

**STATE OF DELAWARE
CDH GOLD PLAN
FREQUENTLY ASKED QUESTIONS**

Q. *What is the CDH Gold Plan and how is it different from the other plans offered through the State of Delaware Group Health Insurance Program?*

A. The CDH Gold Plan is a Consumer-Directed Health care plan that combines a health benefits plan with a personal spending account known as a Health Reimbursement Account (HRA) Fund. These types of plans are popular because they offer consumerism for health care coverage by allowing employers to offer a quality health benefit program at an affordable rate. The HRA Fund is an added benefit intended to help employees pay for out-of-pocket expenses. Before the plan pays for health benefits, the employee must meet an annual deductible. The HRA Fund is intended to help the employee pay for out-of-pocket costs that may be incurred while meeting the deductible. Once the deductible is met, the employee and the plan share in the cost of health care services through a co-insurance arrangement.

Q. *What is the HRA Fund component of the CDH Gold Plan?*

A. The HRA or Health Reimbursement Account Fund is a personal spending account that is provided to the employee at the beginning of each plan year and is intended to assist the employee in paying for out-of-pocket expenses incurred by the employee and/or covered dependents before the annual deductible has been met.

Q. *Who funds the HRA Fund?*

A. The State of Delaware makes an annual contribution to the HRA Fund in the amount of \$1,250 for an employee only (individual) plan and \$2,500 for a family plan.

Q. *What is a deductible?*

A. A deductible is the set amount that an employee must pay out-of-pocket before the health care plan begins to pay a portion of the cost of health care services. For the CDH Gold Plan, the deductible for an individual only plan is \$1,500 annually and \$3,000 annually for a family plan.

Q. *What is co-insurance and how is it different from a copayment (co-pay)?*

A. Co-insurance is an arrangement where the plan and the employee pay a set percentage of the allowable costs for health care services. For the CDH Gold Plan, once the deductible has been satisfied, the plan pays 90% of the allowable cost for in-network services and the employee pays 10% of the allowable cost. Out-of-network services are paid at 70% by the plan and 30% by the employee, once the deductible has been met. Highmark Blue Cross Blue Shield Delaware's (Highmark Delaware) Comprehensive PPO Plan and the Blue Care/HMO and Aetna HMO Plans pay allowable expenses after the employee pays a copay. Depending upon the services, the employee could be paying a higher percentage of the total allowable charge in a copay arrangement. For example, if the employee visits a specialist under one of the HMO plans, they are responsible for a \$20 copay. If the allowable charge for the visit is \$100, the member is paying the equivalent of a 20% coinsurance. Under the CDH Gold Plan, if the employee had met their annual deductible, their out-of-pocket coinsurance would be \$10 as opposed to \$20 payable from the employee if enrolled in a HMO plan.

