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FSA:

Is the Flexpay FSA still available?

Answer: Yes, the FSA (and HSA) is still administered through Flexpay. Click here for more information. https://www.natusbenefits.com/tax-advantaged-accounts

Can I still enroll an FSA if I waive medical coverage to join on my spouse's plan?

Answer: Yes. The general purpose FSA is not restricted by health plan enrollment (caveat being that the HDHP with an HSA would only permit you to have a limited purpose FSA). The general purpose FSA stands alone, meaning you may waive all or any other benefits but still elect to contribute to the FSA to gain the tax advantage.

I will be switching out of the healthcare plan through Natus for 2023 and join my spouses. Will my unused FSA amount from 2022 still roll-over to 2023?

Answer: In 2022, you can carry over **up to \$570**. This means that if you have money left in your FSA at the end of the plan year in 2022, for any reason, you can keep up to \$570 of it.

I will be changing to the HDHP+HSA Plan and will enroll in the HSA through Natus for 2023, what will happen to my unused FSA balance from 2022?

Answer: In 2022, you can carry over **up to \$570**. This means that if you have money left in your FSA at the end of the plan year in 2022, for any reason, you can keep up to \$570 of it however, if you are enrolled in the HDHP with HSA the balance will be converted to a Limited Purpose FSA and may only be used for dental or vision expenses.

HSA (with HDHP)

Is the out-of-pocket max on top of the first \$3000 deductible or is it cumulative?

Answer: The plan is designed where after you reach your deductible of \$3000; you will then pay 10% coinsurance up to the \$4,000 out of pocket max. You will not be required to pay more than that amount. So essentially, it's an additional \$1,000 after you have hit the deductible. For more information on out of pocket maximums and deductibles please clink this link. https://www.natusbenefits.com/files/ugd/db2915 123691416b964cfcaf6552f52d05efa3.pdf

Do the employee HSA contributions and funds replace our previously used Flexible spending account at Natus? Or do we still have both available?

Answer: HSA Contributions do not replace your FSA at Natus. If you enroll in the Aetna HDHP+HSA plan (unless you opt out of the HSA), you will receive the Natus contributions twice a year into your HSA with Payflex, the Natus third party administrator for the FSA and HSA, and are able to make your own contributions to the HSA through payroll that will be deducted per paycheck. If you have additional expenses for dental and/or vision services, you would also be able to enroll in the Limited Purpose Flexible Spending Account. You would not be eligible though for the General Health Care Flexible Spending Account if you were enrolled in the HSA.

What is the maximum annual payroll deduction for HSA funds?

Answer: HSA contribution limit for 2023 is \$3,850 for Single, \$7,750 for Family. This is a combined limit that must include all contribution sources, including the HSA contribution that Natus makes on your behalf when you enroll in the HDHP+HSA Plan and elect to contribute to your HSA.

If I have Tricare am I eligible for the HDHP Aetna Benefit?

Answer: If you are enrolled in Tricare, you are eligible to enroll in the Aetna HDHP health plan, but you are not eligible to receive Natus' contributions nor make contributions towards the Health Savings Account (HSA). If you are located in CA,

WI or WA, you may have other health plans available to you. Click here for more information. https://www.natusbenefits.com/medical-plans

If I am age 55 or older, can I make HSA a catch up contribution of \$1,000 any time in 2023? And is this catch-up a one-time only contribution?

Answer: You may make catch up contributions through payroll which will be in equal amounts of your election, or make after-tax deposits from your bank account and claim the catch-up when you file your tax returns before April 15th for the 2022 tax year

What options are there for people in Illinois besides the HDHP+HSA from Aetna?

Answer: If you are a current member of the EPO, you may continue your enrollment in that plan, but the only other option is the HDHP+HSA. The EPO is locked for 2023 only to those that are already enrolled in it. It may be dropped for 2024.

I have an HSA account from a previous employer. Can I roll those funds over to the Natus account?

Answer: Yes. You may contact PayFlex for guidance on transferring your HSA from one bank to the Natus HSA with PayFlex. Please click here for more information go to Payflex at https://www.payflex.com/.

Do I have to be enrolled with a medical plan to enroll in HSA?

Answer: Yes. You must be enrolled in the Aetna High Deductible Health Plan (HDHP+HSA Plan) to be eligible for the HSA. Please click here for more information.

https://www.natusbenefits.com/ files/ugd/80998c db3ea25e78f7485eba7dccd622b7126f.pdf

Does the HSA roll over year to year?

