Questions and answers about your Options Blue HSA

Looking for more information about how to use your new Options Blue health plan and health savings account (HSA)? Keep reading for answers to some of the most common questions we receive from members like you.

Q. Is my HSA automatically set up when I become an Options Blue member?
A. No. In addition to enrolling in the Options Blue health plan, you will need to set up your HSA. Complete the HSA application found in your enrollment packet or visit **selectaccount.com** to complete and submit an application form online. If you have coverage under another health plan, you cannot establish or contribute to a health savings account unless your other health plan is also an HSA-compliant, high-deductible health plan.

Q. How do I make a contribution to my HSA?
A. You can make one annual contribution or you can contribute periodically during the year. Contributions can be sent to your account administrator by mail or you can authorize withdrawals from your bank account. Your employer may also allow pretax payroll deductions. In 2011, you can contribute up to $3,050 if you have self-only coverage and up to $3,100 in 2012. If you have family coverage, you can contribute up to $6,150 in 2011 and up to $6,250 in 2012.

Q: How can I find out what expenses are eligible for reimbursement and which ones aren't?
A: Eligible expenses are defined by Section 213(d) of the Internal Revenue Code. You'll find a complete list of eligible expenses by logging into myBlueCross at **bluecrossmn.com.**

Q. Can I choose the expenses for which I'd like to be reimbursed?
A. If you'd like to pick and choose the expenses for which you'd like to be reimbursed, don't sign up for crossover. Instead, submit a withdrawal request form or request reimbursement online for your expenses. You decide when and how to use your dollars. You can find claim forms and reimbursement information by logging into myBlueCross at **bluecrossmn.com**.

Q: How will I know when I'm able to begin investing my HSA dollars?
A: Once the balance in your HSA exceeds $1,000, you can open a Basic Investment Account with any money over the $1,000 limit. If you manage your accounts through myBlueCross, you'll see a special notice appear on your account when you've exceeded the investment threshold. Visit myBlueCross at **bluecrossmn.com** and you'll be walked through the setup process.

Q: Are withdrawals from my health savings account subject to taxes?
A. Your withdrawals are only taxable if the money is used to pay for expenses that aren't eligible under IRS code 213(d). For more information about government regulations, consult your tax advisor.

Q: Why am I getting a bill from my provider?
A: You're responsible for paying your deductible and any out-of-pocket expenses (including coinsurance) that you incur through your provider or at the pharmacy. Your provider will send you a bill for the amount that you owe after Blue Cross has finished processing your claim. You can use your HSA dollars to pay for these expenses.

Q. Do I pay my doctor when I receive care, or should I wait to receive a bill?
A. You always need to pay your doctor for your share of expenses; however, in most cases, your doctor will send you a bill after Blue Cross has processed the claim.

Q: Why didn't I have to pay for my prescription at the pharmacy?
A: If you enrolled in crossover and you have money in your HSA the dollars in your account will be used to cover the cost of the prescription when you visit the pharmacy.

Q: Why did I have to pay for my annual checkup? I thought I had 100 percent coverage.
A: Many plans pay for preventive care at 100 percent. Check your Summary Plan Description or call Blue Cross customer service to learn more about your preventive benefits. These resources can also help you verify which services count as preventive care.

Q. Will I have to pay my doctor before I receive reimbursement for my account?
A. It's possible that you may have to pay your doctor before you're reimbursed; however, claims are processed as quickly as possible. If you need to make special payment arrangements with your doctor or clinic, be sure to call the clinic's business office. Any late charges are your responsibility and are not reimbursable by your health savings account.

Q: If I'm covered under more than one health plan, how do I request reimbursement from my account?
A: If you're covered under another health plan, you are not eligible to establish or contribute to an HSA, unless the other health plan also is an HSA-compliant high-deductible health plan. Also, if you or anyone on your health plan is covered by more than one health plan and both plans are HSA-compliant, you cannot sign up for crossover. You will need to send in a manual claim request to SelectAccount℠ after both health plans have processed your claim, since your HSA should only pay after both health plans have processed your claim.

Q: Why did I receive a check in the mail from SelectAccount? Who is SelectAccount? I thought I had Blue Cross coverage.
A: Your health plan coverage is with Blue Cross. But SelectAccount is the administrator of your HSA. SelectAccount processes your reimbursement claims and will either send you a check for the amount requested, or deposit the money into a checking or savings account. The choice is yours. SelectAccount also maintains important HSA features like crossover and your investment options.

Q. What does "crossover" mean?
A. Crossover is a feature that electronically connects your Blue Cross health plan to SelectAccount (your HSA administrator). Crossover allows Blue Cross to electronically submit your claims to SelectAccount. This feature allows you to be reimbursed for your portion of the expense from your account without having to submit any paperwork. Without crossover, you'll need to submit a withdrawal request form. Crossover lets you spend less time on paperwork and more time on the things you enjoy. You can also elect to have your reimbursement sent directly to your providers.

