



## INDEPENDENT HEALTH HSA ACCOUNT

Updated 12/2007

Rates in effect until 2/28/09

For more information call the Buffalo Niagara Partnership Insurance department at 716/541-1714 or 716/541-1715

### Health Savings Account:

A Health Savings Account (HSA) is an account that can be funded **with your tax-exempt dollars** by you and/or your employer to help pay for eligible medical expenses not covered by the insurance plan, including deductible, coinsurance, and in some cases, may be used to pay health insurance premiums.

### Who is eligible for an HSA:

Anyone who is:

Covered by a High Deductible Health Plan such as iDiect.

Not covered under another medical health plan that is not a High Deductible Plan.

Not entitled to Medicare benefits.

Not eligible to be claimed on another person's tax return.

**Insurance rates reflected on this summary do not include additional program fees.** This comparison has been prepared as a guide to assist you in evaluating the program. This is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions.

See separate page for Other Medical, Dental and Vision info.

*\* MUST REACH DEDUCTIBLE BEFORE COPAYMENTS APPLY*

iDirect 2 (Health Savings Account Eligible)		
<u>Benefits</u>	<u>In- Network</u>	<u>Out-Network</u>
<b>Sngl: \$ 612.78 qtr.</b> <b>Fam: \$ 1,562.58 qtr.</b>		
Office Visit	\$25 after deductible	Subject to deduct/coinsurance
Adult Immunizations	\$25 after deductible	Not covered
Well-Child Visits	Covered in full	Subject to deduct/coinsurance
Hospitalization in-patient care	20% coinsurance after deductible	Subject to deduct/coinsurance
Emergency room charge	20% coinsurance after deductible	Subject to deduct/coinsurance
Ambulance medically necessary	20% coinsurance after deductible	Subject to deduct/coinsurance
Outpatient Surgery	20% coinsurance after deductible	Subject to deduct/coinsurance
Chiropractic	20% coinsurance after deductible	Subject to deduct/coinsurance
EKG's and other Diagnostic Procedures	20% coinsurance after deductible	Subject to deduct/coinsurance
Diagnostic X-rays	20% coinsurance after deductible	Subject to deduct/coinsurance
Mammogram	20% coinsurance after deductible	Subject to deduct/coinsurance
Lab Test including Pap Smears	Covered in full after deductible	Subject to deduct/coinsurance
<b>Prescription Drugs:</b>	\$10 Generic (Tier 1) \$20 Brand Name (Tier 2) \$35 Non-Formulary (Tier 3) \$0 Tier 1 Oral Contraceptives	When outside of WNY, prescriptions should be filled using Independent Health's nationwide pharmacy network In-Network benefits apply.
<b>Dependent Children:</b>	Age 19	Age 19
<b>Limitations:</b>		
*Deductible (Combined In -Out-of-Network)	\$1,500 / \$3,000	\$1500/ \$3,000
Out of Pocket Maximum	\$5,000/ \$10,000	\$5,000/ \$10,000
Lifetime Maximum Benefit	Unlimited maximum	Unlimited maximum