



Catholic Diocese
of Cleveland

FAQS

FREQUENTLY ASKED QUESTIONS

What Is Changing in the July 2024 to June 2025 Plan Year?

1. What is changing in the Medical Mutual PPO plan?

There are no changes in the benefit design for this plan, i.e., deductibles, coinsurance and co-pays stay the same.

- Continuing introduction of Everside Health Benefit: Members enrolled in the PPO plan with chronic conditions are provided the opportunity to receive high touch support from a primary care physician while saving money on office visits. Both preventive and non-preventive services from Everside doctors are provided with no cost to members enrolled in the MMO PPO Plan.

Over 120 Diocesan employees and their family members are currently enrolled in the Everside program. These members report an extraordinarily high degree of satisfaction.

See <https://www.mydocbenefits.com/> for more information about the Everside offer.

- **Employee Contributions:** Monthly Premiums Contributions are increasing \$7 and \$23 for Single and Family coverage, respectively. The premium levels have been set in consideration of the expected inflation rates for next year and expectations for the types of service that will be provided by the plan. A table with the contributions for 2024-2025 is available on the website.

2. What is changing in the Medical Mutual PPO/HSA plan?

- There are slight changes to the deductibles for the HSA plan. Beginning 7/1/2024, the deductible will increase to \$3,200 for single coverage, and \$6,400 for family coverage, in order to stay compliant with the IRS. All coinsurance and co-pays will stay the same.
- **Expanding Access to the Everside Health Benefit):** Employees and their family members enrolled in the MMO PPO HSA Plan have the option of enrolling in the Everside Health program. This is a free benefit that provides 24-7 access to each member's personal physician.

Preventive services from Everside doctors are provided with no cost to members enrolled in the MMO PPO HSA Plan. Following IRS regulations, Everside must charge HSA Plan members

for non-preventive services. However, the fees charged by Everside are substantially below those charged by other physicians.

- **Diocesan Contribution:** The Diocese will make a contribution to employee HSAs again in 2024-2025; \$500 for single plan enrollees and \$1,000 for family enrollees given evenly over the four quarters of the year. **It is unknown at this time if the Diocese will be able to continue with these contributions in the future.**
- **Employee Contributions:** Monthly Single and Family contributions for this plan are increasing by \$3 and \$9, respectively. A table with the contributions is available on the website.
- **Critical Illness Insurance:** The Diocese will continue to include Critical Illness Insurance with the PPO/HSA plan. This insurance is a specific part of the MMO PPO/HSA plan and there is no cost charged to the participant for this benefit. The insurance pays a lump sum of up to \$12,000 to individuals (employees or family members) in the event of the occurrence of a serious, costly medical event such as a heart attack, kidney failure or major organ transplant, etc. (See the website for a complete list of the conditions). There is a lifetime limit of \$60,000 for any single individual. This is an important benefit because it protects an individual's HSA from the financial stress caused by an expensive medical condition. This potential stress on the HSA is the biggest concern expressed by employees with respect to changing healthcare plans, and the Diocese includes this feature to address your concerns. See other FAQ's regarding the Critical Illness Insurance below.

3. What is changing in the SkyCare EPO plan?

There are no changes in the benefit design for this plan, i.e., deductibles, coinsurance and co-pays stay the same.

- **Employee Contributions:** Monthly Single and Family contributions for this plan are increasing \$5 and \$19, respectively. A table with the contributions is available on the website.

4. What is changing in the MedFlex EPO plan?

There are no changes in the benefit design for this plan, i.e., deductibles, coinsurance and co-pays stay the same.

- **Employee Contributions:** Monthly Single and Family contributions for this plan are increasing \$5 and \$21, respectively. A table with the contributions is available on the website.

5. What is the health cost comparison service that is included with the Medical Mutual of Ohio plans?

Medical Mutual offers My Care Compare, an online tool, so that you can shop and compare costs between doctors and medical services. Log into your secure My Health Plan account at member.medmutual.com/user/login.aspx and click **My Care Compare** to start saving today.

General Information

6. Will there be more changes to the healthcare plans in the future?

It is very likely that there will be changes in the future to continue to offer health care benefits and to meet the requirements of the Affordable Care Act and other federal laws.

7. How do I switch from my current health plan to a new health plan?

Plan changes are allowed only during open enrollment, unless you experience certain events called "Change Events." Change Events include a change in your legal marital status, birth of a child, adoption or death of a dependent, change in your employment status or your spouse's or dependent's employment status changes in your dependent's satisfaction of the Plan's eligibility requirements (for example, attainment of the maximum age), a significant change in coverage options or cost of the plans, you or your dependent first becomes entitled to coverage under Medicare or Medicaid, you first become covered by a qualified medical child support order which requires you to provide coverage for your dependent child, or you first become entitled to coverage under your spouse's plan.