- Q. *What is the total maximum out-of-pocket or TMOOP?***
- A. The total maximum out-of-pocket, refers to the specified dollar amount of deductible and coinsurance incurred for network and covered services in a plan year. When the specified individual dollar amount is attained by you, or the specified family dollar amount is attained by you or your covered family members, the plan begins to pay 100% of all covered expenses and no additional coinsurance will be incurred for covered expenses during the current plan year.
- Q. *What are the total maximum out-of-pocket (TMOOP) amounts under the CDH Gold Plan?***
- A. The CDH Gold Plan in-network benefits have a \$4,500 plan year TMOOP per person and a \$9,000 plan year TMOOP per family. Out-of-network benefits have a \$7,500 plan year TMOOP per person and a \$15,000 plan year TMOOP per family. Prescriptions provided through a prescription benefits manager, Express Scripts. The prescription drug in-network TMOOP is \$2,100 per person and \$4,200 per family. There is no prescription drug out-of-network out-of-pocket maximum.
- Q. *Is my prescription drug coverage subject to the CDH Gold Plan's annual deductible?***
- A. No. Prescription drug coverage under a CDH Gold Plan is the same as the other health care plans offered through the State of Delaware Group Health Insurance Program. The CDH Gold Plan's HRA Fund cannot be used to reimburse an employee/pensioner for out-of-pocket expenses related to prescription drug copays or coinsurance. Prescription drug expenses will be applied to the CDH Gold Plan prescription TROOP when received by a retail pharmacy or the Express Scripts mail order pharmacy.
- Q. *Are any services covered at 100% under a CDH Gold Plan?***
- A. The State of Delaware CDH Gold Plans pay 100% for Preventive services listed on the Highmark Delaware's or Aetna's Care Schedule as long as the services are received from in-network providers and coded as preventive care for billing purposes. Preventive services are not subject to the deductible. The age and frequency limits for the eligible preventive services are shown on the list of Preventive Services and Medications available at www.ben.omb.delaware.gov/medical. If you have questions about whether care is considered preventive and covered at 100%, you can contact Aetna at 1-877-54-Aetna (1-877-542-3862) or Highmark Delaware at 800-633-2563.
- Q. *Does the CDH Gold Plan cover any free medications?***
- A. Yes. In accordance with the Patient Protection and Affordable Care Act (PPACA), enrollment in the CDH Gold Plan provides for some free medications to members through the State of Delaware's pharmacy benefit manager, Express-Scripts. Information on these medications is available on the list of Preventive Services and Medications at www.ben.omb.delaware.gov/medical.
- Q. *If I am covering my spouse under a CDH Gold Plan, am I still required to complete a Spousal Coordination of Benefits form during annual open enrollment or if my spouse's employment or insurance status changes?***
- A. Yes. All employees and pensioners who cover their spouse in a State of Delaware Group Health Insurance medical plan are required to complete a Spousal Coordination of Benefits form during annual open enrollment or at any time their spouse's employment or insurance status changes.

Q. *What if I am unsure of how much my family will incur in medical expenses in the upcoming plan year?*

A. The CDH Gold Plan may not be a good fit for everyone. It is important to consider anticipated expenses as well as planned procedures that you or your family members may receive in the upcoming year. While preventive services are covered at 100% under the CDH Gold Plan, the plan does not pay for services that are not listed on the preventive services schedule until the annual deductible has been met. Once the deductible has been met, the plan pays generously for in network services; however, the employee/pensioner is still responsible for 10% of the cost of services until the TROOP is reached.

Q. *What can I use the HRA Funds for?*

A. Eligible healthcare expenses such as doctor's office visits, lab tests and coinsurance can be paid with HRA Funds. The HRA Funds cannot be used toward prescription drug copays and prescription drug coinsurance.

Q. *Beyond copays and coinsurance for medical services, what other expenses can be paid with the HRA Funds?*

A. Only eligible copays and coinsurance for qualifying medical services can be paid with HRA Funds. You cannot use HRA Funds for expenses not covered under your CDH Gold Plan such as: prescription copays, out-of-pocket copays, coinsurance or expenses related to dental or vision coverage, orthodontics, long-term care insurance premiums, health care premiums, COBRA premiums or medical insurance premiums while receiving federal or state unemployment compensation and post age-65 premiums for Medicare or Highmark Delaware's Special Medicfill plan.

Q. *Are health insurance premiums considered qualified medical expenses under the HRA Fund?*

A. No. You may NOT use HRA Funds to pay for insurance premiums.

Q. *When does the State fund the HRA Fund?*

A. The State contributes the annual HRA Fund contribution at the beginning of each plan year, July 1st.

Q. *Is the entire annual HRA Fund available at the beginning of the plan year?*

A. Yes. The HRA Fund is available at the beginning of the plan year.

Q. *Can I or my covered dependents contribute to the HRA fund?*

A. No. Neither you or your covered dependents may contribute to the HRA Fund.

Q. *What happens to unused HRA funds at the end of the plan year?*

A. As long as the employee/pensioner remains enrolled in a State of Delaware CDH Gold Plan, unused HRA Funds rollover to the next plan year and are available at the beginning of the new plan year. If you maintain enrollment in a CDH Gold Plan from one plan year to the next plan year but change from Highmark Delaware's CDH Gold plan to Aetna's CDH Gold plan, or vice-a-versa, unused HRA funds rollover from the previous year to the new plan year. Additional information is available at http://ben.omb.delaware.gov/medical/bcbs/documents/cdh_gold_hra_fund_claim_processing_122112.pdf.

