

EHA Early Retiree Options for Health Insurance for 2015-2016 and How to sign up for an HSA

How to make the best decision for
you!

www.nsea.org/retired

Review of options

- Current \$750 deductible PPO plan
 - To maintain, do nothing!
- Other options available
 - \$1,650 deductible PPO plan
 - To start, call Blue Cross for application
 - \$3,100 HDHP plan
 - Call Blue Cross for application, consider enrolling in Health Savings Account (HSA)
 - \$4,000 HDHP plan



BC/BS rates for 2015-2016

Includes PPO Dental rate per plan (80% A,B & 50% C)

	<u>Employee</u>	<u>Ee&spouse</u>	<u>Ee&child</u>	<u>Ee&family</u>
\$750 ded.	\$561.96	\$1,180.10	\$1,039.62	\$1,584.61
\$950 ded.	\$543.86	\$1,142.10	\$1,006.16	\$1,533.58
\$1,250 ded.	\$522.07	\$1,075.89	\$ 965.83	\$1,445.04
\$1,650 ded.	\$478.09	\$1,003.99	\$ 884.47	\$1,348.13
\$3,100 HSA	\$478.09	\$1,003.99	\$ 884.47	\$1,348.13

Retirees before Age 65

\$750 ded.	\$615.62	\$1,292.78	\$1,093.26	\$1,638.38
\$1,650 ded.	\$523.38	\$1,099.06	\$ 929.72	\$1,393.49
\$3,100 HSA	\$523.38	\$1,099.06	\$ 929.72	\$1,393.49

For EHA rates: www.ehaplan.org

How can you decide which EHA plan to choose?

- Consider what you paid for health care last year in:
 - Office visit co-pay
 - Deductible for medical care
 - Co-pay for medical care
 - Co-pay for prescriptions
 - Premium saving for making a change

Example of Costs for 6 office visits (2 primary care & 4 specialty), \$600 in tests, and 2 drugs per month

\$750 PPO		\$1,650 PPO		\$3,100 HDHP	
6 o.v. @ \$30 & \$50	\$260	6 o.v. @ \$45 & \$65	\$350	6 o.v. @ \$175	\$1,050
Ded. for tests	\$600	Ded. for tests	\$600	Ded. for tests	\$600
24 Rx @ \$30	\$720	24 Rx @ \$35	\$840	24 Rx @ \$65	\$1,560
Co-pay @ 80/20	\$0	Co-pay @ 70/30	\$0	Total charges of \$3,210 exceeds \$3,100 deductible	
Cost	\$1,580	Cost	\$1,790	Cost	\$3,100
Prem sav	\$0	Prem sav	\$ -1,106	Prem sav	\$ -1,106
Total	\$1,580	Total	\$ 684	Total	\$1,994
No tax break		No tax break		Tax break for \$4,350 @30%	\$ -1,200
				Net cost	\$ 794