Q. How do I decline or add crossover?
A. You can opt in or opt out of crossover online. Or, you'll find the form you need by visiting myBlueCross at **bluecrossmn.com**. Look for the "Forms" link and print it out and complete it, then mail it to the address provided on the form. Or, you can call customer service at the number on the back of your member ID card to request a form.

Q. How do I get reimbursed from my account if I don't have crossover?
A. Complete an HSA Withdrawal Request Form and return it by mail or fax. Remember, you're responsible for paying your doctor. You can find and submit withdrawal requests online by visiting myBlueCross at **bluecrossmn.com** or call customer service at the number on the back of your member ID card.

Q. When does my health savings account pay if I have coverage under another health plan or if I have a flexible spending account along with my health savings account?
A. If you have coverage under Options Blue and another health plan, here's how claims processing will work: If Options Blue is your primary plan, in most cases the processing order works like this: 1) your Options Blue health plan, 2) the secondary health plan, 3) your HSA.

If Options Blue is your secondary plan, the order of claim processing will work like this: 1) the other health plan, 2) your Options Blue health plan, 3) your HSA.

Again, keep in mind that you are only eligible to establish and contribute to an HSA when you have other insurance if the other plan is another HSA compliant high-deductible health plan.

Q: What happens if my claim is reprocessed? Do I need to send back the money I've already received from my account? What if I already paid this money to my doctor?
A: If you've already paid your doctor and then your claim is reprocessed by Blue Cross, your doctor should send you back the money you overpaid. You should then return this money to SelectAccount, so they can deposit the money back into your HSA.

Q: Why do I have to call two customer service numbers? Why can't Blue Cross customer service answer all my questions?
A: Blue Cross customer service can answer the majority of your questions, so it's always wise to call the number on the back of your member ID card. If Blue Cross can't answer a question related to your HSA, they will connect you with SelectAccount customer service.

Q. Do I need a referral to see a specialist?
A. No. Your plan is an open-access plan, which means you don't need a referral for services from specialists. You can ask your doctor for a recommendation or find a specialist with the "Find a doctor" feature at myBlueCross. Not sure about your provider choice? Find quality ratings for providers and facilities at myBlueCross, as well. Simply sign in to myBlueCross at **bluecrossmn.com** and look for the "Healthcare Facts®" and "HealthGrades" links in the "Find a Doctor" column.

Q. How can I tell if someone needs emergency care?
A. A medical emergency is a sickness or injury so serious that failure to get immediate care could put a person's life in danger or cause serious harm.
Some examples include:
• Possible heart attack (severe chest pain or pressure)
• Uncontrollable bleeding
• Breathing problems
• Poisoning
• Unconsciousness
If it's reasonable for you to believe that your symptoms indicate a medical emergency, get immediate care. Call 911 or go to the nearest emergency facility. Emergency care benefits are the same for network and out-of network providers.

Q. What if it's not an emergency but I need to see a doctor before the next workday?
A. As an Options Blue plan member, you can call the 24–Hour Nurse Advice Line at **1-800-622-9524,** which gives you access to trained medical professionals. The nurse line can help you decide if you need medical attention, or if your needs can be met using over-the-counter medications or home therapies. You can also call your doctor or clinic — even if it's after regular office hours. Most clinics have on-call staff to direct your care and discuss alternatives. Some clinics may offer extended evening or weekend hours. Or your clinic may include an urgent care department.

Q. What if I get sick while I'm traveling?
A. In an emergency, call 911 or go to the nearest emergency facility. For other care that can't wait until you get home, take advantage of the BlueCard® national network.
• Go to the online member center, myBlueCross, at **bluecrossmn.com** and select BlueCard network under "Find a doctor." You can also call **1-800-810-BLUE (2583).**
• Benefits will be paid at the in-network level if you use a BlueCard provider
• Be sure to show your member ID card when you receive care

Q. Will I have coverage if I travel outside the United States?
A. Yes, up to the limits shown on your benefit summary. Just visit myBlueCross before you travel to learn how to use your coverage abroad, or call customer service at the number on the back of your member ID card.

Q. What is an Explanation of Health Care Benefits (EOB)? With this plan, will I get two EOBs — one from Blue Cross and one from SelectAccount?
A. An Explanation of Health Care Benefits (EOB), is a statement that you receive after your claim has been processed. The EOB provides details on the services you received, how much those services cost, how much your health plan paid against those charges, and how much is your responsibility. The EOB is not a bill. Your doctor will send you a bill based on the EOB. As an Options Blue member, you will receive an EOB from Blue Cross and an Explanation of Payment (EOP) from SelectAccount that describes how the claim was processed from your HSA.

Q. What if I see a doctor who isn't in the Blue Cross network?
A. The process will work the same, except that you may need to submit the claim to Blue Cross. In-network doctors will do this for you.

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