



2021 Active Employees: Benefits Enrollment FAQs

1. When is Open Enrollment?

Open Enrollment for Active employees is September 14 – 27, 2020.

This is the only time of the year when you can make changes to your benefits unless you have a qualifying event. Please make sure to enroll within the above time frame.

2. Is Open Enrollment Active or Passive this year?

Open Enrollment is **Active!** If you want benefits coverage for 2021, you **must** enroll by September 27. Your current benefit elections will not continue into 2021. You need to complete the enrollment process to have coverage next year.

3. When will our benefit elections take effect?

Any benefit elections or changes you make during Open Enrollment will take effect on January 1, 2021 — the start of our new plan year. Any new benefits deduction amounts will be reflected on your first paycheck issued in January.

4. How do I enroll?

To enroll online, log in to our enrollment system at <https://standard.benselect.com/cityofdallas>. (Note: Your PIN is 6 digits -- the last 4 digits of your Social Security number + the 2-digit year of your birth. (Example: If the last 4 digits of your Social Security number are 1234 and you were born in 1966, your PIN would be 123466).

You may also call 214-556-0971 to enroll by phone.

If you want to waive coverage, please do so through one of the methods mentioned here.

Please note: If you are adding a dependent who has never been enrolled in a City of Dallas benefit plan, you must provide supporting documentation (marriage license, birth certificate, etc.) by September 27, 2020 to validate your dependent's status.

5. Whom do I call if I have issues logging into the enrollment system?

Please call 214-556-0971 and an Enrollment Specialist will assist you.

6. What are the Benefits Service Center hours?

Call the Benefits Service Center (BSC) at 214-671-6947 (option 1), Monday – Friday, 8:15 AM – 5:15 PM. You may also send an e-mail to hrbenefits@dallascityhall.com.

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7. How do I add a dependent to my coverage?

If you are adding a dependent who has never been enrolled in a City of Dallas benefit plan, you must provide supporting documentation (marriage license, birth certificate, etc.) to validate your dependent's status by September 27, 2020. You may provide this documentation in one of several ways:

- a. Upload it from your computer during the online enrollment process (follow the on-screen instructions)
- b. Send a photo of it from your smartphone with the *My Selerix* app (available for free download in the App Store and Google Play)
- c. Fax it to (513) 371-5559
- d. Email it to yourenrollment@ebcoh.com

For a list of required documentation, please visit www.cityofdallasbenefits.org.

Please note: This does not apply to any dependents who are currently enrolled in a City benefit plan.

8. Where can I find additional information about Open Enrollment and the City's 2021 benefits?

For more information, please visit the Benefits website at www.cityofdallasbenefits.org, review your online Benefits Enrollment Guide at www.cityofdallasbenefits.org (starting September 14), and check your work e-mail announcements regularly.

9. Where can I find the benefits presentations?

The benefits enrollment and education presentations are available at www.cityofdallasbenefits.org.

10. Will I receive a copy of the Benefits Enrollment Guide at my house?

No. The Benefits Guide will be online only this year at www.cityofdallasbenefits.org starting September 14. An enrollment kit with several documents, including a Changes Brochure, has been mailed to your home address that the City has on file.

To verify or update your address information, log on to Workday and click *Personal Information > Contact Information > Edit*. If your home address is incorrect, edit the data as needed and click *Update*.

11. Is the City making any changes to its benefits for 2021?

Yes, the City is making multiple changes and enhancements to our benefits for 2021 that will improve our benefit offerings:

- a. New medical plans with BlueCross BlueShield of Texas (BCBSTX)
 - i. The HRA plan will not be offered in 2021.
 - ii. New plan option: Blue Choice PCP Plan
 - iii. Plan design changes include new ER benefit amount (Copay Plan) and reduced Telehealth costs (all plans)
- b. New prescription drug plan administrator: BCBSTX-Prime Therapeutics
- c. New dental plan administrator: Delta Dental
- d. New vision plan options, same administrator
- e. New EAP provider: Magellan Health

The HSA Plan option for medical coverage will stay the same for 2021, as will all other benefit plans not listed above.

It's very important that you review your benefit options, so you can make the best decision for yourself and your family. For additional details on our medical plan changes and other benefit offerings for 2021, please see the Benefits Guide at www.cityofdallasbenefits.org starting September 14, 2020.

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12. What medical plans will the City offer through BCBSTX?

The City will offer three medical plan options through BCBSTX for 2021:

The Cigna Premium Copay and HSA plans will be replaced with the BCBSTX Blue Choice Copay and Blue Choice HSA plans in 2021. While the names will change, plan designs will remain mostly the same. (Please note: Under the Blue Choice Copay plan, the emergency room benefit will change to \$300 copay + 20% coinsurance per visit after deductible.)

Under both plans, you choose from a broad network of Blue Choice providers each time you need medical care. If you use a non-network provider, you receive no benefits from the plan — you will be responsible for 100% of the cost for all care you receive (except in an emergency).