Answer: Yes, the HSA does roll over year to year but if you want to contribute funds and receive the employer contribution you must actively enroll with Payflex for 2023. For more information on the HSA please click the link here. https://www.natusbenefits.com/ files/ugd/80998c 4f4aea12412f43759827b92133fc9aa9.pdf

When do the Natus HSA employer contributions occur?

Answer: The Natus contribution to the HSA comes twice a year, once in January and once in July.

Can the HSA be used to buy over the counter (OTC) meds like Prilosec, Flonase, and Tylenol?

Answer: Yes. You may also want to use the McGriff Drug Discount Card when making your purchase so you may take advantage of any discounts.

Can an HSA also be used for dental expenses?

Answer: Yes, you are able to use your HSA for dental expenses, but it is recommended to utilize the Limited Purpose Flexible Spending Account which can be used for dental and vision purposes. It is usually best to save your HSA to help pay towards your medical deductible and medical expenses.

Please note you would not be eligible for the General Health Care Flexible Spending Account if you were enrolled in the HSA, only the Limited Purpose Flexible Spending Account.

Medicare

My spouse and I have Medicare Part A as we are older than 65. How does this affect my enrollment?

Answer: If you and your spouse are covered by "premium free" Medicare Part A, then you may enroll in the HDHP and use it as a general medical plan. Since Part A is considered "other medical coverage and is not a HSA qualified plan" you may not contribute to any HSA. If you only have Part A and want to take advantage of the HSA contributions while you are still working, you could withdraw (disenrollment) from Part A eff. 1/1, since this is the annual Medical Enrollment Period, then contribute to the HSA.

If you only have Part A and want to take advantage of the HSA contributions, while you are still working, you could withdraw (the term is disenrollment) from Part A as a qualifying event and then contribute to the HSA.

If you want to withdraw from Medicare, see the instructions posted on the <u>Medicare.gov website - How to disenroll</u> <u>from Medicare Part A and Part B</u>. If you pay a premium for Part A and wish to disenroll from Medicare Part A, visit your local Social Security office or by call 1-800-772-1213 (TTY 1-800-325-0778).

You will need to fill out a CMS Form 1763 (Request for Termination of Premium Hospital and Medical Insurance).

Can I be on Medicare and open an HSA?

Answer: No, please click the link here and review page 16 for HSA eligibility requirements. https://www.natusbenefits.com/ files/ugd/80998c db3ea25e78f7485eba7dccd622b7126f.pdf

Can I enroll in original Medicare and be part of Natus' benefits or is it one or the other?

Answer: Yes, you may have dual coverage so long as you are not participating in the HSA. You should consider if having dual coverage provides any real benefits since the Natus plan will be considered primary, with <u>Medicare as Secondary Payer</u> in most cases. Many times the cost of <u>Medicare</u> (excluding Part A) parts B, D, or an Advantage Plan (Part C) outweighs the benefits since the group plan generally pays 1st as the primary plan when you are working.

If you are enrolled in a Natus medical plan but want to also enroll in Medicare, you should consider your options when deciding to waive coverage. It is recommended that you consult with an expert who specializes in Medicare benefits and is a "Certified Medicare Agent". Medicare can be confusing and there are lots of considerations when evaluating the best options for you.

Do you recommend that employees who turn 65 enroll in Part A as soon as possible? Does this need to happen if you stay on your employer's plan?

Answer: It is entirely up to the individual. You are entitled to Premium Free Part A and have the option to activate anytime while on the group health plan but it is not required. If you want to take advantage of the HSA, then you would need to defer participating in "premium free" Medicare Part A since it is considered "other healthcare" and is HSA disqualifying coverage.

Why would someone decide to enroll in Medicare instead of staying on an employer's group insurance?

