Fund (Single/Family)	N/A		N/A		\$500 / \$1,000		None	
MEDICAL BENEFIT SUMMARY Copays and Coinsurance % apply after Deductible is met								
Hospital / Surgery Center	10%	50%	25%	50%	25%	50%	30%	50%
Emergency Room Copay (copay waived if admitted)	\$100 copay + 10%		\$100 copay + 25%		\$100 copay + 25%		\$250 copay + 30%	
Physician Services								
Office and Urgent Care Visits	10%	50%	25%	50%	25%	50%	30%	50%
Periodic Health Exam/Preventive Care	Free	50%	Free	50%	Free	50%	Free	50%
Maternity (Subscriber & Spouse covered only)	10%	50%	25%	50%	25%	50%	30%	50%
Diagnostic X-Ray/Lab (certain services subject to review)	10%	50%	25%	50%	25%	50%	30%	50%
Mental Health and Substance Abuse	10%	50%	25%	50%	25%	50%	30%	50%
Chiropractic Care/Physical Therapy (24 visits)	10%	50%	25%	50%	25%	50%	30%	50%
Acupuncture (24 visit max/py combined PT, Chiro, Acup)	10%	50%	25%	50%	25%	50%	30%	50%
Skilled Nursing Facility (limited to 100 days/py)	10%	50%	25%	50%	25%	50%	30%	50%
Hospice (limited to 100 days/lifetime)	10%	50%	25%	50%	25%	50%	30%	50%
Online Health (LiveHealth Online \$49 per visit)	10%		25%		25%		30%	
Health and Wellness Center (applicable services)	No Charge		No Charge		\$25/visit non-preventive		\$25/visit non-preventive	
PHARMACY - EXPRESS SCRIPTS www.express-scripts.com 800-711-0917								
Deductible	\$150 Individual/\$450 Family (waived for generics)				Deductible combined with medical, see medical deductible			
OOP Maximum	OOP max combined with medical, see medical OOP max							
Retail	31 Days Supply							
Retail Copay Generic	30% (\$10/\$30)				\$25 Copay			
Retail Copay Formulary Brand	30% (\$20/\$100)				\$50 Copay			
Retail Copay Brand Non-Formulary	30% (\$30/\$150)				\$50 Copay			
Mail Order	90 Days Supply							
Mail-Order Copay Generic	\$25 Copay				\$50 Copay			
Mail-Order Copay Brand Formulary	\$60 Copay				\$100 Copay			
Mail-Order Copay Brand Non-Formulary	\$90 Copay				\$100 Copay			
Asthma/Diabetic/Heart Disease Medication	\$5 / \$20 / \$30							
Health and Wellness Center (applicable rx)	\$4 Generic / \$8 Brand Formulary / \$0 Asthma, Diabetic, Heart Disease							
Coordination of Benefits	Prescription benefits are provided on primary coverage only. No prescription benefits are provided when BSSP is the secondary coverage. Contact ESI Customer Services at 800-753-2851 for questions regarding these coverage review programs: Generic Choice Program: where a brand name drug is dispensed and a generic alternative exists, the member is responsible for 100% of the brand cost. Preferred Drug Step Therapy: Certain brand drugs require generic and/or formulary alternatives as first-line therapy. Select non-formulary drugs require utilization review. This program is currently focused on the following drug classes: PPI, SSRI, intranasal steroids, hypnotics, ARBs and those to treat osteoporosis and glaucoma. Prior Authorization: Prior authorization is required before some specialty drugs can be obtained from a retail or mail order pharmacy.							
ELIGIBILITY AND DEPENDENTS								
Eligibility Criteria	The employee's spouse/registered domestic partner and employee's or spouse's registered domestic partner's children under age 26. Children age 26 and over are not eligible unless disabled.							
Eligibility Date	Spouse/Registered Domestic Partner: First of the month following the latter of date of hire or marriage/partnership if application is received within 31 days. Birth Children: Newborn children are covered for birth and nursery care for 31 days under the mother's coverage. For all wellness and other benefits, coverage begins on the 1st of the month following receipt of employee documentation by the employer. Adopted, guardian and step-children: Marriage or court-certified adoption/guardianship date if enrollment documentation is received at the JPA office within 31 days. Thereafter, first of the month following receipt of enrollment documentation at the JPA office.							