If you have a Change Event and you wish to make a new coverage election during a coverage period, you must complete a new enrollment/change form within 30 days of the effective date for any of these Change Events. If you do not complete a new enrollment/change form within 30 days, you will not be able to make a change in your coverage until the next open enrollment. The extent to which you may make a change is limited by and must be consistent with the Change Event which occurred. If you want to make a change during open enrollment, fill out the Diocesan Health Benefits Enrollment Change Form. Complete the form to show the plan you want effective July 1, 2024 through July 30, 2025. Your employer signs the employer part, and then the form goes to the Health Benefits Office. You can also do the activities related to wellness incentives that will reduce your premiums.

8. Do I need any documents to enroll in family medical coverage?

Anyone selecting family medical coverage will need to produce proof for their dependents. Employees covering dependent children will need to produce birth certificates. Employees covering their spouses will need marriage certificates, current tax returns and a Working Spouse Employment Verification Form.

9. Do I need to fill out new enrollment forms if I am not changing coverage?

No. IF YOU ARE NOT MAKING ANY CHANGES TO YOUR PLAN, you can simply do the activities related to wellness incentives that will reduce your premiums. Medicare participants are not eligible for incentives as per government regulations.

10. If you complete your incentives and do nothing else, what happens?

If only incentive paperwork is sent, no changes to plan types will occur, but appropriate premium levels changes will apply.

11. Where can we view our Medical Mutual or Caremark claims history to see our real past spending?

You can view your medical claims history at www.MedMutual.com in in the My Health Plan portal and your prescription purchasing history at www.caremark.com/wps/portal

12. How will we know how much we have paid for co-pays /out-of-pocket up to July?

Medical Mutual tracks your claims, applied deductible expenses and out-of- pocket expenses. They will transfer the carry-over into the next plan year if you are:

- Staying in the same plan, or
- Switching from the Medical Mutual PPO plan to the Medical Mutual PPO/HSA plan, the SkyCare EPO plan or the MedFlex EPO plan.

However, if you are switching from the Medical Mutual PPO/HSA plan to the Medical Mutual PPO plan, the SkyCare EPO plan or the MedFlex EPO plan, your claims, applied deductible expenses and out-of- pocket expenses are NOT carried- over into the new plan year. Your claims and applied deductible expenses and out- of-pocket expenses will start at \$0 on July 1.

13. My spouse has medical insurance through his/her own employer. They do not offer dental and vision. How do I add him/her to my plan for dental and vision only?

Complete the Health Benefits Enrollment Change form and show your selections for coverage on the form. Extra charges may apply.

[Critical Illness Insurance](#)

14. What is Critical Illness Insurance?

Critical Illness Insurance is coverage provided for those enrolled in the MMO PPO/HSA Plan that can help cover the extra expenses associated with a serious illness. When a serious illness happens to you or a covered loved one, this coverage may provide you with a lump-sum payment of up to \$12,000 (up to a lifetime maximum of \$60,000) per covered participant or covered family member in Initial Benefits upon diagnosis of the condition. The payment that you receive will be made in addition to any other insurance you may have and may be spent as you see fit. **(IMPORTANT – Please note that there are specific criteria that must be met for each covered condition and not all diagnoses pay the same amount; you should refer to the policy document for full details and specific benefit rules.)**

15. What does the Critical Illness Insurance Cost?

The Critical Illness Insurance is only available to participants in the Medical Mutual PPO/HSA health plan and is an integrated part of that plan. There is no added charge to the participant for the benefit.

16. What types of illnesses are covered under this plan?

If you meet the group policy and certificate requirements, Critical Illness insurance **provides you with a lump-sum payment upon diagnosis of the following conditions (IMPORTANT – Please note that there are specific criteria that must be met for each covered condition and not all diagnoses pay the same amount. You should refer to the policy document for full details and specific benefit rules.)**

- Full Benefit Cancer
- Partial Benefit Cancer
- Non-Invasive Cancer (Carcinoma in Situ)
- Skin Cancer
- Heart Attack/Sudden Cardiac Arrest
- Stroke
- Kidney Failure
- Coronary Artery Bypass Graft
- Alzheimer’s Disease
- Major Organ Transplant
- Severe Burns
- Benign Brain Tumor
- Coma
- Paralysis (of 2 or more limbs)
- Loss of Sight, Hearing or Speech
- 19 Other Listed Conditions

17. What happens if I have a recurrence?

Your plan pays a Recurrence Benefit for the following covered conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. **(IMPORTANT – Please note that there are specific criteria that must be met for each covered condition and not all diagnoses pay the same amount; you should refer to the policy document for full details and specific benefit rules).**

18. Who is eligible for this coverage?

You and your covered family members – meaning benefits can be paid for each member of your family up to the lifetime maximum of \$60,000, if you are enrolled in the MMO PPO/HSA Plan offered by the Diocese of Cleveland.