Plan Comparison for single coverage

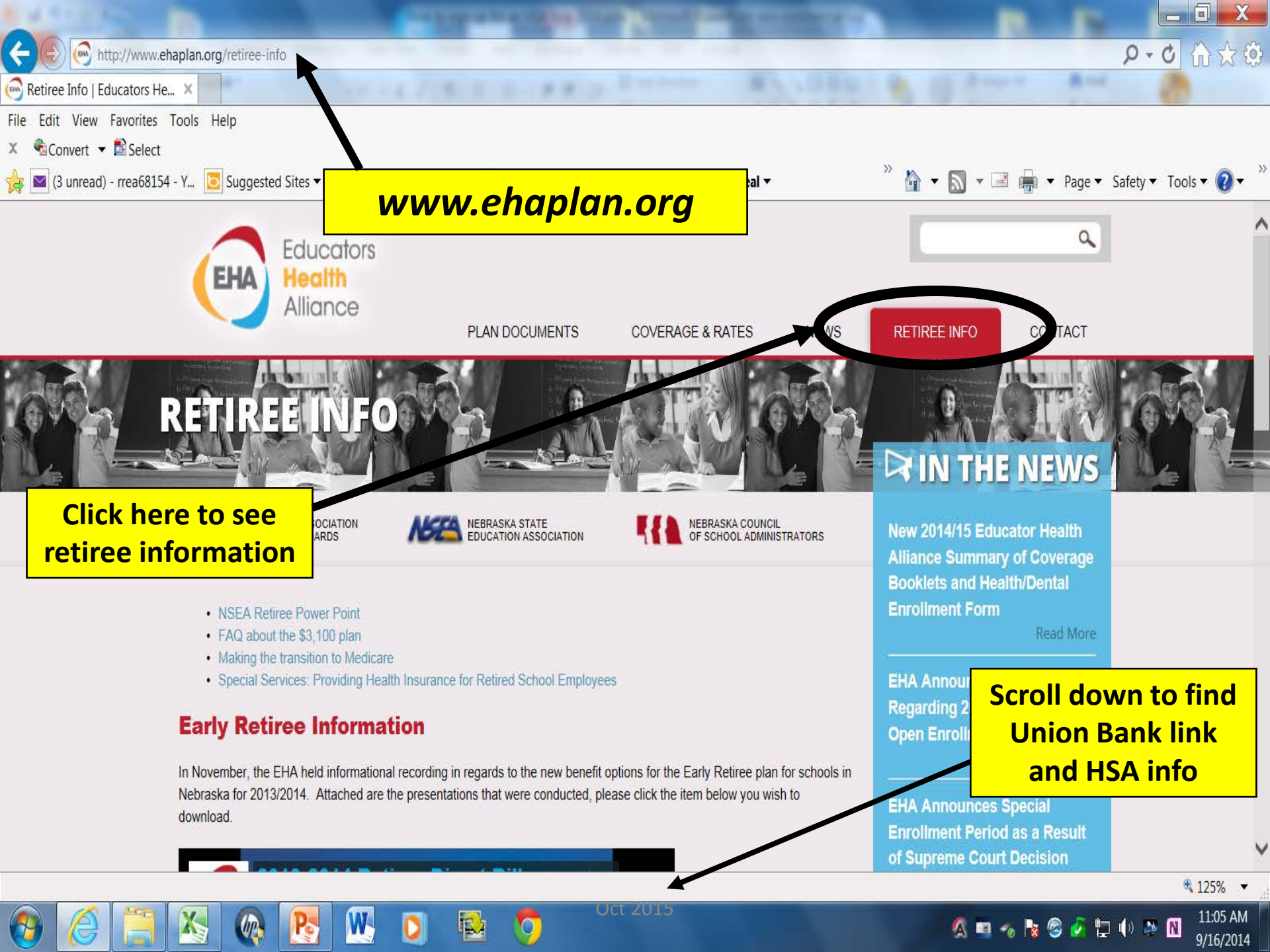
Feature	\$750 ded.	\$1,650 ded.	\$3,100 ded. HDHP
Deductible	\$750	\$1,650	\$3,100
Max co-insurance	\$3,500* <small>* Includes copays for both medical and pharmacy claims</small>	\$4,500*	n/a
Max out of pocket (with deductible)	\$4,250*	\$6,150*	\$3,100
Office visit	\$30 & \$50 & \$75	\$45 & \$65 & \$90	Inc. in ded.
Coins.	80/20	70/30	Inc. in ded.
Drugs – % copay \$ minimums	25% / 50% \$5 / \$30 / \$60	30% / 50% \$7 / \$35 / \$60	Inc. in ded.
Routine care	Benefits for covered services are paid at 100%, subject to age, gender and frequency limits		
Premium savings	None	\$1,106 per year	\$1,106 per year PLUS tax break

Example of out-of-pocket cost

Hypothetical out-of-pocket expense	\$750 PPO	\$1,650 PPO	\$3,100 HDHP
\$750 in covered charges	You pay entire amount \$750	You pay entire amount \$750	You pay entire amount \$750
\$1,650 in covered charges	\$750 applied to deductible; \$900 paid 80/20%: You pay \$930	You pay entire amount \$1,650	You pay entire amount \$1,650
\$25,000 in covered charges	\$750 applied to deductible; co-insurance max. is \$3,500*: member pays \$4,250 <i>(*Co-insurance max. also includes drug co-pays)</i>	\$1,650 applied to deductible; co-insurance max. is \$4,500*: member pays \$6,150 <i>(*Co-insurance max. also includes drug co-pays)</i>	\$3,100 applied to deductible; 100% coverage after deductible: member pays \$3,100