* Benefit amounts are for Anthem Blue Cross network providers and contracted amounts only. Benefits for members living outside of California are paid at the BCPPO contract rate.
Chart is a summary of plan benefits. Please refer to the actual Summary Plan Description Documents for a full disclosure of the plan benefits.

Medical Benefits with a Cap of \$758
10 and 11 Month Employees and School Day Only Employees

Effective 07/01/2014

Hours Worked	FACTOR	District	Alder	Birch	Cedar	Dogwood	Dental	Vision
		Pays	\$1,253.00	\$1,030.00	\$925.00	\$677.00	\$116.00	\$17.00
			Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
0.50	0.93750	\$47.38	\$1,315.23	\$1,071.95	\$957.41	\$686.86	\$118.64	\$17.39
1.00	0.87500	\$94.75	\$1,263.55	\$1,020.27	\$905.73	\$635.18	\$110.73	\$16.23
1.50	0.81250	\$142.13	\$1,211.86	\$968.59	\$854.05	\$583.50	\$102.82	\$15.07
2.00	0.75000	\$189.50	\$1,160.18	\$916.91	\$802.36	\$531.82	\$94.91	\$13.91
2.50	0.68750	\$236.88	\$1,108.50	\$865.23	\$750.68	\$480.14	\$87.00	\$12.75
3.00	0.62500	\$284.25	\$1,056.82	\$813.55	\$699.00	\$428.45	\$79.09	\$11.59
3.50	0.56250	\$331.63	\$1,005.14	\$761.86	\$647.32	\$376.77	\$71.18	\$10.43
4.00	0.50000	\$379.00	\$953.45	\$710.18	\$595.64	\$325.09	\$63.27	\$9.27
4.50	0.43750	\$426.38	\$901.77	\$658.50	\$543.95	\$273.41	\$55.36	\$8.11
5.00	0.37500	\$473.75	\$850.09	\$606.82	\$492.27	\$221.73	\$47.45	\$6.95
5.50	0.31250	\$521.13	\$798.41	\$555.14	\$440.59	\$170.05	\$39.55	\$5.80
6.00	0.25000	\$568.50	\$746.73	\$503.45	\$388.91	\$118.36	\$31.64	\$4.64
6.50	0.18750	\$615.88	\$695.05	\$451.77	\$337.23	\$66.68	\$23.73	\$3.48
7.00	0.12500	\$663.25	\$643.36	\$400.09	\$285.55	\$15.00	\$15.82	\$2.32
7.50	0.06250	\$710.63	\$591.68	\$348.41	\$233.86	-\$36.68	\$7.91	\$1.16
8.00	0.00000	\$758.00	\$540.00	\$296.73	\$182.18	-\$88.36	\$0.00	\$0.00

* Negative amount is the amount of the rebate to the employee.

*This chart is based on a 11 month pay period.

Medical Benefits with a Cap of \$793

11 Month Employees

Effective 07/01/2014

		District Pays	Alder \$1,253.00	Birch \$1,030.00	Cedar \$925.00	Dogwood \$677.00	Dental \$116.00	Vision \$17.00
Hours Worked	FACTOR		Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
1/5th	0.80	\$158.60	\$1,193.89	\$950.62	\$836.07	\$565.53	\$101.24	\$14.84
2/5ths	0.60	\$317.20	\$1,020.87	\$777.60	\$663.05	\$392.51	\$75.93	\$11.13
1/2 half	0.50	\$396.50	\$934.36	\$691.09	\$576.55	\$306.00	\$63.27	\$9.27
3/5ths	0.40	\$475.80	\$847.85	\$604.58	\$490.04	\$219.49	\$50.62	\$7.42
4/5ths	0.20	\$634.40	\$674.84	\$431.56	\$317.02	\$46.47	\$25.31	\$3.71
5/5ths	0.00	\$793.00	\$501.82	\$258.55	\$144.00	-\$126.55	\$0.00	\$0.00

* Negative amount is the amount of the rebate to the employee.

