

Frequently Asked U.S. Benefits Questions

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HSA and HDHPs

What is an HSA?

An HSA, or Health Savings Account, is a tax-advantaged savings account that is used in conjunction with a High Deductible Health Plan (HDHP) to help individuals pay for qualified medical expenses.

What is an HDHP?

An HDHP, or High Deductible Health Plan, is a type of health insurance plan that has a higher deductible than traditional health insurance plans. HDHPs typically have lower monthly premiums, but higher out-of-pocket costs.

How do HSAs work with HDHPs?

HSAs are designed to work with HDHPs. Individuals with an HDHP can contribute pre-tax dollars to their HSA, which can then be used to pay for qualified medical expenses. The funds in an HSA can be used to pay for deductibles, copayments, and other out-of-pocket expenses.

Who is eligible for an HSA?

To be eligible for an HSA, you must be enrolled in an HDHP. You cannot be enrolled in any other health insurance plan or in any Medicare benefit, and you cannot be claimed as a dependent on someone else's tax return.

How much can I contribute to an HSA?

For 2024, the maximum contribution limit is \$4,150 for an individual and \$8,300 for all other coverage levels. This is the total amount, including both the employee and employer contribution. Individuals who are 55 or older can make an additional catch-up contribution of \$1,000.

Are there any tax benefits to contributing to an HSA?

Yes, there are several tax benefits to contributing to an HSA. Contributions are tax-deductible, which means that they can reduce your taxable income. Additionally, any interest or investment earnings in the account are tax-free.

What happens to the funds in an HSA if I don't use them?

Unlike a Flexible Spending Account (FSA), funds in an HSA roll over from year to year. This means that if you don't use all of the funds in your HSA in a given year, they will still be available to you in future years.

Can I use my HSA to pay for non-medical expenses?

While HSAs are designed to be used for qualified medical expenses, there are some non-medical expenses that are also eligible. For example, you can use your HSA to pay for long-term care insurance premiums, COBRA premiums, and certain types of insurance premiums if you are receiving unemployment benefits. However, if you use your HSA to pay for non-qualified expenses, you will be subject to a penalty.

Limited Purpose FSA

What is a Limited Purpose FSA?

A Limited Purpose FSA is a type of Flexible Spending Account (FSA) that can only be used to pay for eligible dental and vision expenses. It is designed to work in conjunction with an HDHP that has an HSA.

How does a Limited Purpose FSA work with an HDHP that has an HSA?

If you have an HDHP with an HSA, you can also enroll in a Limited Purpose FSA. You can use the funds in your Limited Purpose FSA to pay for eligible dental and vision expenses, while using your HSA to pay for other qualified medical expenses.

What are some examples of eligible dental and vision expenses that can be paid for with a Limited Purpose FSA?

Eligible dental expenses that can be paid for with a Limited Purpose FSA include routine cleanings, fillings, and orthodontia. Eligible vision expenses include eye exams, glasses, and contact lenses.

Are there contribution limits for a Limited Purpose FSA?

Yes, there are contribution limits for a Limited Purpose FSA. The maximum contribution limit is projected to be \$3,200 in 2024, but subject to IRS confirmation. However, it's important to note that if you also have an HSA, your total contributions to both accounts cannot exceed the maximum contribution limit for an HSA. The HSA maximum in 2024 is \$4,150 for individual coverage and \$8,300 for all other coverage levels.

Deductibles

What is an embedded deductible in a non-HSA medical plan?

An embedded deductible in a non-HSA medical plan means that each individual covered under the plan has their own deductible, and once that individual meets their deductible, coinsurance kicks in for that individual's expenses. This is different from a "True Family" deductible, where the entire family must meet the full family deductible before coinsurance kicks in.

What is a "True Family" deductible in an HSA plan?

A "True Family" deductible in an HSA plan means that the entire family must meet the full family deductible before coinsurance kicks in for any family member's expenses.

What is the difference between an embedded deductible and a "True Family" deductible?

The main difference between an embedded deductible and a "True Family" deductible is that with an embedded deductible, each individual has their own deductible, while with a "True Family" deductible, the entire family must meet the full family deductible before coinsurance kicks in for any family member's expenses.

Out-of-Pocket Maximums

What is an embedded out-of-pocket maximum (OOPM) in a non-HSA medical plan?

An embedded out-of-pocket maximum in a non-HSA medical plan means that each individual covered under the plan has their own out-of-pocket maximum, and once that individual reaches their out-of-pocket maximum, the plan will cover 100% of covered medical expenses for that individual. This is different from a "True Family" out-of-pocket maximum, where the entire family must reach the full family out-of-pocket maximum before the plan will cover 100% of covered medical expenses for any family member.

What is a "True Family" out-of-pocket maximum in an HSA plan?

A "True Family" out-of-pocket maximum in an HSA plan means that the entire family must reach the full family out-of-pocket maximum before the plan will cover 100% of covered medical expenses for any family member.

What is the difference between an embedded out-of-pocket maximum and a "True Family" out-of-pocket maximum?

The main difference between an embedded out-of-pocket maximum and a "True Family" out-of-pocket maximum is that with an embedded out-of-pocket maximum, each individual has their own out-of-pocket maximum, while with a "True Family" out-of-pocket maximum, the entire family must reach the full family out-of-pocket maximum before the plan will cover 100% of covered medical expenses for any family member.

