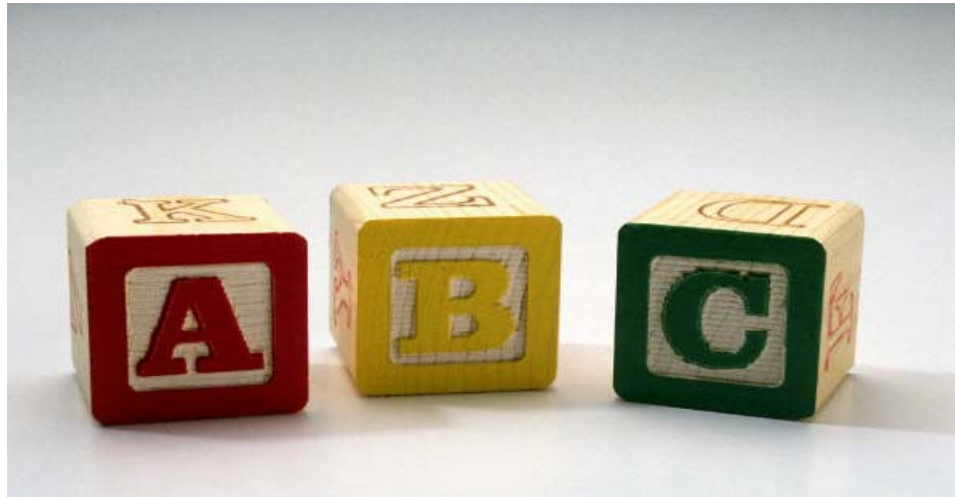


# Health Savings Account



**HSA**

The A B C's

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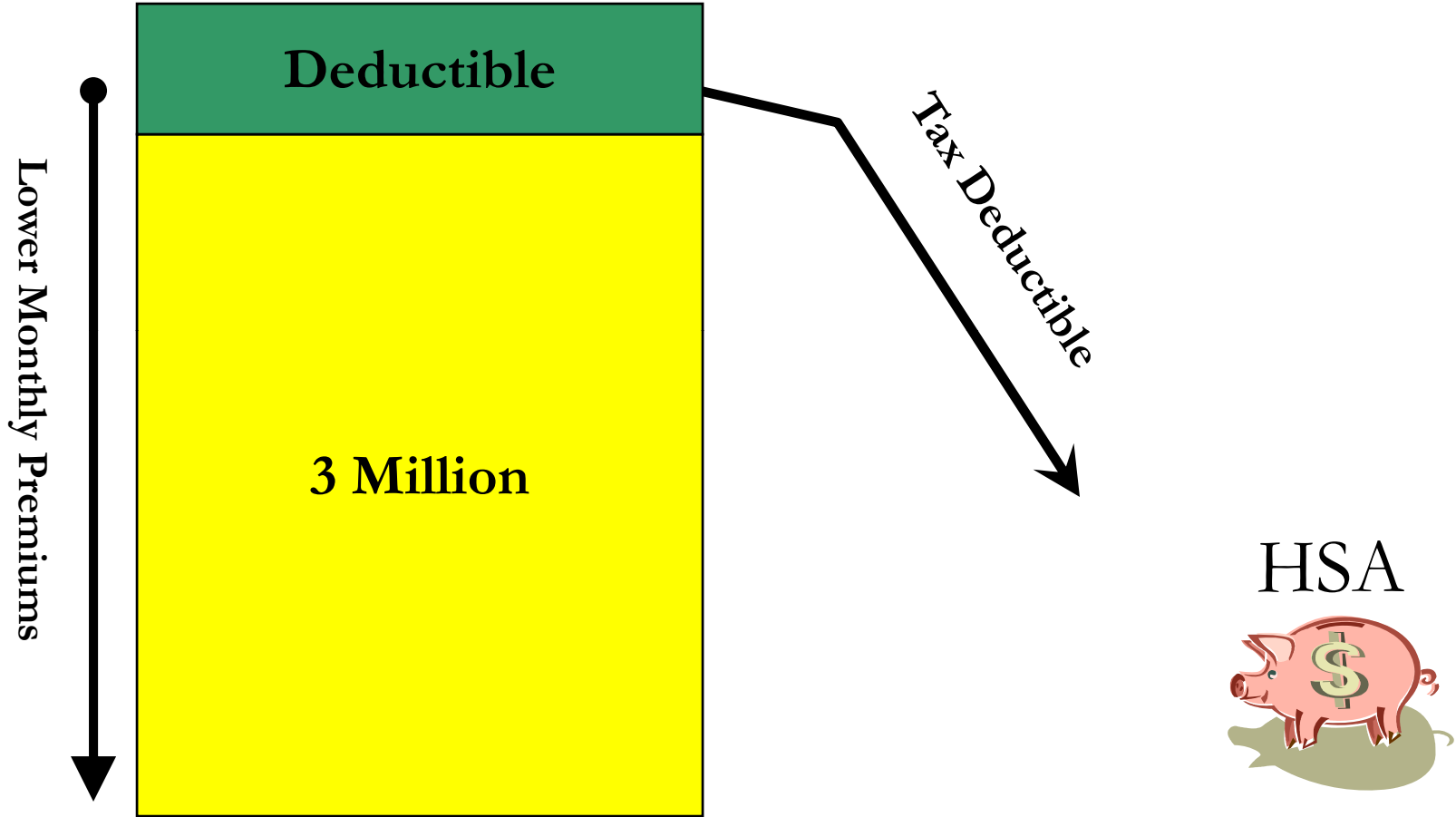
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# Higher Deductible Plans with HSA (The New Way)