19. Why do I need Critical Illness insurance?

Even when you are enrolled in a quality health plan such as the MMO PPO/HSA, it will not always cover all your expenses. For example, your medical coverage has deductibles and copays which you will need to pay out-of-pocket. This money is intended to help with those expenses (supplementing and protecting any HSA balances you may have) but can also be used for daily living expenses for items like groceries, housing expenses, car payments, and more. The coverage is intended to give you peace of mind and financial support in an emergency or significant time of need.

20. Are payments made directly to me or my health care provider?

Payments will be made directly to you, not to the doctors, hospitals, or other health care providers. You will receive a check, mailed directly to your home. The money does NOT need to be deposited into your HSA and can be spent in any way you consider appropriate.

21. Are the payments to me considered taxable income?

Because the Diocese pays 100% of the premiums for the critical illness policy, the amount of any benefits paid under the plan are considered taxable income. We suggest you consult your tax advisors if you receive any benefits under the plan.

[Flexible Spending Accounts \(FSA\) \(For Participating Employers\)](#)

22. Can we stop making contributions to a Flexible Spending Account now before the end of the FSA plan year?

No, your commitment to fund your FSA must be completed throughout the FSA plan year as per your FSA enrollment decision.

23. Can you use FSA funds for dental and vision, in addition to medical? Can you use FSA funds for day care?

Yes, FSA funds can be used for dental and vision expenses. FSA funds for day care are only available through your childcare FSA account.

[Health Savings Accounts \(HSA\) – General Information](#)

24. What is an HSA?

Health Savings Account (HSA) is a tax favored bank account that an eligible individual sets up for the purpose of paying qualified medical expenses. It is set up in connection with a health insurance plan that offers lower premiums in exchange for a higher deductible. Individuals can fund the HSA by contributing money saved on premiums on a pre-tax basis to their HSA and then using that money to pay for qualified medical expenses.

25. Who is eligible for a Health Savings Account?

Eligible individuals are those who:

- Are covered by an HSA-compatible high deductible health plan, and
- Are not covered by other health insurance that is not an HSA-compatible plan, and
- Are age 18 or older, and
- Are not claimed as a dependent on someone else's tax return, and
- Are not enrolled in Medicare, and
- Are not covered by their own or their spouse's general purpose health Flexible Spending Account (FSA)

26. What are the benefits of an HSA through PNC?

- Easy to open – open your account by completing a Health Benefits Enrollment Change form and sending it to the Diocesan Employee Benefits Office.
- Easy to use – pay qualified medical expenses with your PNC Health Savings Account Visa® debit card, by transfer of money from your PNC HSA to a personal bank account, reimbursement via check request or by HSA check.
- Easy to contribute – employees can contribute via pretax payroll deduction, scheduled or one-time contribution from their personal bank account or by check contribution through US mail.
- Ability to grow account – employees have the option to select either an FDIC insured deposit account with tiered interest rates or invest in a variety of mutual funds.
- Easy to access – PNC offers multiple ways to help manage your account
- Free online account access
- Toll-free account owner customer service
- Electronic statements

27. What services are covered at 100%, no deductible? Annual physical, annual pap, annual mammogram, annual complete set of blood work?

Yes, these preventative services are covered 100% when performed by an in-network provider or at a Maximum Allowable Cost Lab.

ROUTINE, PREVENTIVE AND WELLNESS SERVICES

- Preventive Services in accordance with state and federal law*
- Routine Bacterial Stool Culture, Body Composition, Hemocult, Prostate Specific Antigen (PSA) Test, Spirometry, Stress Test and Tonometry
- Routine Bone Density Tests
- Routine Chest X-ray, Cholesterol Test, Comprehensive Metabolic Panel, Complete Blood Count (CBC), Electrocardiogram (EKG), and Urinalysis (UA)
- Routine Immunoassay for tumor antigen
- Routine Mammograms
- Routine Pap Tests
- Routine Gynecological Examinations in conjunction with a Pap test
- Routine Endoscopic Procedures: Anoscopy, Proctoscopy, Proctosigmoidoscopy and Sigmoidoscopy only*
- Routine Endoscopic Procedures: Colonoscopy only (age 45 and over)
- Routine Physical Examinations
- Routine Electrolyte and Obstetric Panels
- Well Child Care Services (Under age 21)

*Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations, and other screenings, as provided for in the Patient Protection and Affordable Care Act. Further detail on "A" and "B" rated preventive services can be found on the United States Preventive Services Task Force website at <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

28. If I select the HSA this year and find it is not right for me, can I go back to the PPO next year? If so, what happens to the HSA account?