To make a change, do this:

- Call Blue Cross at 1-800-562-6394
 - Tell them you are with EHA
 - Ask for application to change policy
 - Have your Blue Cross ID number ready
 - Fill out application and return to Blue Cross
- If you want to open a Health Savings Account, contact Union Bank (or your financial provider) after you sign up for the HDHP
 - Go to EHA web site to sign up on-line, or
 - Go to Union Bank web site, ***www.ubt.com/health***



www.ehaplan.org

Click here to see retiree information

RETIREE INFO

Scroll down to find Union Bank link and HSA info

- [NSEA Retiree Power Point](#)
- [FAQ about the \\$3,100 plan](#)
- [Making the transition to Medicare](#)
- [Special Services: Providing Health Insurance for Retired School Employees](#)

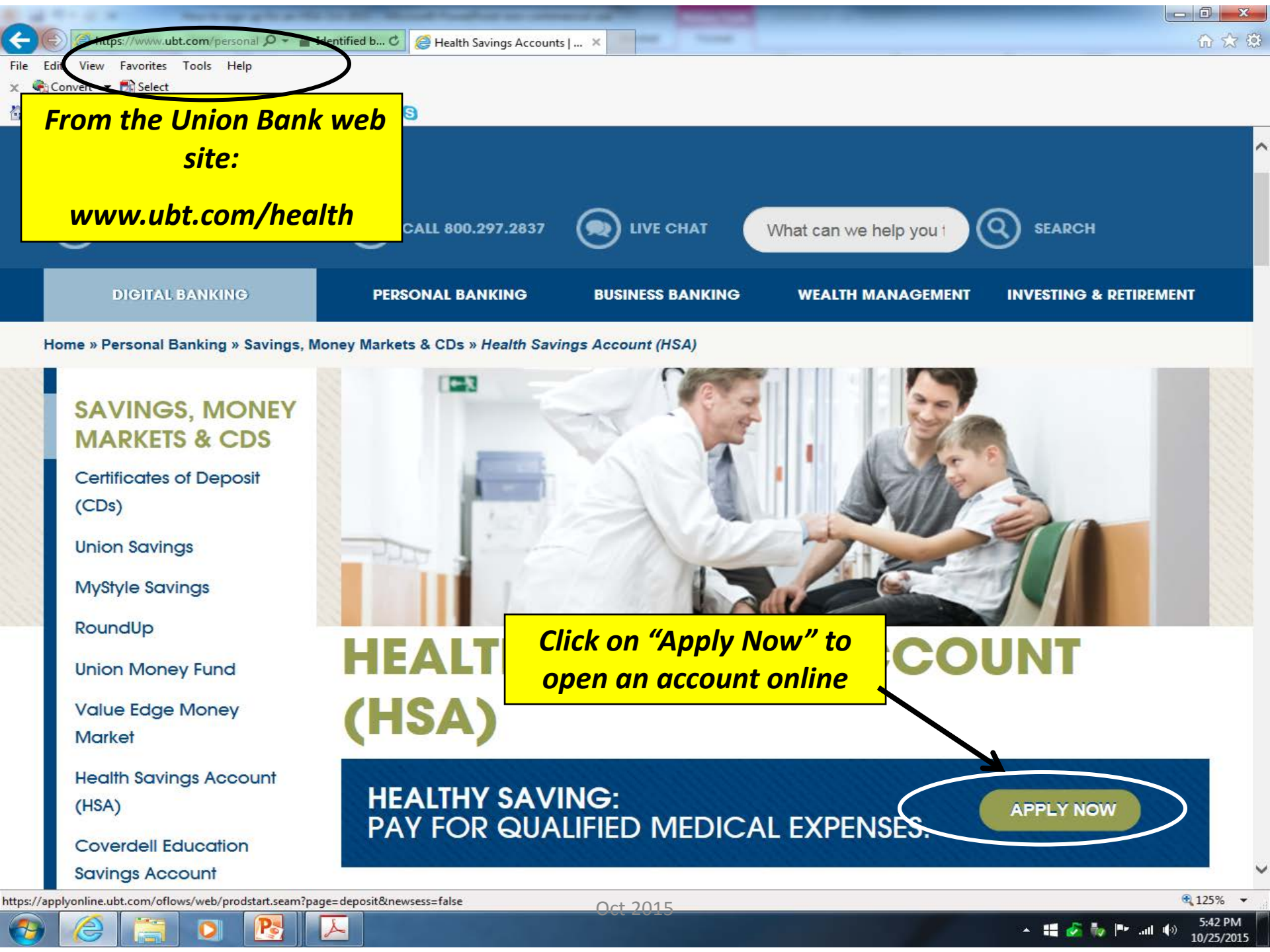
Early Retiree Information

In November, the EHA held informational recording in regards to the new benefit options for the Early Retiree plan for schools in Nebraska for 2013/2014. Attached are the presentations that were conducted, please click the item below you wish to download.

IN THE NEWS

[New 2014/15 Educator Health Alliance Summary of Coverage Booklets and Health/Dental Enrollment Form](#)
[Read More](#)

[EHA Announces Special Enrollment Period as a Result of Supreme Court Decision](#)



From the Union Bank web site:
www.ubt.com/health

CALL 800.297.2837

LIVE CHAT

What can we help you?

SEARCH

- DIGITAL BANKING
- PERSONAL BANKING
- BUSINESS BANKING
- WEALTH MANAGEMENT
- INVESTING & RETIREMENT

Home » Personal Banking » Savings, Money Markets & CDs » Health Savings Account (HSA)

SAVINGS, MONEY MARKETS & CDS

- Certificates of Deposit (CDs)