Answer: It is a different outcome for every individual based on their situation. The group health premiums may be very high, so for some it makes sense to move off and enroll in "premium free" Medicare Part A and B and the appropriate Individual Medicare plan. For others the decision may be based on other family members on the group plan. It's an individual assessment to determine what makes the most sense for your situation. It is recommended that you consult with an expert who specializes in Medicare benefits and is a "Certified Medicare Agent". Medicare can be confusing and there are lots of considerations when evaluating the best options for you. McGriff partners with the team at Warner Pacific but you may seek out assistance from anyone you are comfortable working with. If you want to reach out to

Warner Pacific, the "Certified Medicare Agent" we refer people to is Brina Campbell who may be reached by email or phone as noted below:

Brina Campbell
Medicare Sales Consultant
Brina.Campbell@warnerpacific.com



Phone: (800) 801-2300, ext. 5756

Fax: (818) 338-2514 warnerpacific.com

Brina may not be licensed in every state but she will help you or find a reputable agent where you live to work with if you request the referral.

Are part B premiums always individual, or are there self and spouse rates?

Answer: Part B is an individual monthly rate. Costs | Medicare

Any special situations when spouse younger/older than 1st person?

Answer: If the spouse is younger than the employee and is not at least 65, then consider staying on the group plan to retain coverage for the spouse. Employer group plans generally do not permit "dependent only" coverage. If the spouse is older than the employee and is 65 years of age or older, it would be wise to consider Medicare coverage but it may still be less expensive to keep the spouse covered through the group plan. There are lots of variables, such as the overall cost could be less due to the employer subsidy of the premium (cost sharing), the medical plan may have better benefits, etc.

Are these Medicare benefits geographic? Meaning services have to be rendered in home location? Or, are they national?

Answer: With original Medicare and a Medicare Supplement the coverage is portable and you can access any doctor in the country that accepts Medicare assignment. If enrolled in a Medicare Advantage MAPD (Part C) those plans are regional and services should be rendered in your area with providers that are part of the plan network. You do not have coverage outside your state unless an emergency. If you move out of county or state, this opens a special enrollment period due to moving out of the service area to enroll in that states Medicare Advantage or a Medicare Supplement plan.

What if I experience a medical emergency (not elective) while overseas such as on vacation? Can I file a claim when I return to the United States?

Answer: The Medicare Supplement plan has a lifetime maximum of \$50,000 so it is best to enroll in a travel gap plan if traveling overseas. Also, coverage outside of your normal service area will vary by carrier and medical plan so it's also important to do your homework before you travel.

Quick Tip: Make an appointment with the Travel Nurse to review your travel plans and to insure you are up to date on any vaccinations or required immunizations before you travel.

Depending on your (and family members) general health you may want to buy medical travel insurance. It is generally inexpensive if you buy it BEFORE you travel and can protect you from financial hardships if you incur problems while you are way. There are different types of travel insurance so do your research.

Quick Tip: Read this article for some great questions to ask yourself before your next trip => "Senior travel: 5 health questions to ask before your next trip".

Quick Tip: Although not related to your benefits at Natus, but if you are planning to travel overseas, it is recommended that you take precautions and have copies of your passport, medical information, etc. in case you lose your original documents. Consider "securely" emailing copies of your travel documents to an email address that you can retrieve from anywhere you can access the internet and your email account.

Quick Tip: Keep in mind that long distance calling can also be expensive and an alternative to adding international calling to your phone plan, apps like WhatsApp and Skype are generally free to use as long as you have internet and Wi-Fi access.

Quick Tip: Review everything <u>Travel.State.Gov</u>, <u>U.S. Department of State</u> has to offer. There is a plethora of resources, tips, and checklists to help you navigate your way around the globe.

Quick Tip: Enroll in the <u>Smart Traveler Enrollment Program (STEP)</u> for free and receive travel and security updates about your destination, and it's a way for people to reach you in case there is an emergency.

Quick Tip: If you are traveling to a country you have never visited before, look for a local country travel guide to help make your experience enjoyable. Check out – "<u>Tours By Locals</u>" for a custom tour and guide that can help you navigate the country, who speaks your language to show you around.

I thought you got penalized if you did not sign up for Medicare even if I stay on my employer's insurance?

Answer: You are only penalized if do not enroll in Medicare Part B during the time you should have. For example, if you dropped off your employer sponsored health plan and did not enroll within the 8 month special enrollment period from the group health plan termination date, you may be subject to a penalty. Medicare.gov has an <u>eligibility calculator</u> that will advise you on when you are or were Medicare eligible based on a few questions. The results are great and are somewhat customized based on your situation. You can read more about the <u>Medicare penalty</u> and when it applies on the Medicare.gov website.

If I am enrolled in an HMO, can I have the "premium free" Medicare Part A and the employer insurance, does it matter?

