

**PLAN OPTION 2:
EMBEDDED HIGH DEDUCTIBLE
HEALTH PLAN with HSA (EHDHP)**

ADMINISTERED BY UMR

EHDHP (PLAN OPTION 2)

LA Machinery is pleased to continue to offer an HSA qualified, Embedded HDHP (EHDHP) administered by UMR that meet the health care needs of you and your covered dependents.

- ✓ Comprehensive medical and prescription drug coverage
- ✓ A combined medical/pharmacy Out-of-Pocket maximum that limits your financial exposure
- ✓ The “Plan Year Maximum” listed on page 22 are the total for In-Network and Out-of- Network expenses. **For example**, if a maximum of 30 visits is listed twice under a service, the Plan Year maximum is 30 visits total, which may be split between In-Network and Out- of-Network providers
- ✓ Emergency Room charges covered at In-Network level for emergency purposes only
- ✓ All Out-of-Network charges subject to Reasonable & Customary
- ✓ Has a higher deductible and Out-of-Pocket maximum than the VBP Option
- ✓ For non-preventive services and prescriptions, you must first satisfy your deductible before the plan pays its share of covered expenses
- ✓ Comes paired with a Health Savings Account (HSA), to which you can contribute to pre-tax, and that Louisiana Machinery also contributes.

MEDICAL: UMR SUMMARY OF BENEFITS

Plan Provisions	
<p style="color: red; margin: 0;">Deductibles, Out-of-Pocket Maximums, and Annual Limits are on a Plan Year basis, (i.e. September 1 through August 31). <u>NOT Calendar Year</u></p> <p style="margin: 0;">In-Network, Out-of-Network Deductibles, and Out-of-Pocket Maximums are separate and do not cross apply.</p>	
Network	United Healthcare (UHC) Choice Plus
Pharmacy Benefit Manager	ServeYou Rx, RxManage and ScriptCo for all medical options
Embedded HDHP Deductible	<p>EHDHP – The embedded family deductible.</p> <p>The 1st \$4,000 in eligible claims made by one member will be applied to the \$8,000 family deductible.</p> <p>The 2nd \$4,000 can be satisfied by the other covered individuals in any combination. The individual total deductible is \$4,000.</p>
<ul style="list-style-type: none"> Pre-existing condition limitations not applicable Dependent children covered to age 26, regardless of full-time student/marital status or access to other group coverage. 	
<ul style="list-style-type: none"> Emergency Room charges covered at In-Network level for emergency purposes. Out-of-Network charges subject to a percentage of Medicare Allowable. 	
<ul style="list-style-type: none"> PPACA Preventive care services covered in full (In-Network only) 	

TIPS TO SAVE ON YOUR MEDICAL

Go Generic: Generic drugs are the same as other medications, just without the brand name. The biggest difference is the price. Generics usually cost you 30% to 70% less than brand names.

Review your Explanation of Benefits (EOB) to make sure you are properly billed. Contact your doctor or other care provider if you suspect an incorrect charge.

If you are enrolled in the HDHP option, when you visit the doctor do not pay the full cost up front, since covered charges have not yet been filed for a network discount. Tell the doctor you will pay 20% of your bill up front, and that you will pay the remaining balance once you receive your EOB.

Remember to bring the following to your first appointment with a new doctor:

Medical Records & Insurance Card

Medications

Special Needs

When visiting a hospital, always ask for an itemized hospital bill for each item of care. If you see a line item for “medical facility fee,” put in writing that you will not pay this fee. Under the Affordable Care Act, Section 2718(e), hospitals are required to disclose the medical facility fee price tag before the time of service. In addition, any hospital that charges a medical facility fee is in violation of the False Claims Act. Paying close attention to your itemized bill can save you money in the medical fees. For example, a follow up doctor visit is often paid at \$80, and a medical facility fee is often \$150, resulting in a total amount of \$230.

HOW TO CONFIRM A PROVIDER IS IN UNITEDHEALTHCARE'S CHOICE PLUS PPO NETWORK:

1. Go to www.UMR.com.
2. Click "Find a Provider"
3. Click on “Medical”
4. Scroll down to “U” and click on “United Healthcare Choice Plus”
5. You will be redirected to show the results

This will lead you to the UnitedHealthcare Web site, where you can choose to search by physician, hospital, or other facilities. Or you can call UMR customer service at (800) 826-9781.