The Blue Choice HSA plan has lower per-paycheck costs than the Blue Choice Copay plan, but you pay a higher annual deductible before receiving benefits, and there are no copays for medical care. (Note: Preventive care is covered at 100%, deductible waived.) However, the HSA plan comes with a Health Savings Account (HSA) to help you pay for out-of-pocket medical expenses — and if you decide to contribute to your HSA, the City will contribute up to \$700 (individual coverage)/\$1,700 (family coverage) on your behalf!

The City will also offer a new plan for 2021: the BCBSTX Blue Essentials PCP plan. Under this plan, you must select a Primary Care Physician (PCP) and get referrals from her/him for most other care. The Blue Essentials PCP Plan is designed to help you stay healthy. Having one health care expert — your PCP — to coordinate all of your health care needs can help keep your costs and your health on track. And an early diagnosis and treatment can keep many common health issues from getting worse.

This plan uses the Blue Essentials network, which is a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured that Blue Essentials providers offer top-tier quality and cost-efficiency. If you choose to go outside the network, you will be responsible for 100% of the cost of your care (except in an emergency). This plan is only available to those who live in Texas in a Blue Essentials network area.

13. How do the new medical plans stack up against the current plans?

Here’s how the three BCBSTX medical plans stack up against our current plans:

The Current Cigna:	Will Be the New BCBSTX:
Premium Copay Plan	Blue Choice Copay Plan
HSA Plan	Blue Choice HSA Plan
HRA Plan	Not offered in 2021
New plan: BCBSTX Blue Essentials PCP Plan	

14. How do the 2021 BCBSTX medical plans compare to each other?

Feature	2021 Blue Choice Copay	2021 Blue Essentials PCP	2021 Blue Choice HSA
Per-paycheck cost	\$\$\$	\$\$	\$
Medical copays	✓	✓	X
Prescription drug copays	✓	✓	X
Deductible	\$\$	\$\$	\$\$\$
PCP necessary	X	✓	X
City HSA contribution	X	X	✓
Network	Blue Choice (Broad)	Blue Essentials (Narrow)	Blue Choice (Broad)
Telemedicine	✓	✓	✓

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15. Why is the City making these changes?

Because we continually search for ways to keep your benefits competitive and your costs affordable. With BCBSTX, you can expect better in-network discounts, outstanding customer service, fast claims processing, and more tools to help you get the most from your benefits.

Our new medical benefits and features will empower you with choices and options so you have more control and accountability. You'll get to focus on needed preventive care and have the ability to become a better healthcare consumer, for yourself and your family.

16. Will I receive a new medical ID card?

Yes. Everyone who enrolls in medical coverage for 2021 will receive a new BCBSTX ID card in your home mail this December. This card is for medical and prescription drug services. Just present your new ID card to your medical providers and pharmacy staff when you visit them for the first time in 2021.

17. Does BCBSTX have a member website?

Yes, BCBSTX offers the Blue Access for Members (www.bcbstx.com/member) website where you can:

- Find an in-network doctor, hospital, or other provider
- Pay your bill
- Review benefits, account balances, and claims status
- Order or print a replacement ID card
- Set preferences and sign-up for alerts and notifications
- And more

If you elect medical coverage for 2021, you will be able to create an account on the BCBSTX member site starting January 1, 2021.

18. Does BCBSTX offer any perks, discounts, or wellness resources?

Yes, BCBSTX offers several discount, reward, and wellness resources. The programs listed below are available starting January 1, 2021. Additional details are included in the online [Benefits Enrollment Guide](#).

- The Blue365 program offers exclusive health and wellness deals to BCBSTX members, as well as savings from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating choices and much more.
- Members can earn points through the Well on Target portal which can be used to “shop” for a variety of products. Reward items are subject to change and can always be viewed online at any time.
- Benefit Value Advisors (BVA) are available when you need help navigating your health care benefits. They can assist with getting cost estimates, scheduling appointments, finding a provider, setting up preauthorization, and more.
- Member Rewards offers cash rewards when a lower-cost, quality provider is selected from several options.
- BCBSTX also offers a variety of health and wellness resources that can help you lose weight, quit smoking, or lower your chance for developing a chronic condition like heart disease, stroke, or diabetes.

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19. How do I find a provider or see if my current provider is in-network?

1. – Go to www.bcbstx.com and click on the blue *Find a Doctor* box.
2. Click on the *Search as Guest* box.
3. Click on *Search In-Network Providers* and answer the on-screen questions:
 - *How do you get insurance?* Through my employer or my spouse’s employer.
 - *Are you a member or shopping for insurance?* I am shopping for this year.
 - *What type of care are you looking for?* Medical.
 - *Where do you live?* Texas.
 - *Plan/Network?* Blue Choice Copay and Blue Choice HSA plans choose “Blue Choice PPO (BCA)” network; Blue Essentials PCP plan choose “Blue Essentials (HMO)” network.
4. Enter doctor/facility/clinic name or your ZIP code and click *Find a Doctor or Hospital*.