Yes, you can choose to return the PPO or enroll in another plan next year during open enrollment. The HSA account and its funds remain yours. You cannot make any more contributions to the account without being in a high deductible plan, but you can use any money left in the account to pay for qualified medical expenses.

29. Because the HSA starts July 1, 2024, does that mean the benefit year for the PPO/HSA is July 2024 through June 2025; meaning we would only have 6 months to satisfy the deductible, then must start over?

Yes. As with all our health plans, the deductible is accumulated on a calendar year basis. If you are enrolling in the PPO/HSA plan initially in July 2024, any expenses you have incurred between January 1 and June 30 that apply to your deductible under your current Diocesan health plan will be credited to your deductible on July 1, 2024, under your Medical Mutual PPO/HSA plan. Your deductible expenses paid apply to the deductible per calendar year. In January you would be subject to a new deductible for the 2025 calendar year. **Note:** however, if you are switching from the Medical Mutual PPO/HSA plan to the Medical Mutual PPO plan, SkyCare EPO plan, or the MedFlex EPO plan, any expenses you have incurred between January 1 and June 30 that apply to your deductible under Medical Mutual PPO/HSA plan will NOT be credited to your deductible on July 1, 2024, under your new plan and you would be subject to a new deductible for the balance of the 2024 calendar year.

30. Will the Diocese continue to make contributions to the HSA every year?

The Diocese is offering a contribution of \$500 for single plan participants and \$1,000 for family participants, paid in quarterly increments, in the July 2024 - June 2025 plan year. **It is unknown at this time if the Diocese will be able to continue with these contributions in the future.** Our goal is to support people who are looking for smaller premiums given their low use of health care, as they transition to a higher deductible, consumer driven plan.

31. Regarding expenses for non-preventive medications: is it true that NO copays apply until the deductible is met; does this mean I have to spend \$3,000 before any non-preventive prescriptions qualify for a copay purchase?

Yes, for any non-preventive medication purchase made before the deductible is met, you will pay the total cost of that medication in the MMO PPO/HSA plan. CVS Caremark discounts will apply to the total cost of the drug at in-network pharmacies. Keep in mind that for family coverage, a covered family member on that family plan only need to meet \$3,000 in deductible expenses before that person's deductible is considered satisfied. With that \$3,000 deductible being satisfied, that family member will have prescription co-payments and be responsible for 80% of their next \$1,000 of medical claims paid for by the plan. After that, the plan will pay 100% of any other medical and prescription claims.

32. Are there benefits to signing up for an HSA for 2024/2025 as opposed to waiting a year to determine whether it is right for me?

The Diocesan contribution being made to help you transition is guaranteed to participants this year. There is no guarantee that will be the case in upcoming years.

33. Will the HSA be mandatory in a few years? Are the other plans going away after this year?

We intend to continue to offer a menu of plans from which you can select. We will need to continue to change the plan designs of what we offer so that we work within our budgets and can continue to provide health benefits. But there is no decision on what that will look like in the future yet. The plans will migrate as needed and may especially require some modifications to comply with new federal laws.

34. Are HSA plans more appropriate for a younger employee? What age is an HSA stopped?

The merits of an HSA for an employee are usually based on a desire to pay less each month in premiums, an opportunity to save money through a vehicle that allows for multiple tax savings and an experience and prediction that out-of-pocket health care costs align with the advantages of selecting a high deductible plan. Age by itself is not a deciding factor. Contributions to an HSA must end once a participant is enrolled in Medicare or no longer enrolled in a high- deductible health care plan. Any balance in the HSA is still available to the participant, but at the point when one enrolls in Medicare or a non-high-deductible health care plan, no additional contributions can be made.

35. What if PNC closes its doors or sells out to another bank? Will our HSAs be subject to new rules?

The HSA would transfer to a new bank and be subject to the same federal and banking regulations as they were with PNC.

36. Where can I find the list of preventive medications? How do I find out if my specialty medication is considered preventive?

The list is on the CVS Caremark website and on <https://www.mydocbenefits.com/> under the Documents/Prescription Plan tab.

37. What is the difference between an HSA and an FSA?

A Flexible Spending Account, or FSA, allows you to pay for your health care out-of- pocket expenses on a pretax basis each plan year. You can contribute payroll deductions on a pretax basis and use the funds ONLY to pay for qualified medical expenses you incur in that plan year. However, if you end up not using the funds you have committed to setting aside, you lose those funds, unless your employer's plan allows for a carryover.

To open a Health Savings Account or HSA, you need to be enrolled in a high- deductible health care plan. The contributions are pretax, the withdrawals are not taxable if used for qualified health care expenses, and any interest or investment income you earn on the funds is pretax. With an HSA, you own the account and keep the funds even beyond your employment.