Answer: Yes, <u>but it depends.</u> You may have dual coverage, both the "premium free" Medicare Part A and the HMO, but you are not required carry both. The employer's group insurance is likely primary and there may not be any additional benefits. See <u>Medicare Secondary Payer (MSP)</u> rules.

If the HMO plan is also a "qualified medical plan" with a Health Savings Account (HSA), then you would <u>not want to have both</u> because the employer's group plan is considered "other medical coverage" and you may not make an HSA contribution.

Medicare and all various Medicare Parts A, B, C, & D options are so confusing. Is there an easy way to break it all down?

Answer: Yes, understanding Medicare can be challenging. It is important to work with a qualified "Certified" Medicare Consultant, someone that specializes in Medicare planning is strongly suggested. You don't pay more when you ask for the help from an expert. The carriers pay the Medicare Consultant a small fee to act as your advisor so why not take advantage of the help, it does not cost you anything!

How do I determine what Medicare options I should consider when determining the cost of each "Part"?

Answer: When looking at the different parts of Medicare, start by considering the difference sources for Medicare coverage and estimated cost. There are basically 3 different variations or options, as shown below:

Option #1 - Medicare Plans - Billed by Social Security (Medicare Parts A, B, and D)

Option #2 - Medicare Plans - Billed by the Insurance Carrier (known as a Medicare Supplemental Plans)

Option #3 - Medicare Plans - Billed by the Insurance Carrier (known as Medicare Advantage or Part C +D)

Option #1 - Medicare Plans - Billed by Social Security:

- Medicare Part A (hospital): \$0 Premium
- Medicare Part B (non-hospital Medical): \$164.90 for 2023. This is billed by social security. You may be subject to a higher premium amount referred to as IRMAA Income Related Monthly Adjustment Amounts. Social security will determine if you must pay a higher amount based on your income looking back 2 years. This is the link to the table to determine where you fall: https://www.medicare.gov/your-medicare-costs/part-b-costs When you click the link go down to "Part B (Medical Insurance) costs" and click the link "Who pays a higher Part B premium because of income?" This will show you the Income IRMAA table.
- Medicare Part D IRMAA (if applicable to you)If your modified adjusted gross income is above a certain
 amount, you may pay a Part D income-related monthly adjustment amount (Part D IRMAA). This is billed by
 social security and is separate from the premiums for this plan. To see if you may pay additional amounts to
 social security, please review the income table here: https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans

Option #2 - Medicare Plans - Billed by the Insurance Carrier (known as Medigap)

- Medicare Supplement: The average premium depending on the carrier you select is under \$200 per month. This is billed by the insurance carrier we select. A supplement picks up where Medicare leaves off resulting in minimal out of pocket expenses. In other words, a Medicare Supplement fills the gaps in Original Medicare. You can see any doctor/specialist/hospital in the country that accepts Medicare assignment. If you see a provider that does not accept assignment, your supplement plan will also pick up the 15% excess charges from that provider. You can check doctors, specialist and hospitals in your area here: https://www.medicare.gov/care-compare. This plan does not have prescription drug coverage but should be paired with Medicare Part D Prescription Drug plan, see below.
- Medicare Part D Prescription drug plan: A standalone Prescription Drug coverage plan because Medicare and a
 Medicare Supplement does not cover prescription drugs. Monthly premium billed amount can range from under
 \$10 per month to an average of \$40 per month depending on the carrier we select based on your list of
 prescription drug list. This is billed by the insurance carrier we select.

Option # 3 - Medicare Plans Billed by the Insurance Carrier (known as Medicare Advantage)

• Medicare Part C - This is also known as MAPD – Medicare Advantage Part D plan and is usually an HMO but there may be a PPO available depending on your county. The premium can be as low as \$0 for HMO and up to \$100 for PPO. This plan includes the Part D drug benefits. The Medicare Advantage (MAPD) Program combines coverage for Parts A & B benefits and is administered by private health plans. Private health plans contract with CMS to administer benefits on behalf of CMS. These plan types require you to see providers that are part of the insurance carriers plan network.

If I am automatically enrolled in the "premium free" Medicare Part A – can I defer or waive it after it has started?