20. How will the transition to BCBSTX-Prime Therapeutics affect my prescriptions?

- Most retail pharmacy services will be unaffected by the transition to BCBSTX-Prime Therapeutics. **If you currently have prescriptions filled through mail order (home delivery) and the prescriptions have remaining refills, your prescription will be automatically transferred to BCBSTX-Prime Therapeutics’ home delivery service (called AllianceRx).**
- If you have a prescription you typically fill at the beginning of the year, talk to your doctor about filling it in December before the transition.
- With the transition to BCBSTX, **different drugs may fall under different tiers in the new program.** To review a full list of BCBSTX’s prescription drugs and the tiers into which they fall, visit <https://www.bcbstx.com/pdf/rx/rx-list-bal-tx-2020.pdf>.
- If you enroll for medical coverage, **you will not receive a separate prescription drug ID card.** Just present your new BCBSTX ID card to your pharmacist when filling a prescription for the first time in 2021.

- After January 1, you can log into www.myprime.com to price medications and to see if any lower-cost options are available at your selected retail pharmacy or the mail-order pharmacy.

21. Will the City still offer the Benefit Rewards incentive program?

Yes, the City will continue to offer the Benefit Rewards incentive program in 2021. Program details will be provided soon, so be on the lookout!

22. How does the Enhanced Benefits Tier work?

The Blue Choice Copay and HSA medical plans offer an enhanced facility benefit that will increase the benefits you receive when you use certain BCBSTX network facilities.

When you visit a regular BCBSTX in-network facility for care, the plan pays your facility charges at 80% coinsurance after you meet your deductible. When you visit a facility that is part of the enhanced benefit tier, the plan pays your facility charges at **90% coinsurance** after you meet your deductible. This enhanced benefit applies to facility charges only — all other charges (physician fees, lab services, etc.) are paid at your plan’s regular levels.

The enhanced benefit tier includes many Baylor and Methodist facilities all over the DFW Metroplex.

Please call the number on the back of your medical ID card to have a Benefit Value Advisor (customer service expert) assist you in finding a facility and scheduling an appointment.

Please note: The Blue Essentials PCP medical plan does not include the enhanced facility benefit.

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23. What happens to my HRA funds at the end of the year?

The HRA Plan will not be offered in 2021. **This means your current HRA funds will not carry over to 2021; any funds not used by December 31, 2020, will be forfeited.** However, you will have until March 31, 2021, to file claims for your 2020 HRA expenses.

As a reminder, you can use HRA funds to help pay for eligible out-of-pocket medical expenses including deductibles, coinsurance amounts, prescription drugs, and some other medical services not covered by the plan. HRA funds cannot be used for dental or vision expenses.

24. What is the Non-HSA Preventive Therapy Drug List?

The Non-HSA Preventive Therapy Drug List provides certain diabetes and hypertension medications at no cost under the Copay and PCP medical plans. To view the full list of eligible medications, visit www.cityofdallasbenefits.org.

Due to IRS rules, HSA plan participants are not eligible to participate in this program. For additional details, please see question #37 (page 7) on our HSA plan.

25. What is the Preventive Therapy Drug List?

The Preventive Therapy Drug List (PTDL) offers discounts on certain generic drugs for HSA medical plan participants. To view the full list of eligible medications, visit www.cityofdallasbenefits.org. Please note: Because of the Copay and PCP plans' low prescription drug copay amounts, the PTDL is not available with these plans.

26. Will I get a new debit card for my HSA and/or FSA?

Everyone who elects the HSA medical plan, Medical Spending FSA, or Limited-Purpose FSA for 2021 will receive a new debit card(s) prior to January 1, 2021.

Please note: If you elect the HSA medical plan *and* the Limited-Purpose FSA, you will receive two debit cards – one for each account.

27. What is a Medical Spending FSA?

A Medical Spending Flexible Spending Account (FSA) allows you to save money by using “before-tax” dollars to pay for eligible health care expenses. To enroll, you elect an amount to be deducted pre-tax from your paycheck over 24 pay periods and deposited into your FSA. Then, you may request reimbursement from the account when eligible expenses are incurred.

- Your Medical Spending FSA may be used to reimburse out-of-pocket medical expenses for you, your spouse, and your dependents.
- Eligible expenses include things like deductibles, coinsurance, or prescription drug copays. Dental, vision and hearing expenses may also be reimbursed.
- By law, any money left in your FSA(s) at the end of the year must be forfeited. This is called the “use it or lose it” rule.
- If you enroll in the HSA plan, you cannot enroll in the Medical Spending FSA.

