



HSA/HRA Supplemental Funding FAQ's

Starting July 1, 2017, PEBP's Consumer Driven Health Plan will be offering primary participants the ability to earn an additional \$200 of HSA/HRA funding. This funding is in addition to the \$700 per primary participant and \$200 per dependent (max 3).

1. What are the requirements?

To receive the supplemental contribution for PY2018, a participant will need to complete the following 4 requirements, all covered at 100% under the preventive wellness benefit when using in network providers:

- Annual preventive exam
- Annual preventive lab work
- Annual dental exam
- One dental cleaning

2. Who is eligible to receive the benefit?

Only primary participants enrolled in the CDHP are eligible for the \$200 HSA/HRA supplemental contribution. Spouses and dependents are not eligible for this additional funding.

3. What is the deadline for completing the requirements to receive the \$200 funding for PY2018?

To receive the PY2018 supplemental contribution, you will need to complete all 4 requirements between July 1, 2017 and June 30, 2018. Activities completed before July 1, 2017 or after June 30, 2018 will not be applied.

4. I have dentures, do I still need to complete the dental cleaning?

Certain exceptions will be made to the requirements based on an individual's health conditions. If a participant cannot meet the requirement due to medical restrictions or diagnosis, PEBP's third party administrator will coordinate with the provider to ensure

an exception is made. To request an exception to any of the requirements, contact HealthScope Benefits at 888-763-8232.

5. I have completed all 4 requirements. When will I receive my funding?

The supplemental contribution is triggered by your provider submitting a claim. By statute, providers have up to 365 days to submit your claim for processing, however providers typically submit claims within 60 days. Once the claim is received, HealthScope Benefits will process it and if it determined that all 4 requirements have been met, the additional \$200 funding will be credited to your account on the first day of the following month. If you feel that you have met all 4 requirements and have verified through your provider(s) that your claim(s) have submitted but have not received your funding, please contact HealthScope Benefits at 888-763-8232.

6. Is my OB/GYN visit considered an annual preventive exam?

Yes, however the provider must bill the office visit as preventive in order to meet the requirement and be covered at 100% under preventive wellness benefits.

7. I am employed as police/fire and receive an annual medical exam through my employer. Will this count as my annual preventive physical exam?

Yes. Please contact HealthScope Benefits at 888-763-8232 so that this can be applied.

8. What lab work is required under the annual preventive lab work requirement? Basic lab tests include a basic metabolic panel, general health panel, electrolyte panel and a lipid panel. Your physician will recommend the appropriate lab work necessary.