Answer: See the instructions posted on the Medicare.gov website - How to disenroll from Medicare Part A and Part B. If you pay a premium for Part A and wish to disenroll from Medicare Part A, visit your local Social Security office or by call 1-800-772-1213 (TTY 1-800-325-0778). You will need to fill out a CMS Form 1763 (Request for Termination of Premium Hospital and Medical Insurance).

If you didn't sign up for Part A and/or Part B when you were first eligible because you're covered under an employer or union group health plan based on current employment (your own, a spouse's or a family member's if you're disabled), you have a Special Enrollment Period. You can sign up anytime for Part A and/or Part B anytime you're still covered by the group health plan, or for up to 8 months after the group health plan coverage or the employment ends, whichever happens first.

If you're still working and plan to keep your employer's group health plan coverage, you should talk to your benefits administrator or your State Health Insurance Assistance Program to help you decide the best time to enroll in Medicare. Note: COBRA and retiree health plans aren't considered coverage based on current employment. You may also qualify for a Special Enrollment Period for Part A and/or Part B if you're a volunteer serving in a foreign country.

Usually, you don't pay a late enrollment penalty if you sign up during a Special Enrollment Period.

EPO

Is EPO plan is still available for 2023? If so, where do I find the employee contributions?

Answer: The EPO will be grandfathered only for those currently enrolled in the plan in 2022 for the 2023 plan year. This means the plan is locked and not accepting any new enrollments for 2023. If an employee is considered grandfathered, they will be sent a separate communication that will include the contribution amounts and Summary of Benefits and Coverage.

Preventive Care

Does preventive care count toward our annual deductible?

Answer: Preventive care is covered at no cost to you (with an in-network provider) and you are not required to pay a deductible towards preventive care services. For more information on preventive care please click on the appropriate medical plan listed here. https://www.natusbenefits.com/medical-plans

What is considered preventive medication?

Answer: Click here for more information.

https://www.natusbenefits.com/ files/ugd/80998c a06c9f8e007d4e43bf5e336a8b73f3f8.pdf

Are preventive medications free?

Answer: Under the Affordable Care Act, also known as health care reform, you can get some drugs at no member cost share. But you must have a prescription. Then they are covered 100 percent by your plan. The list below shows some items that are available. The list even includes some medicine you can get over-the-counter. Some drugs not listed are eligible for zero dollar copay only with a medical exception. Please read the brochure for more information. https://www.natusbenefits.com/ files/ugd/80998c a06c9f8e007d4e43bf5e336a8b73f3f8.pdf

What types of services are considered preventive care?

For Aetna plans you can find the preventive care and preventive prescription list by going to: www.natusbenefits.com/aetna

For Dean Health please www.deancare.com/

For Kaiser: kp.org/prevention

Miscellaneous Questions

How long may I keep my children on my insurance plan?

Answer: You may enroll your dependent children up to age 26, regardless of their work, school or marital status. For more eligibility information please click here. https://www.natusbenefits.com/eligibility

Are there still After-Tax 401k contributions for 2023?

Answer: Yes. Please click here for more 401k tax savings information. https://www.natusbenefits.com/401k

Is there a way for us to check what types of disabilities are covered under Short-term & Long-term disability? Is maternity leave covered?

Answer: Yes maternity leave is covered. Please review The Hartford site below for more information related to STD and LTD. You may also call The Hartford and ask plan specific questions at 877-567-1954.

https://www.thehartford.com/employee-benefits/employees

Where can I find the costs of the insurance that will be taken (deducted) from my paychecks for benefits?

Answer: Please click the link for more information.

https://www.natusbenefits.com/ files/ugd/80998c bb107eb0b4594c35ba6f91d1889a68b8.pdf

Is there a list of the other health plans for CA?

Answer: Please click here for more information. https://www.natusbenefits.com/medical-plans

If I have insurance coverage through my spouse's employer do I have to sign up for a plan with Natus?

Answer: No, but you will need to actively decline coverage.

Contacts:

How do I access Aetna Concierge?

Answer: You can contact Aetna Concierge by calling the member number on your card or 877-204-9186

How do I found out more about Medicare?

Answer: Visit the Medicare.gov website.

Where can I find more information about my benefits at Natus?

Answer: Visit the NatusBenefits website.

How do I make my benefit elections or if I have additional questions about my benefit options at Natus?

Answer: You may email <u>NatusBenefits@PlanSource.com</u>, call the Natus Benefits Center at 866-967-0251, or login to your account with <u>PlanSource</u>.