28. What is a Limited Purpose FSA?

If you elect the HSA medical plan for 2021, you may also enroll in a Limited-Purpose FSA.

- Your Limited-Purpose FSA may be used to reimburse out-of-pocket dental and vision expenses for yourself, your spouse, and your dependents.
- By law, any money left in your FSA(s) at the end of the year must be forfeited. This is called the “use it or lose it” rule.
- The Limited Purpose FSA is only available to HSA medical plan participants.

29. What is a Dependent Care FSA?

You can use a Dependent Care FSA to reimburse yourself for certain expenses for daycare-type expenses for children under age 13 so you can work.

- This FSA is for dependent daycare only.
- Unlike Medical Spending FSAs and Limited-Purpose FSAs, Dependent Care FSAs may only reimburse expenses up to the amount you have contributed to date.
- Funds are available three business days after payroll deduction.

2021 Benefits Enrollment FAQs – Active Employees

30. Whom do I call with benefits and Open Enrollment questions?

If you have questions about or need assistance with Open Enrollment, please contact EBC (our enrollment vendor) at (214) 556-0971.

If you have general benefits-related questions, please contact the City Hall Benefits Service Center:

- Call (214) 671-6947, option 1 (Monday-Friday, 8:15 a.m.-5:15 p.m.)
- E-mail hrbenefits@dallascityhall.com

Important Dates

- **Open Enrollment for Active Employees:** September 14 – 27, 2020
- **Deadline to enroll for 2021 benefits or provide documentation for new dependents:** September 27, 2020
- **Deadline to use 2020 HRA funds, 2020 Dependent Care funds:** Incur by December 31, 2020; file by March 31, 2021.
- **Deadline to use 2020 Medical Spending*/Limited Purpose FSA funds:** Incur by March 15, 2021; file by March 31, 2021
- **New benefit elections take effect:** January 1, 2021

*Medical Spending FSA participants who elect the HSA medical plan for 2021 are not eligible for the grace period. Your FSA funds will expire on 12/31/2020. This is an IRS rule.

Blue Choice HSA Plan FAQs

31. What is the HSA Plan?

The HSA plan is a High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA). An HSA gives you the ability to make contributions, provides tax savings, is portable, and has no “use it or lose it” rules.

32. How does the HSA Plan differ from the other medical plans the City offers?

The HSA Plan has lower bi-monthly premiums and a higher deductible than the other medical plans. The HSA Plan has no copays, which means you must meet your deductible before plan benefits begin. Once your deductible is met, co-insurance takes effect: The City of Dallas pays 80 percent and you pay 20 percent of the cost of care. However, the plan provides access to a Health Savings Account (HSA) to help you pay for your medical expenses with tax-free dollars.

Note: In-network preventive care is covered at 100%, no deductible.

33. What is first-dollar coverage?

“First-dollar coverage” is when a medical plan pays benefits before the deductible is met. Under the PCP and Copay plans, office visit copays are an example of first-dollar coverage in action (you pay the copay and the medical plan pays the rest of the cost of the office visit). The HSA Plan has no first-dollar coverage, which means you will pay the full cost of care (at the BCBSTX discounted rate if you stay in-network) until your deductible is met. However, qualifying preventive care is covered at 100%, deductible waived, under all our plans, and the plan provides access to a Health Savings Account (HSA) to help you pay for your other medical expenses with tax-free dollars.

34. Who qualifies for an HSA?

To open an HSA, you must be enrolled in a qualifying high-deductible health plan (the BCBSTX Blue Choice HSA Plan) and meet other IRS eligibility requirements unless an exception applies.

- You cannot be covered by any other health plan that is not a high-deductible health plan.
- You cannot be currently enrolled in Medicare or TRICARE.
- You cannot be claimed as a dependent on another individual’s tax return.

35. What is a qualifying high-deductible health plan?

This is a health plan that satisfies certain IRS requirements with respect to deductibles and out-of-pocket expenses. If a high-deductible health plan is “qualifying,” participants can open an HSA.

36. How do I set up an HSA?

By enrolling in the Blue Choice HSA plan, BCBSTX will automatically set up an HSA account with HSA Bank on your behalf. HSA Bank must receive records that contain all required data elements in order to proceed with account set-up. These include: Complete name, SSN, date of birth, and residence address (not a P.O. Box). You will receive a welcome packet from HSA Bank with additional information if you elect the Blue Choice HSA plan.

37. Can I still receive free diabetes and hypertension medication if I’m enrolled in the HSA plan?

No. Due to the IRS regulations, you must pay the full cost of the contracted rate for all medical and pharmacy services, until you meet your deductible.

If you switch to the HSA plan, you may be responsible for the full cost of your prescription. If your medication is included on the Generics Only Preventive Therapy Drug List (PTDL), you will pay a discounted price (\$25 if the generic is priced under \$100 and \$40 if the generic is priced over \$100). You can find a list of the qualifying generics at www.cityofdallasbenefits.org.

