

Aggregated Q&A from Medical Information Session (October 6)

Question	Answer
How much is contributed to HSA by MW/Graham?	The company contribution is \$1,000 per year for employee only coverage and \$2,000 per year for family coverage.
Does the PPO get an HSA with employer contribution as well?	Due to IRS regulation, HSA's can only be paired with High Deductible Plans.
Some Doctors charge fees on top of what insurance covers due to insurance not paying enough for some care. Would this count toward deductibles or Out-of-Pocket maxes in HDHP & PPO plans? Could HSA be used for it?	This typically occurs when you receive care from an out-of-network provider. In-network providers have contracts with the insurance company that establish discounted rates. They also generally submit claims electronically on your behalf, making the process easier to manage. If you are charged more than the amount covered by insurance, it may be because you used an out-of-network provider or received a service that is not covered by the plan, such as a cosmetic treatment. For out-of-network care, only eligible expenses up to the plan's allowed amount count toward your out-of-network deductible and out-of-pocket maximum. Any amount above the allowed amount—known as balance billing—does not count toward these limits. However, you may generally use HSA funds to pay eligible balance-billed expenses and other qualified medical, dental, and vision expenses, including deductibles, copays, and coinsurance. For example, an out-of-network chiropractor may charge \$150 for a visit, while the usual, customary, and reasonable amount for that service in the area is \$100. The insurance company will base coverage on the \$100 allowed amount, and you will be responsible for the remaining \$50. If you visit an in-network chiropractor instead, the provider must follow the contracted rate and cannot bill you above that amount; however, you may still be responsible for applicable cost sharing, such as a copay, deductible, or coinsurance.
What visits classify as preventive care if all visits have a deductible plus 20%?	The Affordable Care Act established a broad list of preventive services for men, women, and children that are covered at 100%. Examples include immunizations and routine physicals. Certain lab tests are considered preventive. However, if you have already been diagnosed with a condition such as high cholesterol, follow-up lab work is considered diagnostic because it monitors an existing condition. If you have not been diagnosed with a condition, annual routine lab work may be processed as preventive care. Other examples include colonoscopies and mammograms. We also provide resources explaining how often men, women, and children should receive recommended preventive services. We encourage you to establish a relationship with a primary care physician who can recommend the services you need and when to receive them. Although the national Blue plans do not require referrals as Kaiser plans do, a primary care physician can still help you navigate your care and find nearby options for lab work, colonoscopies, and mammograms.

What category applies to inpatient hospital services for labor and delivery? Emergency Room?	Emergency room benefits do not apply to labor and delivery. Inpatient maternity care is covered under the hospital benefit and is subject to the plan's deductible and coinsurance. Detailed plan summaries are available on the benefits website. The full plan booklet, which is more than 80 pages and includes detailed coverage information, will be posted once it is available.
Can we invest the tax-advantaged HSA assets through HSA Bank and use earnings for tax-free health care withdrawals?	Yes. You can use HSA Bank's investment options and easily transfer funds from your investments when needed. Funds are generally accessible without a significant delay and can be moved through the mobile app or member portal. You can also withdraw investment earnings tax-free when used for qualified medical expenses.
Can you roll existing FSA funds into a newly set up HSA account?	No. Funds from a flexible spending account (FSA) cannot be transferred to a health savings account (HSA). However, funds from an existing HSA can be transferred to the new HSA.
If we choose the \$3500 HSA maximum is that prorated per paycheck?	Yes. When you elect the HSA during enrollment, your contribution will be automatically prorated across your paychecks.
The maternity scenario says newborn care isn't included. How will the baby's hospital charges work after delivery?	Maternity care is covered under all plans as an essential health benefit. After delivery, the mother's and baby's hospital charges are processed separately, as there are two separate individuals involved. Each person's expenses (mom and baby) apply to their own deductible and out-of-pocket maximum.
Does the requirement for the HSA to be in the HDHP also include the "buy up" HDHP?	The HSA is available on both HDHP plans
what is the difference between Local Plus Plan and PPO? They are compared like they are the same, but they are labeled like they are different. google search suggests that local plus has a more limited network (less choice) than a PPO	The Local Plus plan is Milender White's base plan, while the 2026 PPO is a buy-up option also available to Milender White employees. They are compared because both are structured similarly to the 2027 PPO and operate in much the same way.
What scenario would make you expect an employee to choose the PPO over the HDHP 2K?	In many cases, the employer contribution makes the HDHP the more financially advantageous option. However, some employees prefer the predictability of the PPO's copays and are willing to pay a higher payroll deduction for the peace of mind of knowing what they will owe when they visit a provider or fill a prescription. Ultimately, the choice often comes down to overall cost versus predictability. For employees considering the HDHP who are unsure what their prescriptions cost, GoodRx.com can be a helpful resource. By entering the prescription name, dosage, and ZIP code, you can estimate prices at nearby retail pharmacies. This can help you understand how much you may pay toward the deductible before the plan begins sharing costs and whether you may need to use HSA funds. It's a great question.