- Union Savings
- MyStyle Savings
- RoundUp
- Union Money Fund
- Value Edge Money Market
- Health Savings Account (HSA)
- Coverdell Education Savings Account



HEALTHY SAVING: PAY FOR QUALIFIED MEDICAL EXPENSES.

Click on "Apply Now" to open an account online

HEALTHY SAVING: PAY FOR QUALIFIED MEDICAL EXPENSES.

APPLY NOW

LET'S GET STARTED

What you will need

Applying is convenient and easy. Here's what you'll need to have handy:

- 1. Your Social Security Number or Individual Tax Identification Number (ITIN)
- 2. A US government-issued driver's license or state ID card
- 3. A credit or debit card or a checking account

Choose your product

Product Name:

--Choose One--
Simply Free Checking
Bonus Checking
Interest Advantage
MyStyle Checking - Ages 16-25
Fifty Plus
Union Money Fund
Value Edge
Union Savings
MyStyle Savings - Ages 25 and under
Certificate of Deposit
Health Savings Account - Individual
Health Savings Account - Family

**This page opens.
Click on "Health Savings Account," then click "Start Application" to open application in new window**

Resume An Existing Application **START APPLICATION**

CLICK FOR LIVE CHAT!

1.800.297.2837 FREE

1 ELIGIBILITY

2 APPLICATION

3 VERIFICATION

4 DONE

LET'S GET STARTED

Please answer the questions below and we'll confirm that you are eligible to apply.

- I am an existing Union Bank and Trust Company customer
- I am a new Union Bank and Trust Company customer

This page loads for the application process. Click either "existing customer" or "new customer," then click "Continue..."

CONTINUE

selected. we may also recommend an additional product(s), which you may apply for within this application process.