2021 Blue Choice HSA Plan FAQs – Active Employees

38. Can I still receive free care at the City Hall onsite clinic under the HSA plan?

HSA plan members visiting the onsite clinic for a preventive appointment will not be required to submit payment for the visit. Preventive appointments include visits for age-appropriate screenings, yearly physicals, etc. For non-preventive or “sick” visits (including COVID-19 related visits), a \$25 office visit fee will be required. Non-preventive or “sick” visits are those for existing conditions such as sore throat, fever, high blood pressure, diabetes, thyroid disorders, etc. Once your HSA plan’s out-of-pocket maximum has been met, the non-preventive visit fee will reduce to \$0.

39. What are the benefits of a Health Savings Account (HSA)?

HSAs are tax-advantaged accounts that can help you save money and pay for qualified health care expenses. Benefits include:

- You and the City can both contribute to the HSA.
- Contributions are pre-tax or tax deductible.
- Earnings grow tax-free.
- You can make tax-free withdrawals for qualified health care expenses.
- You can carry over unused funds from year to year – there are no “use it or lose it” rules.
- The HSA is yours to keep even if you change jobs, change health plans, or retire.

40. Can I open an HSA if I am still on my parents’ insurance?

No. You cannot be covered/claimed as a dependent by another plan/person to open an HSA.

41. Can I open an HSA even if I am not enrolled in the HSA Plan?

No. You MUST be enrolled in a qualifying high-deductible health plan (the BCBSTX Blue Choice HSA Plan) to open an HSA, per IRS regulations. If you have an HSA through another employer or jointly with a spouse, you do not need to enroll in the City’s HSA Plan to access those existing funds. However, contributions can only be made into an HSA when you are enrolled in a high-deductible health plan.

42. What happens to my HSA if I’m no longer covered by a qualifying high-deductible health plan?

While you can no longer contribute to your HSA, you can still use the remaining funds to pay or be reimbursed for past, current, and future qualified health care expenses.

43. What can I use my HSA for?

You can use the funds in your HSA:

- To pay for qualified medical, dental, vision, and prescription drug expenses, regardless of age.
- As supplemental income after age 65. Once you are 65, you can withdraw funds for any reason without paying a penalty, but they will be subject to ordinary income tax if withdrawn for nonqualified expenses. If you are under age 65 and use your HSA funds for nonqualified expenses, you will need to pay taxes on the money you withdraw, as well as an additional 20 percent penalty.

44. What is considered a qualified health care expense?

You can use your HSA funds at any time to pay for qualified health care expenses to treat or prevent physical or mental illness, including: deductibles, co-insurance, prescriptions, dental and vision expenses, spouse or dependent qualified health care expenses, and retirement health care expenses. For a complete list of qualified health care expenses, see [IRS Publication 502](#).

45. Can I use my HSA to pay for qualified health care expenses for a spouse or tax dependent?

Yes, even if your spouse or tax dependent is covered under another health plan, you can use your HSA to pay for their qualified health care expenses. To ensure that you understand the tax impact on your specific situation, consult a qualified tax advisor.

2021 Blue Choice HSA Plan FAQs – Active Employees

46. Are health insurance premiums considered qualified health care expenses?

In general, no, but exceptions do include qualified long-term care insurance, COBRA health care continuation coverage, and any health plan maintained while receiving unemployment compensation under federal or state law. For those 65 and over, any employer-sponsored retiree medical coverage premiums for Medicare Part A or B or Medicare HMO are qualified expenses. However, premiums for Medigap policies are not qualified medical expenses.

47. Are there any IRS rules that apply if I have a domestic partner?

Yes. If your domestic partner IS a tax dependent, he or she can use the HSA but cannot contribute money to the account. If your domestic partner IS NOT a tax dependent, he or she can contribute to their own HSA, but they likely cannot put in pre-tax dollars unless the HSA is set up through their employer.

48. Can I invest my HSA dollars?

Yes. You can choose to invest your HSA dollars in mutual funds once you have at least \$2,000 in your account. Visit www.HSAbank.com for more details.

49. What happens to my ability to invest my HSA dollars if my account balance dips below \$2,000?

The investment option is shut off when the balance in your account dips below \$2,000, regardless of how that occurred. Please note that the actual balance of your HSA and the investment accounts are separate, and the non-invested portion is not subject to market change. This means that the “account balance” will never drop below \$2,000 because of a change to the market value of investments — only the invested funds would change in value.

50. How much can I contribute to an HSA?

The IRS sets annual HSA contribution limits each year. Any contributions made to your HSA by you, family members, the City, or others count toward this IRS limit. **Note:** This limit does not include the \$1,000 catch-up contribution allowed for employees age 55 or older.