Can you explain the Accident & Illness Insurance options? When and how would those pair with the HDHP or PPO?	The accident and illness insurance options will be reviewed during the open enrollment sessions. These supplemental voluntary plans do not disqualify you from contribution to the HSA. If you enroll in either high-deductible health plans, you can enroll in the voluntary accident or critical illness options
Can you clarify what employee + children vs. employee + family means? If I have a wife and 2 kids which category do fall into?	If you enroll your spouse and children, you would have employee + family coverage. If you only enroll your children, you would have employee + children coverage. If you only enroll only your spouse, you would have employee + spouse coverage.
Can you please confirm that the old Cigna (base) 2026 is now most equivalent to the newly offered PPO plan? I'm trying to figure out what plan is most comparable.	The 2026 base (free plan) is (the most) equivalent to the new 2027 PPO plan
is there a link with information on how much an appointment would cost if we were to choose a HDHP plan ilo the PPO that comes with a copay?	Appointment costs vary by provider as each provider has a different contract with the carrier and out-of-network providers may charge more. With RGA you can utilize their care navigators can provide cost information, and the have a Healthcare Bluebook tool, available through the member portal, that offers cost estimates and helps you find in-network providers for approximately 500 common services. Kaiser also offers cost-transparency tool to help you estimate expenses and find in-network providers. Our team is also available if you would like one-on-one help reviewing your options.
What about the FSA?	There are 3 FSA's offered. FSA-Health Care FSA-Dependent Care FSA-Limited Purpose. These will be discussed further in the open enrollment meetings in November
The PPO has a higher premium, higher OOP max, and no HSA contribution. can you help me understand how a family ever comes out ahead by choosing this?	Payroll deductions are an important starting point when comparing the plans. To determine which option offers the best overall value, consider both the employee premiums and expected out-of-pocket costs. In most cases, the PPO is unlikely to cost less overall. One possible exception may be for individuals with certain high-cost prescription needs, although those situations are limited. Even when factoring in the deductible and coinsurance up to the out-of-pocket maximum, the HDHP buy-up plan remains highly competitive with the PPO. As a result, there are very few scenarios in which the PPO provides a financial advantage. The PPO may be more favorable in some situations when compared with employer-paid HDHP, particularly if higher out-of-pocket expenses are expected. However, the HDHP options generally provide strong financial value because of the employer HSA contribution and lower employee premiums. Overall, the HDHP is a financially attractive option for most employees

What is the most recommended plan for someone having a baby in the next year?	We cannot recommend a specific plan, but we can help you compare the options based on potential costs. Review each plan's payroll deductions, deductible, co-pays, coinsurance, and out-of-pocket maximum. Please contact us if you would like help comparing the numbers. When planning for childbirth, review the persona cost scenarios provided by Graham on the benefits website. Actual expenses may vary based on the type and location of delivery. Because hospital charges could cause you to reach the plan's out-of-pocket maximum, compare that amount, along with annual payroll deductions, across each plan. If you are considering an out-of-hospital birth or doula services, include the related costs and coverage details in your comparison. For example, assume a hospital delivery for one baby costs \$50,000. Compare each plan's deductible, out-of-pocket maximum, and annual payroll deductions. If you expect to reach the out-of-pocket maximum, consider whether you can afford that amount plus your payroll deductions, and compare the total with the other plan options. If you are planning a lower-cost alternative, such as an out-of-hospital birth with doula support, adjust the estimate accordingly.
Do the HDHP plans use the same network as the PPO?	Yes, they both use the Blue Cross Blue Shield network.
Is there a 2027 Local Plus Plan?	The Local Plus Plan is transitioning to the 2027 PPO plan.
There are many doctors who charge for concierge medicine now in addition to being in-network with insurance companies. Can you use your HSA to pay these concierge medicine fees?	Yes, as long as you're seeing a licensed professional. For example, massage therapy. Massage therapy is covered under medical benefits, but if you're going to a spa and you're not seeing a licensed massage therapist, that's not HSA eligible.
Please explain the difference between the embedded deductible on the PPO vs the aggregate deductible on the HDHP plan. Specifically, from the perspective of an Employee + Family scenario.	With an aggregate deductible, all family members' expenses count toward one family deductible. The plan begins paying for covered services only after the combined family deductible is met, whether by one person or several. With an embedded deductible, each family member has an individual deductible that counts toward the family deductible. Coverage begins for a member once they meet their individual deductible; coverage begins for everyone once the family deductible is met. For example, with a \$4,000 individual and \$8,000 family deductible, one member's coverage begins at \$4,000, while the entire family is covered after combined expenses reach \$8,000.