Personal Information

Enter your personal information

First Name: *

Middle Name:

Last Name: *

Suffix: -- Choose one --

Email Address: *

Social Security Number: *

Date of Birth: -Month- -Day- -Year- *

US Citizenship: -- Choose one -- *

Employment Status: *

- Choose one --
- Employed
- Self-Employed
- Unemployed
- Retired
- Student
- Homemaker
- Other

For employment status, click "Employed" to get low-fee HSA. Your employer will be "EHA"

Home Address & Con

Home Address & Contact Information

Address 1: *

Address 2:

City: *

State: -- Choose one -- *

Zip Code: *

Months at this address: *

Primary Phone: *

Primary Phone Number is: -- Choose one -- *

Work Phone:

Mobile Phone:

By providing us with any telephone number used for a mobile device now or in the future, including a number you later convert to a cell phone number, you expressly consent to receiving communications from us through methods which may include prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system. Calls and messages may incur access fees from your cellular provider.

Scroll down to enter address, etc.

Refer a Friend Code:

Enter a Refer a Friend Code if applicable.

Authorization

E-signature Agreement: I agree to the [E-Signature and Electronic Disclosures Agreement](#) and authorize Union Bank and Trust Company to access credit records and related information for all applicants in order to process this application. *

Click "View and accept" to get the disclosures in order to continue

USA PATRIOT ACT - Notice

Important Information About Procedures for Opening a New Account:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you:

When you open an account, we will ask for your name, address (mailing and physical, if different), date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

Security Questions

Creating a Username and Password will enable you to check the status of your application or to pick up where you left off.

Choose a Username: *

Refer a Friend Code:

Page 1 of 1 [SAVE PDF] [CLOSE]

Please Scroll Down to Read Entire Document

E-Sign Disclosure

Disclosures will be provided in electronic form for the account(s) you have selected to be opened online. Before obtaining products or services electronically, you must read and indicate your acceptance of the terms outlined below. If you do not consent, you will not be able to proceed with the online account opening process. You may contact us at the number or address listed below to open a new account.

1. In this consent "we", "us", and "our" are used to refer to Union Bank and Trust Company. Initial and account-opening disclosures, terms & conditions, and notifications may be provided to you, at our discretion, in electronic form, and you will be able to review them online in addition to downloading and saving or printing them. Your consent

Read the disclosures, then "accept"

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Security Questions

Creating a Username and Password will enable you to check the status of your application or to pick up where you left off.

Choose a Username: *

Username must be at least 4 characters

Choose a Password: *

Must be at least 7 characters, alphanumeric

Mother's Maiden Name: * ?

Create a user name and password for your account, then "Continue"

CONTINUE

CLICK FOR LIVE CHAT! 1.800.297.2837 FREE CALL US

- 1 ELIGIBILITY
- 2 APPLICATION
- 3 VERIFICATION
- 4 DONE

YOUR OFFERS

Here's some basic information about the products we can offer you at this time.

Great news! We've reviewed your information and it looks like you may be eligible for the product(s) listed below. You may add any desired product(s) and then click "Continue" to proceed.

Health Savings Account - Individual
[Click here for a description of the product](#)
[Click here for current rates.](#)

Save and Continue Later

CONTINUE

Your information will be checked. If you qualify, you can either save the info or "Continue"

DETAILED INFORMATION

Important Disclosures for your account. Please review all pages carefully to understand your responsibility and costs you may incur with your account, and save them for future reference.

HSA Disclosures and Account Terms:

View and accept

You will need to "View and accept" the HSA Disclosures in order to continue

Primary ID

Type: -- Choose one -- *

Issue Date: -Month- -Day- -Year- *

Expiration Date: -Month- -Day- -Year- *

Mailing Address

Different Mailing Address: Yes, my mailing address is different from my primary

Page 1 of 13 SAVE PDF CLOSE

Please Scroll Down To Read Entire Document - Multiple Pages are Included

UBT
Union Bank & Trust

HSA Truth in Savings Disclosure

Account Information for HSA-Family and HSA-Individual Accounts:

Rate Information Your interest rate and annual percentage yield may change. At our discretion, we may change the interest rate on your account daily. The interest rate and annual percentage yield	Fees \$5.00 quarterly Maintenance Fee will be assessed the last
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I do not accept I accept

The disclosure is 13 pages! Click "I accept" to continue

Type: -- Choose one -- *

Issue Date: -Month- -Day- -Year-

Expiration Date: -Month- -Day- -Year- *

Mailing Address

Different Mailing Address: Yes, my mailing address is different from my primary

responsibility and costs you may incur with your account, and save them for future reference.