Q. *What happens to unused HRA funds if I am no longer eligible for health care coverage through the State of Delaware Group Health Insurance Program?*

A. Unused HRA Funds are forfeited if the employee terminates employment or is no longer eligible for health care through the State of Delaware Group Health Insurance Program.

Q. *What happens to unused HRA funds when I retire?*

A. Unused HRA funds will move with the employee into retirement as long as the employee/pensioner and/or dependents remain enrolled in a State of Delaware CDH Gold Plan. Unused funds are forfeited when the pensioner and spouse become Medicare eligible.

Q. *If I enroll or change tiers in a CDH Gold Plan during the plan year, how is the HRA Fund amount determined?*

A. In situations where an employee/pensioner enrolls or changes coverage tiers during the plan year, their HRA fund will be prorated as follows:

Enroll or change tier 7/1 - 9/30: receive full amount of \$1250 for individual/\$2500 for family

Enroll or change tier 10/1 – 12/31: receive \$937.50 for individual/
\$1875 for family

Enroll or change tier 1/1 - 3-31: receive \$625 for individual//\$1250 for family

Enroll or change tier 4/1 – 6/30: receive \$312.5 for individual/\$625 for family

Q. *If I enroll or change tiers in a CDH Gold Plan during the plan year and the HRA Fund is prorated, is the deductible also prorated?*

A. No, regardless of when you enroll or change tiers within the plan year the deductible for the plan year is the same and must be fulfilled.

Q. *How is the HRA funded if an employee/pensioner marries or divorces in the middle of the year? If an individual elects COBRA as a covered dependent, does any HRA funding rollover to coverage in a CDH Gold Plan through COBRA?*

A. Employees/pensioners who enroll in a CDH Gold Plan with a spouse or dependent(s) will receive an annual HRA contribution of \$2,500, allocated as follows: \$1,250 to be used by the employee/pensioners and \$1,250 to be used by the spouse and dependent(s). The spouse and dependent(s)' portion of the HRA fund is divided equally. Should a divorce occur during the plan year and the spouse chooses to elect continuation coverage through COBRA, the spouse's proportionate share of the current plan year HRA fund allocation will be transferred to their individual COBRA CDH Gold Plan less any funds used to pay qualifying medical expenses for the spouse during the plan year to date.

If an employee/pensioner enrolled in the CDH Gold Plan marries during the plan year and adds his/her new spouse (an example: level of coverage would change from "employee" to "employee and spouse") the HRA Fund would be adjusted upward at a prorated amount to accommodate the new spouse's enrollment, however, the deductible would be for the whole plan year.

Q. *If I am eligible for COBRA coverage in a State of Delaware CDH Gold Plan as a result of loss of eligibility for health care coverage through the State of Delaware Group Health Insurance Program, do I still forfeit unused HRA funds?*

A. Depending upon your qualifying event date and loss of coverage through the State of Delaware Group Health Insurance Program, unused HRA funds may rollover to your

enrollment in a CDH Gold Plan through COBRA. Actual HRA funds available upon enrollment in a CDH Gold Plan through COBRA depend upon the date of loss of coverage and whether the remaining HRA funds upon termination exceed the prorata amount of the annual HRA fund contribution.

Q. *Do the HRA Funds accrue interest?*

A. No. HRA Fund dollars do not accrue interest.

Q. *What is the difference between the HRA Fund and an FSA fund?*

A. The HRA Fund is a component of a State of Delaware CDH Gold Plan. State of Delaware employees may also choose to enroll in a FSA (Flexible Spending Account). FSA contributions are 100% funded by the employee with pre-tax dollars. FSA funds can be used to pay for out-of-pocket expenses such as prescription copays and other expenses that are not paid using HRA Funds. To learn more about the State of Delaware FSA plan visit www.ben.omb.delaware.gov/fsa/index.shtml.