*This chart is based on a 11 month pay period.

Medical Benefits with a Cap of \$758

12 Month Employees

Effective 07/01/2014

Hours Worked	FACTOR	District	Alder	Birch	Cedar	Dogwood	Dental	Vision
		Pays	\$1,253.00	\$1,030.00	\$925.00	\$677.00	\$116.00	\$17.00
			Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
0.50	0.93750	\$47.38	\$1,205.63	\$982.63	\$877.63	\$629.63	\$108.75	\$15.94
1.00	0.87500	\$94.75	\$1,158.25	\$935.25	\$830.25	\$582.25	\$101.50	\$14.88
1.50	0.81250	\$142.13	\$1,110.88	\$887.88	\$782.88	\$534.88	\$94.25	\$13.81
2.00	0.75000	\$189.50	\$1,063.50	\$840.50	\$735.50	\$487.50	\$87.00	\$12.75
2.50	0.68750	\$236.88	\$1,016.13	\$793.13	\$688.13	\$440.13	\$79.75	\$11.69
3.00	0.62500	\$284.25	\$968.75	\$745.75	\$640.75	\$392.75	\$72.50	\$10.63
3.50	0.56250	\$331.63	\$921.38	\$698.38	\$593.38	\$345.38	\$65.25	\$9.56
4.00	0.50000	\$379.00	\$874.00	\$651.00	\$546.00	\$298.00	\$58.00	\$8.50
4.50	0.43750	\$426.38	\$826.63	\$603.63	\$498.63	\$250.63	\$50.75	\$7.44
5.00	0.37500	\$473.75	\$779.25	\$556.25	\$451.25	\$203.25	\$43.50	\$6.38
5.50	0.31250	\$521.13	\$731.88	\$508.88	\$403.88	\$155.88	\$36.25	\$5.31
6.00	0.25000	\$568.50	\$684.50	\$461.50	\$356.50	\$108.50	\$29.00	\$4.25
6.50	0.18750	\$615.88	\$637.13	\$414.13	\$309.13	\$61.13	\$21.75	\$3.19
7.00	0.12500	\$663.25	\$589.75	\$366.75	\$261.75	\$13.75	\$14.50	\$2.13
7.50	0.06250	\$710.63	\$542.38	\$319.38	\$214.38	-\$33.63	\$7.25	\$1.06
8.00	0.00000	\$758.00	\$495.00	\$272.00	\$167.00	-\$81.00	\$0.00	\$0.00

* Negative amount is the amount of the rebate to the employee.

*This chart is based on a 12 month pay period.

**Medical Benefits with a Cap of \$793
12 Month Employees**

Effective 07/01/2014

		District Pays	Alder \$1,253.00	Birch \$1,030.00	Cedar \$925.00	Dogwood \$677.00	Dental \$116.00	Vision \$17.00
Hours Worked	FACTOR		Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
1/5th	0.80	\$158.60	\$1,094.40	\$871.40	\$766.40	\$518.40	\$92.80	\$13.60
2/5ths	0.60	\$317.20	\$935.80	\$712.80	\$607.80	\$359.80	\$69.60	\$10.20
1/2 half	0.50	\$396.50	\$856.50	\$633.50	\$528.50	\$280.50	\$58.00	\$8.50
3/5ths	0.40	\$475.80	\$777.20	\$554.20	\$449.20	\$201.20	\$46.40	\$6.80
4/5ths	0.20	\$634.40	\$618.60	\$395.60	\$290.60	\$42.60	\$23.20	\$3.40
5/5ths	0.00	\$793.00	\$460.00	\$237.00	\$132.00	-\$116.00	\$0.00	\$0.00

* Negative amount is the amount of the rebate to the employee.

*This chart is based on a 12 month pay period.