HSA Disclosures and Account Terms: Accepted [View Document](#)

Primary ID

Type: -- Choose one -- *

Issue Date: -Month- -Day- -Year-

Expiration Date: -Month- -Day- -Year- *

Mailing Address

Different Mailing Address: Yes, my mailing address is different from my primary address.

Employment Information

Employer: EHA *

Job Title: Retired *

Put "EHA" as your employer, and "Retired" as your occupation to get a low-fee HSA account



Authorized Signer

Would you like to add an Authorized Signer? *

--Choose one--
Yes
No

Beneficiaries

Would you like to add a Beneficiary? *

Check here to add a beneficiary

Note: A Joint Owner cannot be a Beneficiary.

Certification and Backup Withholding Information

Certify SSN: Under penalties of perjury, I certify the number I entered on the Personal Information page of this application is my correct taxpayer identification number. *

Backup Withholding: I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. *

US Citizenship: I am a US Citizen or US Person. *

You can add an authorized signer if you wish – it can be your spouse – even if they are not covered directly by the HDHP insurance policy

You can add beneficiaries now (or later), or use your will or estate plan to control who gets any remaining money if you die with an unused account balance

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Certify SSN: Under penalties of perjury, I certify the number I entered on the Personal Information page of this application is my correct taxpayer identification number.

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US Citizenship: I am a US Citizen or US Person.

High Deductible Plan: I certify that I am covered by a Qualified High Deductible Health Plan (QHDHP); I am not covered by any other health plan that has first dollar coverage; I am not enrolled in Medicare, and I may not be claimed as a dependent on another person's tax return.

Answer the questions about your Backup Withholding Information, then "Continue"

Save and Continue Later

CONTINUE

PRODUCT OPTIONS - HEALTH SAVINGS ACCOUNT - INDIVIDUAL

Enter the information below to fund your Health Savings Account - Individual account.

Funding Information

Customer Funding Method:

Amount:

Total Funding Amount:

Select "Employer Sponsored Plan" as your Funding Method

Customer Services

Online Banking: **Enroll online as a first-time user.** Online Banking gives you secure control of your accounts online - from the comfort of your home or office.

Telebank: Get quick access to your account information by telephone

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e-Statements: **Enroll within Online Banking.** A secure, convenient and environmentally friendly way to access your monthly statements electronically.

Mobile Banking: **Enroll within Online Banking.** Bank by text, web or application.

e-Alerts: Free e-Alerts automatically notify you when certain activities take place on your account.

Bill Pay: **Enroll within Online Banking.** Pay your bills online and eliminate the hassle of checks, stamps and envelopes.

Visa Debit Card: Make purchases, get cash, make deposits - it's an ATM and debit card in one.

You can enroll for various other banking products – you will get a Visa Debit Card to use with your HSA
Click “Continue”

Save and Continue Later

CONTINUE

EMAIL VERIFICATION

Please confirm your email address.

We have sent a verification code to your email address:

Check your email and enter the verification code here.

Verification Code:

Save and Continue Later CONTINUE

If you have not received an email from **Union Bank and Trust Company** within 5-7 minutes, try the following:

- Make sure the email address listed above is your correct email address.
- Check your "Bulk Mail" or "Spam" folder.
- [Click here](#) to re-send the verification email.
- [Click here](#) to update your email address.

To be sure you entered a valid email address, an email will be sent to you with a verification code that you must enter here to complete the application process

Since we will be communicating with you via email, we need to verify your email address. Sometimes email programs will filter our emails into your "Junk" or "Spam" folder, so make sure to check there as well.

Last steps for HSA account

- Wait for your ID card to be issued (it is a debit card that can be used for office visit costs, drug costs, etc.)
- **FUND** your account by making check payable to Union Bank and mailing in your funding deposit
 - Must wait until after January 1 of the year you will use the HSA

If you change plans, you will need to stay in the plan you choose for 3 years before you can switch back to the older plan. You can change by August 1, or Dec. 1, or next year....

Questions?