Understanding OOPM vs. deductibles: Under a non-HSA plan with first dollar coverage, if someone goes to the doctor, you would just pay a \$30 copay. However, let's say you're enrolled in Endeavor's HSA-eligible HDHP with employee-only coverage. If you go to the doctor and have not met your \$2,000 deductible yet, you would have to pay the full cost of the visit, which could be around \$120. Once you meet your deductible, coinsurance kicks in and you would only be responsible for a percentage of the cost of the visit (20% for in-network). If you reach your \$5,000 out-of-pocket maximum, the plan would cover 100% of covered medical expenses for the rest of the plan year.

Aetna ID Cards

Should I be receiving a Medical, Dental and Vision ID card in the mail?

Only medical ID cards are sent via mail. Our dental and vision providers (Delta Dental and VSP, respectively) do not issue ID cards.

- **Medical:** Your medical (Aetna) ID will arrive in the mail within 7-10 business days after you have finalized your benefit elections in Workday.
- **Dental:** Delta Dental of CA does not issue ID cards. At the point of service please inform your provider that Delta Dental of CA is your dental insurance carrier, present your SSN and policy group number 21412. If you like you can log onto www.deltadentalins.com using your SSN as the requested ID to print a paper ID card.
- **Vision:** VSP does not issue ID cards. At the point of service please inform your provider that VSP is your vision insurance and present your SSN. If you like you can log onto www.vsp.com using your SSN as the requested ID to print a paper ID card.

How can I access my Aetna ID online (or through the Aetna app) to obtain a temporary ID card?

Go to www.aetna.com:

- Click on the “log in” button then register as a first-time user.
- Use either your new ID number or your Social Security number to register.
- Once registered you will have access to the member website. You can click on your name/profile in the upper right corner - a drop down box will appear. You can click on “ID Card.” This will take you to a visual version of your card.
- There is an option to request a new ID card or if there is an immediate need, there is an option to click on the printer icon to print the temporary ID card

*To access an ID card via the **Aetna App**, simply download the app to your phone and register as a first-time user. Once registered, the digital ID card is available on the landing page of the app for quick and easy access.*

Changes to Elections/Information

Can I update my medical, dental or vision coverage at any time?

A: There are two events that allow you to update your health coverage:

- Annual open enrollment which takes place in November for an effective date of January through December.
- [Qualifying Life Events](#) include things like as birth/adoption, marriage or involuntary loss/gain of health coverage elsewhere (i.e., no longer covered under parents' coverage). You will need to provide documentation of these events showing the date of the qualifying event.

If I am experiencing a Qualifying Life Event, how do I update my health care coverage?

Please email US_Benefits@endeavorco.com to let us know which qualifying event you are experiencing, and we will send you instructions on how to update in Workday.

How do I update my beneficiaries for life insurance and 401K?

Log into [Workday](#), click on view "All Apps," click on "Benefits," under "Change" click on "Benefits" then click on "Add/Update beneficiaries." To update you beneficiary for 401K you will need to log into your Empower account at empowermyretirement.com

How do I make an election for the transit/commuter program?

Once your benefit elections have been made in [Workday](#), please wait 3-5 business days to log into the HealthEquity account to make your commuter elections
www.healthequity.com/wageworks

How do I update my address in my Aetna, Delta Dental, VSP (vision), and/or 401K account?

You will need to update your address in [Workday](#) which will then transfer to all your benefit vendors. To do this log into [Workday](#), click on view "All Apps," click on "Personal Information" then update contact information. It can take up to 5-7 business days for insurance carriers to have your address updated in their eligibility system.

Contributions + SPDs

Where do I find my employee contributions for medical, dental and vision?

You can find your employee contributions by logging into [Workday](#) then clicking on view “All Apps” from the homepage, clicking on “Benefits” then under “View” you will see medical, dental and vision employee contribution rates.

Where do I find my benefit summaries for medical, dental vision and life coverage?

You can find summaries (SPDs) by logging into [Workday](#) clicking on view “All Apps” from the homepage, clicking on “Benefits” then under “View” click on “Medical, Dental & Vision” and you will see the plan summaries.

401(k)

When am I eligible to start contributing to my 401(k) and how do I access my account?

You are eligible to participate in the Plan after 90 days of employment. A “Getting Started Guide” from [Empower](#) (our 401(k) provider) will be mailed to your home 45 days prior to your automatic enrollment date. If you do not enroll on your own or opt out of automatic enrollment, you will automatically be enrolled at 6% of your eligible pay with an automatic increase of 1% annually. Deductions will be withheld from your paycheck after eligibility has been satisfied based on the automatic enrollment percentage or deferral you elected on your own. You must decline automatic enrollment to avoid having deductions taken from your pay, by logging onto empowermyretirement.com. You can contribute 1%-80% of your pay to the Plan and you may increase or decrease your contributions at any time.

Does Endeavor match my 401K contribution?

Currently, Endeavor will match 50% of your elective contributions up to the first 4% of your eligible pay up to IRS allowed maximums. The matching contributions are made on a semi-monthly basis. Depending on when you choose to start contributions and/or your deferral percentage, you may not receive the full match for a particular period. Endeavor will perform a “true up” calculation in the following year and make an additional matching contribution to your account if necessary, so that you receive your full match.

Other

Do we have a benefit vendor contact list?

Yes, in our Digital Benefits Guide you can either use the search function to type in the vendor name or follow this link: <https://www.myendeavorbenefits.com/Contacts>

Do we have any resources for dependent care?

Yes, we have multiple resources! Learn more here: <https://www.myendeavorbenefits.com/Work-or-Life/Dependent-Care-Resources>