CERTIFICATED WORKSHEET

Example for a FULL Time employee

	Alder	Birch	Cedar	Dogwood
Cost	1,253.00	1,030.00	925.00	677.00
Annual Cost	15,036.00	12,360.00	11,100.00	8,124.00
District Pays	793.00	793.00	793.00	793.00
Annual District pays	9,516.00	9,516.00	9,516.00	9,516.00
YOUR COST-Minimum Cost	5,520.00	2,844.00	1,584.00	-1,392.00
Your cost per pay period (11)	501.82	258.55	144.00	-126.55
Individual Out of Pocket (In-Network)	1,000.00	1,600.00	3,000.00	6,350.00
Family Out of Pocket (In-Network)	3,000.00	4,800.00	9,000.00	12,700.00
Maximum Individual	6,520.00	4,444.00	4,584.00	4,958.00
Maximum Family	8,520.00	7,644.00	10,584.00	11,308.00

CLASSIFIED WORKSHEET

Example for a FULL Time employee

	Alder	Birch	Cedar	Dogwood
Cost	1,253.00	1,030.00	925.00	677.00
Annual Cost	15,036.00	12,360.00	11,100.00	8,124.00
District Pays	758.00	758.00	758.00	758.00
Annual District pays	9,096.00	9,096.00	9,096.00	9,096.00
YOUR COST-Minimum Cost	5,940.00	3,264.00	2,004.00	-972.00
Your cost per pay period (11)	540.00	296.73	182.18	-88.36
Individual Out of Pocket	1,000.00	1,600.00	3,000.00	6,350.00
Family Out of Pocket	3,000.00	4,800.00	9,000.00	12,700.00
Maximum Individual	6,940.00	4,864.00	5,004.00	5,378.00
Maximum Family	8,940.00	8,064.00	11,004.00	11,728.00

Delta Dental PPOSM — Easy, Friendly, Accessible



We'll do whatever it takes and then some.

Greatest potential savings when you visit a Delta Dental PPO dentist

OUT-OF-POCKET COSTS

SAVE LESS SAVE MORE



AMOUNT YOU SAVE
AMOUNT YOU PAY

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- **Many network dentists to choose from.** Since Delta Dental offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Four out of five dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at deltadentalins.com to search our dentist directory by location or specialty.
- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
- **Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy.

* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

 **DELTA DENTAL**

WE KEEP YOU SMILING[®]

**Plan Benefit Highlights for: BUTTE SCHOOLS SELF-FUNDED PROGRAMS
(Plan 8 - No Deductible, 2200/2100 Max, No Ortho)
Group No: 07018**

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
Deductibles	Not Applicable		
Maximums	In-network: \$2,200 per person each calendar year Out-of-network: \$2,100 per person each calendar year		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	70 - 100 %	70 - 100 %
Basic Services Fillings, simple tooth extractions, sealants	70 - 100 %	70 - 100 %
Endodontics (root canals) Covered Under Basic Services	70 - 100 %	70 - 100 %
Periodontics (gum treatment) Covered Under Basic Services	70 - 100 %	70 - 100 %
Oral Surgery Covered Under Basic Services	70 - 100 %	70 - 100 %
Major Services Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
Prosthodontics Bridges and dentures, implants	50 %	50 %
Dental Accident Benefits	100 % (separate \$1,000 maximum per person per calendar year)	100 % (separate \$1,000 maximum per person per calendar year)

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
 ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

DELTA DENTAL PPOSM
BENEFIT HIGHLIGHTS

With LiveHealth Online, getting online care is easy.

Your visits to the doctor are about to get a whole lot easier. With LiveHealth Online, you'll be able to talk to a doctor right away, any time of the day or night, from the comfort of your home or office. And all you'll need is a phone or an Internet connection.

How LiveHealth Online works

Your health plan covers part of the cost to see a doctor online. Just enroll for free at LiveHealthOnline.com, set up a personal account and choose a doctor to determine your cost. Or you can pay \$49 to see a doctor without enrolling.

Set up an account.

This lets you to fill out a health summary that the doctor can review each time you request a visit. This health summary is confidentially stored in your account and is available for future visits. All you have to do is:

1. Go to LiveHealthOnline.com and click the "Enroll First" link. Only enrolled users will have the option to select from a list of insurance plans that may cover the cost of an online visit.
2. Answer a brief set of questions to create your profile. Choose a secure password so you can get to LiveHealth Online from any computer at any time.
3. Log in by clicking the "Sign In" link on the top right corner of the main page. From there, your home page will show you all of your options.