Year	Individual Coverage	Family Coverage
2021 HSA Contribution Limit	\$3,600	\$7,200

51. How much does the City contribute to my HSA?

If you elect the BCBSTX Blue Choice HSA Plan for 2021, the City will contribute up to \$700 for individual coverage or up to \$1,700 for family coverage. If you join the plan mid-year, the City’s contribution will be prorated accordingly.

52. What is the HSA catch-up contribution?

If you are age 55 or older, you can contribute an additional \$1,000 to your HSA each year. The primary account holder must be age 55 or older (even if the spouse is not of that age).

53. How can I make contributions to my HSA?

There are three ways to make a contribution to your HSA:

- Payroll deductions through the City
- Online at www.myaccounts.hsabank.com/login using your personal checking account
- Mail in a personal check along with the HSA Contribution Form (available after logging in to www.myaccounts.hsabank.com/login)

54. What happens if my annual HSA contribution exceeds the annual contribution limit?

If you contribute more than the IRS annual contribution limit in a calendar year, you have until the tax-filing deadline to withdraw excess contributions. If excess contributions for that year are not withdrawn by the tax-filing deadline, an annually assessed excise tax of 6% will be imposed on any excess contributions. If your total *balance* is more than the HSA annual contribution limit, no worries! Your balance is allowed to build and grow over time.

2021 Blue Choice HSA Plan FAQs – Active Employees

55. When can HSA contributions be made?

Contributions for a taxable year can be made any time within that year and up until the tax filing deadline for the following year, which is typically April 15. If you want, you can contribute the entire year's IRS limit whenever you become eligible.

56. What happens to my HSA funds at the end of the year?

If you have any funds left in your HSA at the end of the year, they will continue to roll over year after year. That means that your unused contributions will keep accumulating until you need them!

57. Can I still make contributions to and use an HSA if I am an employee over age 65?

Yes, but only if you are NOT enrolled in Medicare. If you enroll in Medicare, neither you nor the City can contribute to your HSA. However, you can still use your HSA funds to pay past, current, and future qualified health care expenses, including Medicare premiums.

NOTE: If you apply for Social Security benefits, you will be automatically enrolled in Medicare Part A at age 65, and this will disqualify you from being able to contribute to an HSA.

58. Can I have an HSA if I also have a Medical Spending FSA?

No, if you are enrolled in the HSA plan, you are not eligible to have a Medical Spending FSA. All FSA funds must be exhausted before December 31st to be eligible to contribute to an HSA for the next year. This includes any balances that you may have previously been able to carry over.

However, if you are enrolled in the HSA plan, you *can* enroll in the City's Limited Purpose FSA. You may use the Limited Purpose FSA for out-of-pocket dental and vision expenses for you, your spouse, and your dependents.

59. If I change employers, what happens to my HSA?

Since you are the owner of your HSA, you may continue to maintain the account if you change employers. The funds are yours to keep.

60. Can I reimburse myself with HSA funds for qualified health care expenses incurred prior to my enrollment in the HSA Plan?

No. Qualified health care expenses may be reimbursed only if the expenses are incurred AFTER the date your HSA was opened.

61. Is there a time limit (statute of limitations) for reimbursing myself after incurring qualified health care expenses?

No. You can reimburse yourself at any time (now or in the future) for expenses you paid for out-of-pocket. While there is no time limit, the expenses must have been incurred AFTER your HSA was opened.

62. How can I use my HSA to pay for medical services?

You can use your HSA to pay for medical services in several ways:

- Pay with your HSA Bank debit card
- Pay with online bill pay
- Pay out-of-pocket and then reimburse yourself from your HSA

63. How many HSA Bank debit cards does a family receive?

You will receive one HSA Bank debit card as standard. However, once your HSA is open, you can order additional cards at no cost by accessing your account online at www.myaccounts.hsabank.com/login or by calling HSA Bank customer service.

64. Can I use my HSA to pay for non-health related expenses?

Yes. However, any distribution amount not used to pay for qualified health care expenses for you, your spouse, or your dependents is includable in your gross income. These distributions could be subject to taxes and an additional 20% IRS tax penalty, except in the case of distributions made after your death, disability, or reaching age 65.

2021 Blue Choice HSA Plan FAQs – Active Employees

65. Is tax reporting required for an HSA?

Yes. You must file IRS Form 8889 each year with your tax return to report total deposits and withdrawals from your account. For more information about tax rules including distribution information, visit www.myaccounts.hsabank.com/login and consult a qualified tax advisor.

66. If I retire, what happens to my HSA?

HSA benefits do not stop when you retire – you can still use your HSA funds on a tax-free basis to pay for past, current, and future qualified health care expenses. If you are an early retiree and wish to continue making contributions, you must contact HSA Bank. If you are age 55 or older, the IRS allows an additional annual catch-up contribution of \$1,000.