38. If an employee plans on retiring in one or two years, then moves to a spouse's medical plan, how does that impact EXISTING HSA funds? Can you take the HSA balance when you retire and use it for continuing health care?

Once you open an HSA, all the funds in that account are yours to keep. If you are not enrolled in Medicare, you may continue contributing to the account as long as you still are an eligible individual. If you do enroll in Medicare, you may keep withdrawing the funds as needed – either tax free for qualified health care expenses for you and your spouse, or with a tax impact if you spend the funds on non-qualified medical expenses.

39. Are retired employees, not on Medicare, eligible for the HSA and Diocesan contributions?

Retired employees are eligible to select the MMO PPO/HSA but are NOT eligible to receive the Diocesan contributions. Only active, qualified employees are eligible for the contributions.

40. Is a person over age 65 eligible for an HSA?

Yes, if you are not enrolled in a Medicare plan, and are not collecting Social Security.

41. Do employee contributions for enrollment in the medical plan go into an individual's HSA account? Where does the money in the account come from other than the Diocesan contributions?

No, the employee contributions for enrollment in the medical plan do not get deposited to your HSA account. Any other funds beyond Diocesan contributions come from an individual employee's voluntary payroll deduction contributions or any non-payroll deposits an employee wishes to make.

42. Do HSA accounts earn income?

Yes. Through PNC you can also put the money into several investment options.

[HSA's and Medicare](#)

43. I'm on Medicare, can I have an HSA?

You're not eligible to open an HSA after you've enrolled in Medicare. If you had an HSA before you enrolled in Medicare, you can keep it. However, you cannot continue to make contributions to an HSA after you enroll in Medicare.

44. What happens to the money in an HSA after I turn age 65?

Once you turn age 65, you can continue to use your account tax-free for out-of-pocket medical expenses. You can also use your account to pay for things other than health care expenses. If used for other expenses, the amount withdrawn will be taxable as income but will not be subject to any penalties. If you have retiree health benefits through your former employer, you can also use your account to pay for your share of retiree medical insurance premiums, including the Medicare Advantage plan offered by the Diocese of Cleveland.

Medical premiums after you turn age 65:

- Do include premiums for Medicare Advantage plans. These are plans offered by private companies approved by the Centers for Medicare and Medicaid Services (CMS) as alternatives to Medicare. Eligible premiums also include Medicare Parts B and D.
- Do not include premiums for Medicare supplement policies (also known as “Medigap” policies).

45. Can the money you put into your HSA also be used for a spouse that has Medicare Part A, even though they can’t have an HSA?

Yes

46. Can I participate in an HSA if I am over 65 and working and not on Medicare?

Yes – but you need to be mindful that IF YOU BEGIN TO COLLECT SOCIAL SECURITY BENEFITS, YOU AUTOMATICALLY BECOME ENROLLED IN MEDICARE AND ARE NOT ELIGIBLE TO CONTRIBUTE TO THE HSA. Any money you have contributed prior to that event still is your money.

47. Once I am on Medicare, are Medicare premiums considered a qualified expense for tax free withdrawals?

Yes. However, the ONLY insurance premiums that are qualified medical expenses under IRS regulations are premiums for: Medicare and other health care coverage if you are 65 or older (other than premiums for a Medicare supplemental policy such as Medigap); Long-term care insurance; health care continuation coverage (such as coverage under COBRA or continuing coverage on the Diocesan- sponsored health care plan); health care coverage while receiving unemployment compensation under federal or state law.

[Medicare](#)

48. I am 65 but still working. I was told it is mandatory to sign up for Medicare when turning 65. Does that make me ineligible?

Lay personnel may enroll in Medicare at age 65, but it is not mandatory. If you are enrolled in Medicare benefits, you are not eligible to contribute to an HSA.

49. When I become age 65, how will my healthcare coverage change if I am an employee of the Diocese and have a family plan?

If you do not opt for Medicare benefits, you will simply remain on the Diocesan plan of your choice. IF YOU BEGIN TO COLLECT SOCIAL SECURITY, YOU ARE AUTOMATICALLY ENROLLED IN MEDICARE.

50. My spouse is covered under my coverage. He/she is age 66 and has Medicare Part A. Can he continue to stay on MMO/PPO and not enroll in Medicare Part B?

Yes

51. If retiring before age 65, can employees continue Diocesan coverage until eligible for Medicare?

Yes, Diocesan employees who have been enrolled in Diocesan medical benefits for at least 5 years while actively employed, and are at least age 55, can continue to be enrolled after retiring at their own expense.