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# HSA Tax Savings Detailed

HSA's offer 3 Significant Tax Benefits:

- Tax-Deductible
  - Contributions to the HSA are 100% tax deductible
- Tax-Deferred
  - Interest earnings accumulate tax-deferred and if used to pay qualified medical expenses are never taxed.
- Tax-Free
  - Withdrawals to pay qualified medical expenses are never taxed.



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# HSA Qualified Medical Expenses

The following is a partial list of medical expenses that, if paid from an HSA, may be excluded from gross income under Section 220(f) or 223(f) of the Internal Revenue Code. Please refer to IRS Publication 502 for a more detailed explanation. You can obtain a copy of this publication by calling 1-800-TAX-FORM or logging onto [www.irs.gov](http://www.irs.gov). This information is not intended as tax and financial advice. You should consult a qualified professional about specific situations. **Not all of these expenses will be covered under your Golden Rule plan; see your policy or certificate for details.**

- Acupuncture
- Artificial Limbs
- Artificial Teeth
- Birth Control
- Braces
- Braille Books/Mag.
- Blood Transfusions
- Cardiographs
- Chiropractors
- Contact Lenses
- Crutches
- Dental Treatment
- Dentures
- Dermatologist
- Diagnostic Fees
- Eyeglasses
- Guide Dog
- Hearing Aids
- Hospital Service
- Insulin Treatments
- Laboratory Fees
- Learning Disability
- Medicine Services
- Neurologist
- Physician
- Nonprescription Medicine
- Nursing Home
- Nursing Services
- Obstetrician
- Operating Room Costs
- Operations
- Ophthalmologist
- Optician
- Optometrist
- Orthopedist
- Osteopath
- Oxygen
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal Treatment
- Prenatal Care
- Prescription Medicine
- Psychiatric Care
- Psychoanalysis
- Psychologist
- Sterilization
- Transplants
- Vaccines
- Vasectomy
- Wheelchair
- X-Ray

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# HSA Nonqualified Medical Expenses

The following is a partial list of nonqualified medical expenses. Please refer to IRS Publication 502 for a more detailed explanation. You can obtain a copy of this publication by calling 1-800-TAX-FORM or logging onto [www.irs.gov](http://www.irs.gov). This information is not intended as tax and financial advice. You should consult a qualified professional about specific situations.

Advanced Payment for Services

Rendered Next Year

Baby-Sitting – Child Care

Bottled Water

Cosmetic Surgery

Dancing Lessons

Diaper Service

Funeral Expenses

Health Club Dues

Household Help

Illegal Drugs

Illegal Operations and Treatments

Maternity Clothes

Personal Use Items

Smoking Program

Weight Loss Program

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# HSA Plan Summary

## Golden Rule HSA 100

### In Network

• Deductible - Individual	\$1,850 or \$2,850
• Deductible – Family	\$3,800 or \$5,650
• Co-Insurance	100 % after deductible
• Maximum out of pocket	100 % after deductible
• Office Visits – Primary Care Physician	100 % after deductible
• Office Visits – Specialist	100 % after deductible
• Wellness Visit	100 % after deductible (\$500 annually)
• Diagnostics-X-Ray & Lab	100 % after deductible
• Diagnostics-Complex Imaging	100 % after deductible
• Outpatient Services/Surgery	100 % after deductible
• Hospitalization	100 % after deductible
• Emergency Room	100 % after deductible
• Maternity	NOT COVERED
• Urgent Care	100 % after deductible
• Childhood Immunizations	100 % after deductible
• Prescription	100 % after deductible
• Lifetime Maximum	\$3 Million