67. What happens to my HSA if I am a retiree under age 65 and my spouse is over age 65 (or vice versa)?

You can both continue to make contributions until you enroll in Medicare. When you enroll in Medicare, neither you nor the City can contribute to the HSA. However, you can still use your HSA funds on a tax-free basis to pay for past, current, and future qualified health care expenses, including Medicare premiums.

68. If I am under age 55 and my spouse is over age 55, can I contribute the additional \$1,000 catch-up contribution?

The catch-up contribution is specific to the individual. So, if one of you is over age 55 and the other is under age 55, only the person over age 55 can contribute the \$1,000 catch-up amount.

69. What happens to my HSA when I die?

If you are married, your spouse will become the owner of the account and assume it as their own HSA. If you are unmarried, your account will cease to be an HSA. The money in your account will pass to your beneficiaries or become a part of your estate, and it will be subject to applicable taxes.

70. Can I use my HSA to pay for long-term care insurance and/or long-term care premiums?

You might be able to use your HSA dollars to pay for long-term care and/or long-term care premiums. For more information visit www.irs.gov/publications/p502.

71. What is the Patriot Act/CIP Process?

The identity of all HSA accountholders must be confirmed under the requirements of the Patriot Act using what is called a CIP (Customer Identification Program) process. Your name, U.S. residential address, date of birth and SSN are validated. If HSA Bank is unable to validate any of this information, they will send you a letter requesting you provide additional identification. If the additional identification is not received within 60 days, your HSA account will be closed and any remaining balance in the account will be returned to you. This distribution will be reported on the IRS Form 1099-SA (which will be mailed to you the January following the account closure).

72. Does a P.O. Box address meet the IRS/HSA residence address requirements?

No, HSA Bank is unable to open an account with a PO Box address. The Patriot Act regulation requires a residential address on file to open an HSA. You will receive a letter requesting you provide a residential address in order for your account to be established. Until a residential address is received, your account cannot be opened and any payroll contributions you elected will not be deposited. Also, your HSA funds cannot be used for qualified expenses incurred prior to your account opening date.

73. Will I get a new debit card for my HSA and/or FSA?

Everyone who elects the HSA medical plan, Medical Spending FSA, or Limited-Purpose FSA for 2021 will receive a new debit card prior to January 1, 2021. Please note: If you elect the HSA medical plan and the Limited-Purpose FSA, you will receive one debit card for both accounts.

2021 Blue Choice HSA Plan FAQs – Active Employees

74. What's the difference between the FSA, HSA, and LPFSA?

The Blue Choice HSA medical plan includes a tax-savings feature called the Health Savings Account (HSA).

- You can use the HSA to help pay for certain out-of-pocket medical and prescription drug expenses with tax-free dollars, such as copays, deductibles, and coinsurance.
- If you contribute to your HSA, the City will contribute up to \$700 to your account for employee-only coverage or up to \$1,700 to your HSA for family coverage.
- Your HSA balance rolls over from year to year and there are no “use it or lose it” rules. The HSA is an employee-owned account, so you can take it with you even if you are no longer employed at the City of Dallas.
- If you enroll in the HSA plan, you cannot enroll in the Medical Spending FSA. However, you can also enroll in the Limited Purpose Flexible Spending Account (FSA) to help you cover eligible out-of-pocket dental and vision expenses.

A Medical Spending Flexible Spending Account (FSA) allows you to save money by using pre-tax dollars to pay for eligible health care expenses. Note: You cannot enroll in the Medical Spending FSA if you participate in the Blue Choice HSA medical plan.

- Your Medical Spending FSA may be used to reimburse out-of-pocket medical expenses for you, your spouse, and your dependents.
- Eligible expenses include things like deductibles, coinsurance, prescription drug copays. Dental, vision and hearing expenses may also be reimbursed.
- By law, any money left in your FSA(s) at the end of the year must be forfeited. This is called the “use it or lose it” rule.
- The maximum annual contribution is \$2,750.
- If you enroll in the HSA plan, you cannot enroll in the Medical Spending FSA.

If you elect the Blue Choice HSA medical plan for 2021, you may also enroll in a Limited Purpose Flexible Spending Account (FSA).

- To comply with HSA rules, your Limited-Purpose FSA may only be used to reimburse out-of-pocket dental and vision expenses for yourself, your spouse, and your dependents.
- By law, any money left in your FSA(s) at the end of the year must be forfeited. This is called the “use it or lose it” rule.
- The maximum annual contribution is \$2,750.

Blue Essentials PCP (Primary Care Provider) Plan FAQs

75. What is the BCBSTX Blue Essentials PCP Plan?

The BCBSTX Blue Essentials PCP plan is the City's newest medical plan offering. This plan offers a statewide "Blue Essentials" network of providers with top-tier quality and cost-efficiency and is only available to those who live in Texas in a Blue Essentials network area.

Under this plan, you must select a Primary Care Physician (PCP) and get referrals from her/him for most other care. If you receive care without a referral, or if you visit a non-network provider, you will be responsible for 100% of the cost of your care (except in an emergency).