PLEASE CONTACT UMR WITH ANY ELIGIBILITY OR BENEFITS QUESTIONS

UMR MEDICAL: ID CARD

UMR EHDHP: If you are not making any changes to your medical plan this Open Enrollment, you will NOT be receiving new medical ID cards for the 2023-2024 Plan Year. If you are a new employee or have chosen to make changes to your medical coverage and have not yet received your ID card for the EHDHP options by September 1, 2023, please provide the following information to your doctor or pharmacy:

<p>MEDICAL CLAIMS Claim Filing Address: UMR PO Box 30541 Salt Lake City, UT 84130-0541 EDI Payor # 39026</p> <p>Group Plan Number: 76413049 Medical Customer Service: (800) 826-9781 UMR Medical Provider Line: (877) 233-1800</p>	<p>ServeYou Rx Pharmacy Claims Rx Group #: 7603 or 7604 RxBin#: 610548 RxPCN#: SERVU Rx ID#: Contact ServeYouRx at (800) 759-3203</p> <p>If your pharmacist has questions or concerns they may contact ServeYouRx at the Pharmacy Helpdesk line (800) 759-3203.</p>
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UMR A UnitedHealthcare Company

LOUISIANA MACHINERY

Issuer (80840) 911-39026-02

Member ID: 29439207 **Group Number: 76-413049**

Member:
 CARLY SAMPLE 00 MED

Dependents:
 SPOUSE SAMPLE 01 MED

LOUISIANA **CAT**

SERVE YOU

Rx BIN: 610548
 Rx PCN: SERVU
 Rx GRP: 7603

UnitedHealthcare
 Choice Plus Network

Self-funded plan administered by UMR

EHDHP
0730

This card must be presented each time services are requested. Printed: 08-03-2022

Medical In Net	Out of Net
Ded: \$4,000/\$8,000*	\$6,000/\$12,000
OOPM: \$4,000/\$8,000*	\$10,000/\$20,000

*includes pharmacy

Call UMR CARE at 866-494-4502 for plan required prior authorization.
 FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members: www.umar.com 800-826-9781

For Providers: www.umar.com 877-233-1800

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

First Health
 (800) 780-5455

Pharmacists & Members: 800-759-3203 www.serve-you-rx.com

HEALTH SAVINGS ACCOUNT (HSA) - UMB BANK

When you enroll in Louisiana Machinery's High Deductible Health Plan, you have the option to open a Health Savings Account (HSA). HSA funds can be used to pay for eligible medical, dental and vision expenses for you and your eligible dependents, including deductibles, coinsurance, prescriptions, acupuncture and more, tax-free, now and in the future. Family members do not need to be covered under your plan in order to use the HSA funds.

HOW IT WORKS

With the HSA, you are in charge. You decide:

- How much you'll contribute;
- When to pay for eligible expenses with HSA funds directly (*you can also reimburse yourself from the account*);
- How and if you want to invest your HSA funds (*a balance of at least \$2,000 is required to invest*); and
- Whether to save HSA funds for future expenses or retirement.

The HSA offers significant tax savings: Contributions are exempt from federal income tax (state tax treatment varies), payments/ withdrawals for eligible expenses are tax-free and earned interest is not taxed. Your HSA funds belong to you even if you change jobs or retire and unused funds roll over from year to year.

IRS REGULATIONS

- ❖ Must be enrolled in an IRS-qualified High Deductible Health Plan
- ❖ You cannot be covered by any other medical plan, entitled to Medicare benefits or be eligible to be claimed as a dependent on another person's tax return
- ❖ See **Publication 502** at www.IRS.gov for eligible expenses
- ❖ For proof of expense eligibility, save receipts

CONTRIBUTIONS

To contribute to your HSA, you can:

- Elect an annual contribution that will be divided into equal amounts and withdrawn, before taxes, from your paycheck all year; and/or
- Make a deposit of your own using post-tax funds at any time during the year (and claim a tax credit)

You are not required to contribute to your HSA.

ANNUAL IRS CONTRIBUTION LIMITS

The IRS limits the total amount that can be contributed to your HSA from all sources.

For 2023, IRS contribution limits are:

- ◆ *Employee Only Coverage: \$3,850*
- ◆ *Family coverage levels: \$7,750*
- ◆ *Age 55+ catch up contributions are \$1,000*

For 2024, IRS contribution limits are:

- ◆ *Employee Only Coverage: \$4,150*
- ◆ *Family Coverage: \$8,300*
- ◆ *Age 55+ catch up contributions are \$1,000*

*If you are enrolled in the **EHDHP Option 2**, Louisiana Machinery will match dollar for dollar up to **\$62.50 per month** into your HSA account*

NOTE: HSA Contribution Limits are Calendar Year, NOT Plan Year (IRS Guidelines).