[HSA Contributions](#)

52. When can I start contributing to my HSA?

You may begin contributing to your HSA upon the effective date of the PPO/HSA coverage, except if you are covered by another health plan (including a spouse's plan or an FSA) which is not compatible with an HSA.

53. How much can I contribute to my HSA each year?

Your maximum annual HSA contribution is based on the limit set by the Department of Treasury for your type of coverage. For 2024 the HSA contribution limit for an individual is \$4,150 and the limit for families is \$8,300. Contributions for the 2024 calendar year can be made until April 15, 2025.

54. I'm over age 55. Can I make "catch-up" contributions?

Yes, individuals aged 55 and older who are covered by an HSA compatible health plan can make "catch-up" contributions each year in amounts set by the Department of Treasury. For 2024 the catch-up provision for those age 55+ stays at \$1,000.

55. Can couples establish a "joint" account and both make contributions to the account, including "catch-up" contributions?

"Joint" HSA accounts are not allowed. Each spouse should consider setting up an account in his or her own name. This allows you to both make catch-up contributions when each spouse is 55 or older.

56. Who can contribute to my HSA?

Contributions to your HSA can be made by you, your employer or both. All contributions are aggregated to determine whether you've contributed the maximum allowed.

57. Will my bank let me know if I've exceeded my allowable contribution amount?

No, it's your responsibility to keep track of the amounts deposited and spent from your account, just like a normal savings or checking account.

58. How do pretax voluntary contributions via payroll deductions affect the overall Social Security distributions and retirement benefits when a person retires?

Generally, the contributions reduce the Social Security distributions. Retirement benefits that are calculated using gross salary are not changed.

59. Are the HSA maximums presented (\$4,150 and \$8,300) per CALENDAR year? Can you contribute the annual maximum if the HSA starts in July?

Yes, if you are an eligible individual, don't already have an HSA and you remain covered by a high deductible health plan through the entire following calendar year, your maximum contributions for July through December 2024 can total \$4,150 single and \$8,300 family. If you open an HSA in July, and do not remain covered by a high deductible health plan through the entire following calendar year, then the maximum contribution is pro-rated. If you cease being covered by a high-deductible health plan during a calendar year, then the maximum contributions for that calendar year are pro-rated.

60. If I am covered under an FSA with my spouse's company until 12/31/2024, and I exhaust all the money before July 1, 2024, can I still enroll in an HSA as an individual?

You can enroll in the MMO PPO/HSA effective July 1, 2024, but you cannot open your HSA until January 1, 2025. Your enrollment in that FSA is effective until December 31, 2024, which makes you ineligible to open an HSA until the FSA plan year ends. The Diocesan contributions you missed on July 1 and October 1, will be added to your HSA when it is opened.

61. When I elect the MMO PPO/HSA plan, how do I notify the Diocese that we have an FSA and cannot open an account or receive or make contributions to an HSA until January?

Complete the Diocesan Health Benefits Enrollment Change Form to indicate your election for the MMO PPO/HSA and attach a note indicating that you have an FSA and provide the date on which your FSA plan year is complete, and you become eligible to open an HSA.

62. Do HSA deposits have to be a payroll deduction?

No

63. With the HSA, can I do a lump sum for the year instead of payroll deductions? Can I do the same for the catch-up?

Yes, you can make a lump sum deposit. You maximize your tax savings if you make deposits to your HSA through payroll deductions – these are not subject to Social Security and Medicare taxes. Note that if you make your HSA contributions on a lump sum basis at the beginning of the year and cease to be an "eligible individual" later in the year, your contributions will have to be reduced. The amount of the reduction will be based on the number on months you were eligible to make contributions.

64. Can HSA contributions be less than the maximum?

Yes

65. How are employers notified what amount to withhold from the employee?

You can show in writing the amount of voluntary contribution you would like withheld from your pay. The Diocese has created a form for ease of use for the employers and employees, but each

employer can also supply another form for verifying your request for payroll deductions and transfer to your Health Savings Account.

HSA Distributions

66. Can HSA funds be used to pay for the same things that are covered by our regular health insurance?

Yes, HSA funds can be used to pay for a “qualified medical expense,” as well as dental, vision, or hearing services. The HSA funds can be used to pay your part of the healthcare expenses.

67. How do I know what is included as a “qualified health care expense”?

You’re responsible for deciding whether an expense is a “qualified health care expense” and being familiar with what qualified health care expenses are by reviewing a list provided in IRS Publication 502 (available at www.irs.gov). You should also keep your receipts in case you need to defend your expenditures or decisions during an IRS audit.

68. What happens if I use HSA funds for nonqualified expenses?

If HSA funds are used for expenses other than qualified health care expenses, the amount withdrawn will be taxed and, for individuals who are not disabled or over age 65, subject to a penalty (currently 20%).