You are covered for emergency services even when out-of-network or out-of-state, through a program called BlueCard/Away from Home Care.

76. Does the Blue Essentials PCP plan require a PCP designation and referrals?

Yes. Under this plan, you must select a Primary Care Physician (PCP) and get referrals from her/him for most other care. If you choose to go outside the network, you will be responsible for 100% of the cost of your care (except in an emergency).

77. What type of doctor can I designate as my PCP?

Doctors that you can designate as your PCP include family practice, general practice, internal medicine, obstetrics & gynecology, and pediatrics.

78. Are there any services that don't require a referral from my PCP?

A PCP referral is required to receive covered care from hospitals, specialists, and other providers. However, there are a few instances where a PCP referral is not required:

- Emergencies
- Obstetrical and gynecological services
- Behavioral health/chemical dependency services
- Annual diabetic retinal eye exams

79. What if I want to elect the PCP plan but plan to travel outside of Texas?

If you or your covered dependents are traveling outside of Texas and need emergency care, you can access the BlueCard "Away from Home" program. This program gives you the ability to obtain emergency health care services through a BCBS-affiliated physician or hospital when traveling.

If you or a covered dependent will be temporarily living outside of Texas, in a participating location, for at least 90 days, you may be eligible to obtain covered services from a BCBS Association-affiliated PCP. To apply, call the Away from Home Care Coordinator at 888-522-2396 before you leave your service area.

Please note: If you or a covered family member travels outside of Texas frequently or for long periods of time, or if you have a dependent who lives outside the state, you may prefer to enroll in one of the other medical plans offered by the City.

80. What are the perks of the Blue Essentials PCP plan?

The Blue Essentials PCP Plan is designed to help you stay healthy. Having one health care expert — your PCP — to coordinate all your health care needs can help keep your costs and your health on track. And an early diagnosis and treatment can keep many common health issues from getting worse

Additionally, the Blue Essentials PCP plan offers:

- Access to a statewide network of providers.
- A full range of participating ancillary services, such as home health care, hospice, surgery centers, and skilled nursing facilities.
- Predictable out-of-pocket expenses and consistent copays.
- 100% coverage for recommended routine care and preventive screenings.

2021 Blue Essentials PCP Plan FAQs – Active Employees

81. Can I still receive free care at the City Hall onsite clinic?

Yes. PCP plan members have no copays for office visits, medications dispensed onsite, or lab work performed onsite at the CareATC clinics.

82. How do the Blue Choice and Blue Essentials networks differ?

The **Blue Choice** network includes over 600 hospitals and facilities in Texas, as well as more than 800,000 doctors and 6,000 hospitals across the country. You do not need to designate a primary care physician with the Blue Choice network. This network includes access to coverage when traveling outside of Texas.

With the Blue Choice network, you choose an in-network provider each time you need medical care. If you use a non-network provider, you receive no benefits from the plan — you will be responsible for 100 percent of the cost for all care you receive.

If you choose to receive care from Blue Choice network providers, you:

- Will receive a higher level of benefits (in-network benefits).
- Do not have to file any claim forms — network providers bill BCBSTX for services provided.
- Will not be billed for costs that are in excess of the BCBSTX allowable amount for covered services.
- Do not have to obtain pre-authorization — network providers will do this on your behalf.

The **Blue Essentials** network is a Texas-only network. Members must choose a Primary Care Physician (PCP) and get referrals from her/him for most other care. Your PCP coordinates your care and helps you make informed decisions, including recommendations for wellness and preventive care services.

(Please note: A referral is not required for emergencies, obstetrical and gynecological services, behavioral health/chemical dependency services, or annual diabetic retinal eye exams.)

The Blue Essentials network includes more than 550 hospitals and 85,000 providers in Texas, and is available in all 254 counties. In fact, 93% of Blue Choice network providers are part of the Blue Essentials network as well. The Blue Essentials network also includes Away From Home Care for members living out of the service area for at least 90 consecutive days.

83. How does the Blue Essentials PCP Plan work for dependents who live in another state, such as when they go to college or live with ex-spouse?

If a covered dependent will be temporarily living outside of Texas, in a participating location, for at least 90 days, you may be eligible to obtain covered services from a BCBS Association-affiliated PCP. To apply, call the Away from Home Care Coordinator at 888-522-2396.

If your covered family member lives primarily outside the state, one of the other medical plans offered by the City may better meet your needs.

Need More Answers?

If you have questions about or need assistance with Open Enrollment, please contact our enrollment vendor at (214) 556-0971 starting September 14, 2020.

If you have general benefits-related questions, please contact the City Hall Benefits Service Center (Monday-Friday, 8:15 a.m.-5:15 p.m.):

- Call (214) 671-6947, option 1
- E-mail hrbenefits@dallascityhall.com