Use it right now.

If you're ready to use LiveHealth Online right now:

1. Click the green "Talk Now" button and connect to a doctor for a fee of \$49 without setting up an account.
2. Answer a few questions before you see the doctor
3. You'll have an opportunity to enroll and save this information for future use once your conversation is complete.





Now, get the inside story and save on common medical procedures.

Introducing Reference Based Benefits

When you need a common medical procedure that you plan in advance, it may not occur to you to shop around for the best price. But maybe you should.

The truth is, some health care providers charge two to three times the average price range in our area for standard medical procedures, with no correlation between that cost and the quality of the care you receive. It's all a matter of knowing the inside story. Now you can.

Reference Based Benefits is easy, informative and smart.

Our new program gives you the tools and information to choose providers who offer greater value for elective procedures, without sacrificing quality or your care options.

Here's how it works.

For certain common procedures (see list to the right), our health plan now sets a reference price point or benefit maximum. When you choose a provider whose charges don't exceed that benefit maximum, you're only responsible for paying your deductible, coinsurance and copays, if applicable, for the procedure. The plan pays the rest. You're free to choose a provider whose charges are higher, but you have to pay the difference.

It's that simple. The power to save is in your hands. Use it.



BUTTE SCHOOLS
SELF-FUNDED PROGRAMS

Is it smart to comparison shop for health care?
You bet it is.



Visit anthem.com/ca today to test-drive these important decision-making tools



Estimate Your Cost
Helps you compare the quality and cost of different health care providers' services



Find a Doctor
Helps you find a doctor or facility nearby

To get started, call Customer Service at **800-727-2762** for your benefit maximum.

Let's all stop paying more for no good reason.

Benefit maximum applies to:

Inpatient procedures:

- Hip replacement
- Knee replacement

Outpatient procedures:

- Eye Surgery – cataract removal
- Hand Surgery – carpal tunnel
- Knee cartilage repair (using arthroscopy)
- Knee ligament repair (ACL repair by arthroscopy)
- Endoscopy (upper GI)
- Colonoscopy

Health Savings Account (HSA)

Helping you get more for every healthcare dollar

What is an HSA?

A Wells Fargo HSA is like an IRA for your healthcare that empowers you to prepare for and manage healthcare costs. HSAs offer triple tax benefits, including tax-free¹ saving, growth, and spending on qualified medical expenses anytime, from today throughout your retirement — something you can't get from other retirement accounts. HSAs complement your retirement plan, helping you prepare for the \$250,000² or more you will need for retirement medical expenses. HSAs can also be used to save and pay tax-free today for your healthcare expenses — from doctor's visits to prescriptions, as well as dental and vision expenses.

More than 15,000,000 people³ have enrolled in an HSA. Here's why:

HSAs can put extra money in your pocket

- HSA-qualified health insurance premiums are typically lower than other health insurance plans.
- If your premiums are lower, you can contribute the savings to your HSA — it's like earning extra income, and it's saved in an account that is yours to keep.

HSAs typically offer more benefits than FSAs

- Each offers tax-free contributions and spending on qualified medical expenses.
- Higher annual limits for contributions⁴ mean more family tax savings potential with HSAs.
- HSA funds are yours to keep even if you don't use them, and carry forward year after year.

HSAs are like IRAs for your healthcare

- You can use your HSA to save for health care expenses in retirement.
- You won't be taxed, even after you retire, as long as you use the money in your HSA for qualified medical expenses.

HSAs offer the potential for investment growth

- You can invest in a broad range of HSA Mutual Funds.⁵

- Any investment gains you make are tax-free.
- Wells Fargo offers tools to help you research, manage, and optimize your investment opportunities.

Benefit from tax savings

The money you contribute to your HSA is tax-free¹ and can be used to pay for qualified medical expenses for you, your spouse, and your tax dependents.