If you are "enrolled" in Medicare, you are able to enroll in the EHDHP, however, you are NOT eligible to contribute to the HSA.

HSA Beneficiaries

QUESTION: Do I need to designate a beneficiary for my HSA account?

ANSWER: You are **not required** to name a beneficiary; however, you should name a beneficiary for your HSA, just as you would for your company retirement plan. After your death, any funds remaining in your HSA are payable to the beneficiary you named on the account. If one is not designated it will be transferred to the spouse. For someone other than a spouse, the tax benefits of account ownership do not transfer.

Naming Your Spouse

If you name a spouse as your HSA beneficiary, at your death the HSA will become your spouse's own HSA. They can maintain the HSA in their own name and can continue to access the funds. Distributions for qualified medical expenses will be income tax free. The spouse does not need to have HSA-eligible health insurance to continue to hold the HSA. However, if they do and they are eligible, they may make contributions to the HSA.

Naming Your Children

You may also name children or other non-spouses a beneficiary. However, the account value of the HSA account becomes taxable to the non-spouse beneficiary in the year of the account holder's death. That means the entire account will be taxable in one year.

The amount taxable to the beneficiary is reduced by any qualified medical expenses for the deceased HSA owner that are paid by the beneficiary within one year after the date of death.

Naming Your Estate

It is also possible to name an estate as an HSA beneficiary. There is a special rule that applies if the beneficiary of an HSA is the estate. If the estate is the beneficiary, then the total distribution is included on the deceased HSA owner's final tax return.

HEALTH SAVINGS ACCOUNT (HSA) – UMB BANK

		Spouse 1				
		No Coverage	Self-Only Non-HDHP	Self-Only HDHP	Family Non-HDHP	Family HDHP
Spouse 2	No Coverage	Neither person is eligible to contribute to an HSA.	Neither person is eligible to contribute to an HSA.	Spouse 1 is eligible and may contribute up to \$3,850, but spouse 2 is not eligible to contribute to an HSA.	Neither person is eligible to contribute to an HSA.	Spouse 1 is eligible and may contribute up to \$7,750, but spouse 2 is not eligible to contribute to an HSA unless he/she is covered under spouse 1's HDHP. In this case the maximum combined contribution of \$7,750 must be divided between them based on agreement.
	Self-Only Non-HDHP	Neither person is eligible to contribute to an HSA.	Neither person is eligible to contribute to an HSA.	Spouse 1 is eligible and may contribute up to \$3,850, but spouse 2 is not eligible to contribute to an HSA.	Neither person is eligible to contribute to an HSA.	Spouse 1 is eligible and may contribute up to \$7,750, but spouse 2 is not eligible to contribute to an HSA.
	Self-Only HDHP	Spouse 2 is eligible and may contribute up to \$3,850, but spouse 1 is not eligible to contribute to an HSA.	Spouse 2 is eligible and may contribute up to \$3,550, but spouse 1 is not eligible to contribute to an HSA.	Both people are eligible to have their own HSA and the maximum that can be contributed to each HSA is \$3,850.	Neither is eligible to contribute unless spouse 2 is not covered under spouse 1's non-HDHP plan. In that case spouse 2 may contribute up to \$3,850 to an HSA.	Both people are eligible and treated as if they have family coverage. Their maximum combined contribution of \$7,750 must be divided between them based on agreement.
	Family Non-HDHP	Neither person is eligible to contribute to an HSA.	Neither person is eligible to contribute to an HSA.	Neither is eligible to contribute unless spouse 1 is not covered under spouse 2's non-HDHP plan. In that case spouse 1 may contribute up to \$3,850 to an HSA.	Neither person is eligible to contribute to an HSA.	Spouse 1 is only eligible to contribute up to \$7,850 if he/she is not covered under spouse 2's non-HDHP plan. Spouse 2 is not eligible to contribute to an HSA.
	Family HDHP	Spouse 2 is eligible and may contribute up to \$7,750, but spouse 1 is not eligible to contribute to an HSA unless he/she is covered under spouse 2's HDHP. In this case the maximum combined contribution of \$7,750 must be divided between them based on agreement.	Spouse 2 is eligible and may contribute up to \$7,100, but spouse 1 is not eligible to contribute to an HSA.	Both people are eligible and treated as if they have family coverage. The maximum combined contribution of \$7,750 must be divided between them based on agreement.	Spouse 2 is only eligible to contribute up to \$7,750 if he/she is not covered under spouse 1's non-HDHP plan. Spouse 1 is not eligible to contribute to an HSA.	Both people are eligible and treated as if they have family coverage. The maximum combined contribution of \$7,750 must be divided between them based on agreement.