69. Can I use the money in my HSA to pay for medical care for a family member?

Yes, you may withdraw funds to pay for the qualified health care expenses of yourself, your spouse or a dependent without tax penalty. See Questions 67 and 75 for further information.

70. With the MMO PPO/HSA for out-of-pocket expenses, is the individual still benefitting from the insurance-negotiated allowable charge? When I pay my own expenses out of an HSA, am I paying the same amount that insurance would pay if I’d already reached my deductible? Would I be paying the reduced amount I see on my Explanation of Benefits claim summary? In the PPO/HSA plan, are the expenses I pay out of pocket (using my HSA funds) charged to me at the same price as under the other plans? Am I receiving the same discounted rates from the medical providers under both plans?

Yes, FOR IN NETWORK CLAIMS – as a participant in the MMO PPO/HSA network, your claim charges will be based on the discounted amount of allowed charges, and that’s the amount (the exact same amount as in the MMO PPO plan) you will pay until you reach the deductible. You will still enjoy the discounted network rates. For example, if you’re in-network physician charges \$100 for services, and the insurance plan holds the provider allowed billing at only \$80, the cost for which you are responsible as a participant in the HSA plan, if you have not yet satisfied your deductible, is \$80 which you may pay out of your HSA funds.

71. Can HSA funds be used for dental or vision expenses? Can you use HSA funds for all expenses – deductibles? Copays?

Yes. In addition to those types of expenses, the complete list of qualified medical expenses is included in the IRS Publication 502.

72. Can the money in an HSA be taken out for anything other than healthcare at any time?

Yes, but keep in mind that withdrawals for non-qualified health care expenses are subject to income taxes and may be subject to a 20% penalty.

73. What if I open an HSA in June and in July have a medical expense of \$2,000 or more- the Diocese has only contributed \$125 to my HSA at that point. Am I on my own for the rest of it? Can you pre-spend your HSA like with a Flexible Spending Account?

You are responsible for the cost of claims for non-preventive medical expenses until you reach the deductible. However, you may wish to work out a payment plan with the physician or facility for those expenses that aligns closer with the contributions you will receive and the payroll contributions you plan on making. Or you could pay for the expenses as required by the provider of services and reimburse yourself with the funds from your account once they are in the account. The expenses you pay with HSA funds can only be incurred on or after the date you have opened the account for you to realize the tax advantages.

With an FSA, you commit to contributing a certain amount of dollars throughout the plan year and if you incur an expense before the funds are actually in your FSA, the full amount of that expense can be withdrawn when you pay for it. However, if you don't spend the funds in your FSA, you would lose them at the end of the plan year unless year employer's plan allows for carryovers. With the HSA, if you incur an expense before the funds are actually in your account, your options are to try to work out a plan with your provider to pay for those expenses when your HSA funds are available, or make the payment immediately, then reimburse yourself once the funds are in the account and available.

74. Is there an individual out-of-pocket maximum? That is, if my family deductible in the Medical Mutual PPO/HSA is \$6,400 is there an individual cap on how much any single family member on the plan can accumulate?

On a family plan, the employee or covered dependent who has incurred out-of-pocket in-network expenses applicable to the deductible in the amount of \$3,200 is at that point considered to have satisfied their deductible, and any later claims experience is processed for that person as having met the deductible. Likewise, for the family out-of-pocket maximums: if an employee or covered dependent has incurred total out-of-pocket in-network expenses totaling \$4,000, any later claims are processed for that person as having reached the maximum out-of-pocket expenses.

75. Can HSA Funds be used for a spouse?

Yes, anyone on your tax return as a dependent or spouse (not claimed as a dependent on someone else's tax return) is eligible for use of your HSA funds for qualified health care expenses without taxes.

76. Do I have to pay the \$6,400 family deductible before I can use the PNC debit card?

No, the debit card and HSA funds are available for your use before the deductible is met.

77. How do you reimburse yourself later with a debit card?

You may withdraw funds via an electronic transfer or request to have a check cut to you, either by calling PNC or online.

78. Will you have more than 1 debit card per family for the HSA account?

Yes, you can request more cards.

79. If I elect the Medical Mutual PPO/HSA plan and open an HSA, can I use the funds for my spouse if she has her own coverage (for example a PPO) with her own employer?

Yes

Incentives

80. Does each member of a family need to get a physical? I have family coverage for myself and children, but no spouse, how do I arrange to receive the total incentives for family coverage?

Only you and your covered spouse need to get a physical and submit the certification form in order to receive the family premium reduction of \$30 per month. If you have family coverage, without covering your spouse, only you need to complete the certifications; your children do not. You'll receive the maximum amount of each incentive for your participation.