These tax savings can allow you to save up to \$25 or more for every \$100 contributed to your HSA.⁶

Income-tax savings

	Without an HSA	With an HSA
Income	\$1,000	\$1,000
HSA contribution	\$0	\$1,000
25% federal income tax ⁵	-\$250	\$0
Money to spend on qualified medical expenses	\$750	\$1,000

Together we'll go far





2014 HSA contribution limits

The maximum amount the IRS allows you to contribute to your HSA in 2014 is \$3,300 for individual coverage and \$6,550 for family coverage.⁷ Plus, if you are 55 or older, you can contribute an additional catch-up contribution of \$1,000.

Check with your employer to see if you can contribute to your HSA with before-tax payroll deductions. Or, you can make contributions to your HSA up to the annual IRS contribution limits on an after-tax basis and deduct them on your return.

Convenient payment options

With a swipe of your Wells Fargo Visa[®] HSA debit card, you can pay for prescriptions, doctor's visits, dental expenses, hearing aids, eyeglasses, and more. Each time you use your HSA debit card, expenses are automatically deducted from your HSA.

You can also make withdrawals from your HSA by visiting any Wells Fargo store or Wells Fargo ATM.

Easy account management tools

Access your HSA online through *Wells Fargo Online*[®] Banking by going to wellsfargo.com. Click on your HSA balance to access the *Health Account Manager*SM portal to

view transaction history, order debit cards for your spouse and dependents, activate your investment account, and choose to receive online statements.

HSA offer the potential for investment growth

The average couple retiring today may need up to \$250,000 for medical expenses in retirement.² Wells Fargo is here to help you understand and prepare for those expenses.

Once you reach a minimum balance in your FDIC-insured deposit account, you have the option to invest in a diverse range of HSA Mutual Funds. It's easy to find funds that meet a variety of long-term investment strategies. Tools are available to help you research, manage, and optimize your investment opportunities at our [HSA Investment Center](#). And, through our relationship with *Wells Fargo Advantage Funds*[®],⁸ investment professionals are available to assist you.⁹

Getting started is easy

Once you've enrolled in an HSA-qualified health plan, it's easy to set up your Wells Fargo HSA. Simply follow the instructions specific to your employer's benefits enrollment process.

Shortly after opening your account, you'll receive a welcome package in the mail. This packet includes all the information you need to start managing your HSA. Within a few days of receiving the welcome package, you'll receive your HSA debit card in a separate mailing, with instructions for using the card.

How can we help?

To learn more about maximizing the value of your HSA, or if you have questions about your HSA, call the HSA Customer Service team at 1-866-884-7374, Monday through Friday, from 7:00 a.m. to 8:00 p.m. Central Time.

¹ HSA contributions up to annual contribution limits are not subject to federal income tax. State taxes vary. Please consult a tax advisor for more information.

² Individual situations may vary and not all costs may qualify for reimbursement from an HSA. Source: Anthony Webb and Natalia Zhivan, "How Much is Enough? The Distribution of Lifetime Health Care Costs," Center for Retirement Research at Boston College (February 2010).

³ America's Health Insurance Plans, Center for Policy and Research (May 2012).

⁴ This is generally true if an individual is HSA-eligible for the full tax year. FSA salary reduction contributions are limited to \$2,500 per employee in 2014.

⁵ **INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE**

⁶ This example is for illustrative purposes only. Savings may vary based on tax bracket. HSA contributions up to annual contribution limits are not subject to federal income tax. State taxes vary, and some states do not recognize HSAs. Please consult a tax advisor for more information.

⁷ Personal limits may be lower than IRS maximums. Consult your tax advisor with questions.

⁸ Mutual fund investing involves risks, including the possible loss of principal. Consult a fund's prospectus for additional information on risks. Carefully consider a fund's investment objectives, risks, charges, and expenses before investing. For a current prospectus and, if available, a summary prospectus, containing this and other information, visit wellsfargoadvantagefunds.com. Read it carefully before investing.

⁹ The funds are distributed by Wells Fargo Funds Distributor, LLC, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. (August 2012).