How much does the employer contribute to the HDHP 2K Plan? Or is it all paid by the employee? Also, if you contribute to the HSA for a few years and have built up a large lump sum of money, and then leave the company, the funds come with you correct? and you can use those funds until the run out, or can you continue contributing to that plan without the employer contributions?	The company pays 95% of the HDHP premium. As long as you're enrolled in a high-deductible health plan, you can contribute to the HSA. If you're retired and covered under Medicare, that Medicare coverage would disqualify you from contributing to your HSA, but you could continue to spend down the HSA. You can continue to spend down the HSA regardless of what medical plan you are enrolled in. After age 65, you may use HSA funds for non-qualified expenses without penalty, although those withdrawals are taxable; withdrawals for qualified medical expenses remain tax-free.
How can we set up a meeting to discuss our personal needs to be able to choose the best plan?	Please reach out to USHRBenefits@graham.ca. You can work with HUB to discuss and we will guide you there. They can help you navigate your decision and direct you to resources.
What is the minimum balance need to be before HSA can be invested?	The minimum balance required is \$1,000
It would be helpful to have a pdf with the full plan benefit info on each individual plan before we have made our decision. Even though they are very long, please send those out.	The Benefits website details all the new plans, premiums and a compare to the current MW current plan. The official plan booklets are currently in development and they will be posted to the benefits website as soon as they are available. You can reach us at USHRBenefits@graham.ca if you have more questions.
Baby - plan on the Family Deductible since mom and baby are two people, right? please put that answer on the HDHP in writing. I was having trouble following - but sounds like a great benefit of the HDHP if you are having a baby.	Yes, because the mother and baby are treated as separate individuals under the plans, the family deductible applies. Under the PPO plans, the deductible and out-of-pocket maximum are both embedded. This means each person has an individual deductible and out-of-pocket maximum, until the combined spend equals the family deductible and out-of-pocket maximum. In contrast, the HDHP has an aggregate deductible, meaning the full family deductible must be met before the plan begins paying, even if only one family member has claims. Like the PPO plans, however, the HDHP has embedded out-of-pocket maximums. As a result, each family member has an individual out-of-pocket maximum, until the combined family spend reaches the family out-of-pocket maximum. This is an uncommon and valuable feature for an HDHP. For example, consider family coverage under the HDHP buy-up plan. The family deductible is \$4,000. The individual out-of-pocket maximum is \$4,000, leaving no gap between the family deductible and an individual's maximum under the HDHP buy-up plan. This means if mom's healthcare spend reaches \$4,000 she will satisfy the family deductible, while also satisfying her out-of-pocket maximum. Her eligible expenses will be covered at 100% for the remaining calendar year, while the other family members eligible expenses go towards the family out-of-pocket maximum. Once the family out-of-pocket maximum is reached, all family members eligible expenses will be covered at 100% for the remaining calendar year.

Is the 2026 PPO base comparison referring to our current Cigna plan? I ask because our current Cigna plan is not a true PPO	The 2026 plans are referring to the current Cigna plans.
Will Kaiser be available in CO in the future?	We continually evaluate our benefit plan options and provider networks. Although there are no plans to expand Kaiser coverage beyond California at this time, we may revisit this option in the future.
Does the requirement for the HSA to be in the HDHP also include the "buy up" HDHP?	Both HDHP plans are HSA eligible.