Q. *How do I know what services will cost?*

A. Both Aetna and Highmark Delaware have services that help you to know what medical services in your area will cost before you receive treatment. Depending upon which CDH Gold Plan you choose, visit the Aetna (www.aetna.com) and/or Highmark Delaware at <https://www.highmarkbcbsde.com/> for additional information. Also, you may call Aetna's Customer Services at 1-877-542-3862 or Highmark Delaware's Customer Services at 1-800-633-2563 for assistance.

Q. *When do I pay the doctor or another provider of services?*

A. With the exception of pharmacy services, when you use Aetna and/or Highmark Delaware in-network providers, you do not pay for your services at the time services are received. Instead, your medical provider will bill Aetna and/or Highmark Delaware. Aetna and/or Highmark Delaware will then use any available HRA Funds and send you an Explanation of Benefits (EOB) or Explanation of Payment (EOP) that shows what you need to pay. After you receive this information, you must follow-up with the provider to pay any remaining balance. Remember, if your expenses exceed your HRA Fund balance, then you will need to pay the expenses out of your own pocket. And always keep your receipts in case you ever need to document your expenses. If you use out-of-network providers, you may be responsible for paying for services at the time of service and then submitting a claim for reimbursement. Out-of-network providers may balance bill you for the difference in what Aetna or Highmark Delaware pays as the allowable charge and their charged amount.

Q. *Are employees/pensioners in a participating non payroll group eligible for enrollment in a CDH Gold Plan?*

A. Yes. The CDH Gold Plans are available to all employee and non Medicare pensioners eligible for health care coverage through the State of Delaware Group Health Insurance Program except for employees/pensioners of the Diamond State Port Authority.

Q. *Do employees/pensioners in a participating non payroll group receive the same HRA funding as state of Delaware employees/pensioners?*

A. Yes, the HRA Fund is an integral part of the CDH Gold Plan design. The HRA Fund is funded by the State of Delaware as part of the premium for this plan option.

- Q. ***Who is responsible for keeping track of my HRA Fund balance and my eligibility to rollover over unused HRA Funds to the next plan year?***
- A. The HRA Fund is an integral part of the design of the CDH Gold Plans. Aetna and/or Highmark Delaware are responsible for managing all HRA Funds.
- Q. ***How will a claim process for services incurred within a plan year but not received by my health care provider, Aetna or Highmark Delaware, until 90 days or more into the next plan year?***
- A. Claims for services incurred in one plan year but not received by Aetna or Highmark Delaware until 90 days or more into the next plan year are processed in accordance within the guidelines for end-of-plan year processing, which is available at http://ben.omb.delaware.gov/medical/bcbs/documents/cdh_gold_hra_fund_claim_processing_122112.pdf.
- Q. ***Will the State of Delaware continue to contribute to the HRA Fund in subsequent plan years?***
- A. The HRA Fund is an integral part of the CDH Gold Plan design. The HRA Fund is not “pre-funded” but instead functions as an accumulation account that the employee/pensioners can utilize when needed for qualifying medical expenses. Use of the HRA Fund occurs when Aetna and/or Highmark Delaware receives a qualified medical claim expense and submits payment to the carrier using existing HRA funds. The State of Delaware makes an annual contribution to the employee/pensioner’s HRA Fund at the beginning of each plan year.
- Q. ***If my spouse is covered as secondary under my CDH Gold Plan, does the plan pay differently toward my spouse’s qualifying medical expenses?***
- A. No. A CDH Gold Plan will provide a secondary spouse with exactly the same benefit coverage as a primary spouse except that claims under a CDH Gold Plan will pay qualifying medical expenses for a secondary spouse at 20% instead of 100% for in-network preventive services, 90% for in-network and 70% for out-of-network expenses.
- Q. ***Where can I go if I have questions?***
- A. Depending upon which CDH Gold Plan you select, contact Aetna at 1-877-542-3862 or visit <http://ben.omb.delaware.gov/medical/aetna/index.shtml> or contact Highmark Delaware at 1-800-633-2563 or visit at <http://ben.omb.delaware.gov/medical/bcbs/index.shtml> Additional information can be obtained from Statewide Benefits Office at 739-8331 or 1-800-489-8933.

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