81. Do the Incentives apply to all the medical plans offered?

Yes- the incentives apply to all the medical benefit plans but are not available for persons on extended coverage.

82. Is there a prescribed format or checklist for the annual physical?

The 2024 ANNUAL PHYSICAL AND TOBACCO ATTESTATION FORM contains the instructions that your physician will need to follow in order to satisfactorily complete the annual physical incentive process.

83. How do I earn the tobacco-free incentive?

Complete the 2024 ANNUAL PHYSICAL AND TOBACCO ATTESTATION FORM and indicate your tobacco-free status. If you and your spouse are enrolled in family medical coverage, then both of you must be tobacco free to receive the family premium reduction of \$30 per month. If you are not tobacco free an alternative standard is made available to you. Enroll in the Medical Mutual QuitLine program by May 1, 2024. The program is free to eligible participants. You can enroll by calling (866) 845-7702.

84. Is there an incentive for gym membership and frequent use?

There are no premium incentives available- but we hope you keep up the great activity and find it rewarding to your individual health and quality of life!

85. Does the physical exam certification require blood work, cardio tests, EKG, or just an office visit?

Only an office visit is required. You and your physician can agree upon what preventive biometrics, other than height, weight, and blood pressure to perform for you.

86. Does the use of electronic cigarettes require certification as a tobacco user?

Yes, the use of electronic cigarettes is included in the definition of a tobacco user. We encourage those using electronic cigarettes to enroll in the Medical Mutual QuitLine program.

87. Does in-network coverage for one preventive physical exam per year mean during a calendar year or during the plan year?

You are entitled to one in-network preventive physical exam per calendar year. You do not need to wait a full 12 months before submitting a claim for your next physical exam as long as you are in a different calendar year.

88. Are all lab tests paid at 100% if they are part of the physical?

The Diocesan medical plans include coverage for an annual preventive exam at no additional charge to you. The preventative exam and the wellness tests such as blood pressure, cholesterol levels, and fasting blood sugar levels are covered at 100%. Other tests your physician may recommend may not be covered at 100%, such as testing for vitamin D levels and testing for thyroid abnormalities. To confirm level of coverage for optional tests contact Medical Mutual of Ohio at (800) 610-2583. There is a location finder tool on MyDOCBenefits.com that will help you find labs that have agreed to charge no more than the maximum allowable cost for 40 different blood tests.

89. When does the physical have to be completed for the 2024-2025 plan year?

A physical completed between May 1, 2023, and April 30, 2024, will qualify for the incentive. PLEASE NOTE THAT IF YOU ARE RECEIVING A WELLNESS INCENTIVE IN THE CURRENT YEAR FOR A PHYSICAL THAT YOU HAD AFTER MAY 1, 2023, YOU MUST FILE A NEW FORM BY APRIL 30, 2024, WITH THE HEALTH BENEFITS OFFICE FOR THAT PHYSICAL. FEDERAL LAW REQUIRES WE HAVE A FORM ON FILE FOR EACH PLAN YEAR.

[Spousal Surcharge](#)

90. When does the Spousal Surcharge Apply?

A spousal surcharge of \$750 per month applies when an employee elects family coverage and chooses to cover a spouse who has healthcare coverage available through his or her employer. This surcharge applies if the employee enrolls their spouse with medical coverage in the Diocesan plan. It does not apply to spouses who are not working or to spouses whose employers do not offer healthcare coverage. It does not apply in situations where an employee elects family coverage but only includes children on the plan.

91. What if your spouse is over age 65 and has Medicare available but not “other employer” coverage available?

The spousal surcharge will only apply for working spouses with access to coverage on their employer’s sponsored plan, not to Medicare.

92. What obligation does my spouse’s benefits office have to fill out the Verification Form?

Please call the Health Benefits Office at (216) 696-6525 x 5040 or (800) 869- 6525 if your spouse’s employer refuses to complete the verification form.

93. If spouse is self-employed and covered under my family coverage, will the surcharge apply?

Only if your spouse has access to an employer-sponsored plan through the spouse's business. If there is no health care coverage through your spouse's business, the surcharge does not apply. Your spouse, as the employer, must verify whether coverage is available to him or her.

94. If both spouses are employed by Diocesan entities and are covered by the same family plan, does the spouse have to pay a surcharge?

No

95. If the spouse gets coverage from his/her employer, what secondary coverage is offered from the Diocese?

Effective July 1, 2017, spouses who have coverage from their own employers are no longer eligible to participate in the Diocesan health plan.

96. Does a spouse need to obtain vision and dental insurance from his/her employer or is that insurance provided for the family with no penalty?

The family plan is not subject to a surcharge if the working spouse has medical and prescription coverage with their separate employer but continues to be covered under family dental and vision on our Diocesan plans.