

Questions from Open Enrollment meetings

Q: How are ostomy supplies covered?

A: Ostomy supplies are considered Durable Medical Equipment (DME) and fall under the DME benefit.

Q: How does coverage outside the United States work?

A: All four plans provide emergency room coverage outside the U.S. Other services, such as doctor office visits and prescriptions, are not covered services outside the U.S.

Q: The drug, Remicade (and several other chemotherapy drugs), isn't listed on the Rx4 drug list. Is it covered?

A: Remicade falls under the medical benefit and would be billed as part of a medical claim. The benefit would likely be deductible and co-insurance.

Q: How is maternity care covered?

A: Maternity care is covered like any other illness, with doctor's office visit copays or inpatient hospital charges.

Q: How is mental health covered?

A: Humana uses Corphealth to manage the mental health benefit. Office visits are subject to the specialist office visit copay and inpatient stays follow the inpatient benefit.

Q: What is the lifetime maximum limit(s) on the plans?

A: There is no lifetime maximum limit on benefits or services on any of the plans.

Q: Is vision covered?

A: All of the plans have a vision benefit that includes one annual vision exam for a \$15.00 copay if you see a participating provider in the Eyemed Network. All of the plans also include a vision discount program which offers discounts for contacts, frames, lenses, etc. through Eyemed providers. Eyemed providers include Lenscrafters, Sears Optical, Pearle Optical, and many other providers.

Q: How long is Humana contracted with NKU?

A: 12 months, with an option to renew annually.

Q: If I am covered under KERs and elect an NKU plan, how does my coverage coordinate?

A: KERS is a retirement plan and does not affect the medical coverage through Humana. If you have previously retired with KERS and are enrolled in the retiree medical coverage through KERs and also eligible for medical coverage through NKU as an active employee; your coverage as an active employee would be considered primary coverage.

Q: If I elect a High Deductible Health Plan (HDHP) with an HSA, how many ID cards will I receive for an individual and family?

A: You will receive 2 medical ID cards and two HumanaAccess cards. Additionally cards can be ordered if necessary.

Q: Can I still have a catastrophic plan (i.e. – AFLAC) with an HDHP?

A: Yes

Q: Is there a list of qualified health care expenses for the HSA?

A: Please refer to www.irs.gov The IRS does not publish an official list. However, Publication 969 and Publication 502 can be used as reference documents.

Q: What happens to my Health Savings Account (HSA) balance if I leave NKU?

A: The balance in your HSA belongs to you. Even if you leave NKU, the balance in the account is yours and would continue to be administered through UMB. You can continue to use your HSA funds for qualified health care expenses.

Q: What happens to my Health Savings Account (HSA) if I die?

A: You should choose a beneficiary for you HSA. If your spouse is the beneficiary of the account, the account will be treated as the spouse's HSA after your death. If you are not married, the account will no longer be treated as an HSA upon your death or if the beneficiary is someone other than a spouse, the account will pass to your beneficiary or become part of your estate (and be subject to any applicable taxes.)

Q: Can HSA funds be used for premiums to purchase other insurance?

A: You can generally not use the money to pay for medical insurance premiums, except under specific circumstances, including:

- Any health plan coverage while receiving federal or state unemployment benefits.
- COBRA continuation coverage after leaving employment with a company that offers health insurance coverage.
- Qualified long-term care insurance.
- Medicare premiums and out-of-pocket expenses, including deductibles, co-pays, and coinsurance for: Part A (hospital), Part B (physician and outpatient services), Part C (Medicare HMO and PPO plans), and Part D (prescription drugs).

Q: Is there an employee minimum contribution to an HSA?

A: No, there is no employee minimum contribution to an HSA. In fact, the employee is not required to make a contribution at all to the HSA. However, there are IRS maximum contributions. In 2008, the maximum contribution for single coverage is \$2,900, and for family coverage \$5800.

Keep in mind NKU will contribute based on your coverage level:

Single - \$600

Employee and Spouse - \$1,200

Employee and Child(ren) - \$1,200

Employee and Family - \$1,800

Q: When will I receive NKU's contribution to my HSA?

A: NKU's HSA contributions will be made in equal amounts throughout the year based on the employee's pay schedule. Employees paid on a monthly schedule will receive twelve monthly contributions. Employees paid on a bi-weekly schedule will receive 26 bi-weekly contributions.

Q: If I have an HDHP with single coverage, can I use my HSA to pay for qualified health care expenses for family members who are not covered under my HDHP?

A: Yes, HSA funds can be used for qualified healthcare expenses of dependents and spouses.

Q: If I have a HDHP with an HSA, and my doctor wants payment immediately for a service how would I know Humana's contracted rate?

A: Most providers are familiar with HDHPs and will understand that a claim should be submitted to Humana first for processing before payment is collected. This will ensure that the appropriate contracted rate is applied and the appropriate amount collected from the member. However, a physician may require a nominal payment upfront and will apply that amount against the remaining charge.

Q: How is urgent care covered?

A: Urgent care is covered under all of the plans. It falls under the specialist copay category on the 90/60, 80/50, and CoverageFirst Plan if the facility bills as a physician's office visit. Under the HDHP, the member is responsible for the Humana contracted rate for the urgent care visit, and the cost of the urgent care service would apply toward the member's deductible.

Q: Under the CoverageFirst plan, are pharmacy costs covered by the \$500.00 Benefit Allowance?

A: No. Your Benefit Allowance isn't depleted when you fill a prescription. Your pharmacy benefit is a separate benefit and would require the applicable copays when filling prescriptions, however, those copays would not be deducted from your Benefit Allowance.

Q: What costs make up the Out of Pocket Maximums?

A: The sum of your co-insurance makes up your out of pocket maximum. Your copays and deductible do not apply to your out of pocket maximum on the 90/60, 80/50, or CoverageFirst plans. The HDHP works differently in that your deductible is applied toward your out of pocket maximum.

Q: Can I have both an HSA and a Flexible Spending Account (FSA)?

A: Members may have both an HSA and FSA account, but the FSA must be a "limited" FSA, meaning you can only use the FSA for eligible dental, vision, and preventive care expenses.