### Out of Network

Benefits are the same except Co-Insurance is 15%

**Golden Rule Network – United Healthcare Choice Plus**

**[www.myuhc.com](http://www.myuhc.com)**

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# Aetna HSA – POS 3000

## In Network

- Deductible – Individual / Family \$3,000 / \$6,000
- Co-Insurance 100 % after deductible
- Maximum out of pocket – Individual / Family \$3,000 / \$6,000
- Office Visits – Primary Care Physician 100 % after deductible
- Office Visits – Specialist 100 % after deductible
- Wellness Visit \$20 Copay (\$200 annually)
- Diagnostics-X-Ray & Lab 100 % after deductible
- Diagnostics-Complex Imaging 100 % after deductible
- Outpatient Services/Surgery 100 % after deductible
- Hospitalization 100 % after deductible
- Emergency Room 100 % after deductible
- Maternity NOT COVERED
- Urgent Care 100 % after deductible
- Childhood Immunizations 100 % after deductible
- Prescription 100 % after deductible
- Lifetime Maximum \$5 Million

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## General Exclusions – Golden Rule HSA 100

### No Benefits are payable for expenses which:

- Are due to pregnancy(except complications of pregnancy)or routine newborn care (unless optional coverage is selected)
- Are for routine or preventive care unless provided in the policy
- Are incurred while confined primarily for custodial, rehabilitative, or educational care or nursing services.
- Result from employment-related injury or illness if the covered person is insured or is required to be insured, by workers' compensation insurance under applicable state or federal law.
- Are in relation to, or incurred in conjunction with, investigational treatment.
- Are for dental expenses or oral surgery, eyeglasses, contact, eye refraction, hearing aids, or any examination or fitting related to these.
- Are for modification of the physical body, including breast reduction or augmentation.
- Are incurred for cosmetic or aesthetic reasons, such as weight modification or surgical treatment of obesity.
- Would not have been charged in the absence of insurance.
- Are for eye surgery to correct nearsightedness, farsightedness, or astigmatism.
- Result from war, intentionally self-inflicted bodily harm(whether sane or insane) or participation in a felony(whether charged or not)
- Are for treatment of temporomandibular joint disorders, except as may be provided for under covered expenses.
- Are incurred for animal-to-human organ transplants, artificial or mechanical organs, procurement or transportation of the organ or tissue, or the cost of keeping the donor alive.
- Are incurred for marriage, family, child counseling.
- Are for recreational or vocational therapy or rehabilitation.
- Are incurred for services performed by an immediate family member.
- Are not specifically provided for in the policy or incurred while your certificate is not in force.
- Are for any drug treatment or procedure that promotes conception.
- Are for any procedure that prevents conception or childbirth.

Benefits will not be paid for services or supplies that are not medically necessary to the diagnosis or treatment of an illness or injury, as defined in the policy.

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## General Exclusions (cont.)

### No Benefits are payable for expenses which:

#### Limited Exclusion for AIDS or HIV-related Disease

- AIDS and HIV-related disease is treated the same as any other illness unless the onset of AIDS or HIV-related disease is: (a) diagnosed before the coverage has been in force for one year; or (b) first manifested before the coverage has been in force for one year. If diagnosed or first manifested before coverage has been in force for one year, AIDS and HIV-related disease claims will never be covered. Details of this limited exclusion are set forth in the policy and certificates.

#### General Limitations

- **Expenses incurred by a covered person for treatment of tonsils, adenoids, middle ear disorders, hemorrhoids, hernia, or any disorders of the reproductive organs, will not be covered during the covered person's first six months of coverage under the policy. This provision will not apply if treatment is provided on an "emergency" basis. "Emergency" means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing a person's life or limb in danger if medical attention is not provided within 24 hours.**
- Covered expenses will not include more than what was determined to be reasonable and customary charge for service or supply.
- Transplants eligible for coverage under the Transplant Expense Benefits are limited to two transplants in a ten year period.
- Charges for an assistant surgeon are limited to 20 percent of the primary surgeon's covered fee.
- Covered expenses for surgical treatment of TMJ, excluding tooth extraction, will be limited to \$10,000 per covered persons.
- All diagnoses or treatments of mental disorders, as defined in the policy, including substance abuse, will be limited to a lifetime maximum benefit of \$3,000. Covered expenses for outpatient diagnosis or treatment of mental disorders will be further limited to \$50 per visit. As with any other illness or injury, inpatient care which is primarily for educational or rehabilitative care will not be covered.
- Covered outpatient expenses relating to diagnosis, or treatment of any spine or back disorders will be limited to a maximum of \$2,000 per calendar year. CAT scan and MRI tests are not subject to this limitation.
- Covered expenses will be limited to no more than a 34-day supply for any one outpatient prescription drug order or refill

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- (941) 363-0037

## Websites

United Healthcare/Golden Rule

- [www.myuhc.com](http://www.myuhc.com)

- Choice Plus Network

Aetna

- [www.aetna.com](http://www.aetna.com)

- Find a Doctor - Go to Docfind – Search By Name Category – Open Access/Aetna Choice

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