



**CHOICES**  
FOR HEALTH

YOUR NEW PLAN YEAR 2021: WHAT YOU NEED TO KNOW



opening doors to 2021

## OPENING DOORS TO 2021

# Welcome to your new benefits year.

Please review the important information inside to learn more about your Cottage Health benefits in 2021, including:

- **a new third party administrator—HealthComp**
- **a new format for your Explanation of Benefits (EOBs)**
- **a new network for the Cottage Health Medical Plans—Blue Shield**
- **new insurance cards for employees and covered dependents to be mailed to you separately in December 2020 in a welcome kit**
- **new Flexible Spending Account card and processes.**

Each year, we evaluate our benefits to ensure that they are competitive as one component of your total rewards program. While these are primarily administrative changes, the plans will continue to provide the high-quality, market-competitive coverage as in the past.

Inside you'll also find a list of frequently asked questions, key dates and a timeline for these changes.

Thank you,  
Cottage Health Benefits

To request this booklet in Spanish, please contact Benefits Administration at 805-879-8777 or [chbenefits@sbch.org](mailto:chbenefits@sbch.org).

Para solicitar este folleto en español, comuníquese con la Administración de Beneficios al 805-879-8777 o [chbenefits@sbch.org](mailto:chbenefits@sbch.org).



**NEED ASSISTANCE?** Contact the Cottage Health Benefits team at [chbenefits@sbch.org](mailto:chbenefits@sbch.org) or 805-879-8777 or x48777.

## NEW IN 2021



## A new third party administrator – HealthComp

HealthComp is the third party administrator for Cottage Health's Employee Medical Plans. This means HealthComp will:

- process medical and vision claims
- send Explanation of Benefits (EOBs)
- provide Flexible Spending Account (FSA) administration
- coordinate with your MyQHealth Care Coordinators from Quantum to offer covered employees and dependents with access to a team of dedicated health care advocates at no additional cost to you.

In December 2020, all covered employees will receive new Medical Plan ID cards. If you are participating in the Health Care Flexible Spending Account and/or Dependent Child Care Flexible Spending Account, you will also receive a new FSA debit card in December 2020. If you have any questions, please call your MyQHealth Care Coordinators at **888-516-1511**, Monday through Friday, 5:30 am - 7 pm PT.

**IMPORTANT:** Please provide your new Medical Plan ID card to your health care provider or your pharmacy in 2021 to ensure timely claims processing.

EOBs will be mailed to covered individuals from HealthComp for any claims processed after Jan. 1, 2021. You may also choose to review EOB forms on the Quantum Health website or app.



## Understanding your Explanation of Benefits (EOB): Summary Page

<b>Amanda Forester</b> 621 Santa Fe Avenue Fresno, CA 93720		<b>A Statement Date:</b> January 2018 <b>B Group:</b> ABC1 / Group A <b>C Enrollee:</b> Amanda Forester <b>D Member ID:</b> 461611																												
<b>Monthly Benefits Summary</b> Here is a summary of the healthcare claims processed for the period of <b>01/01/2018 through 01/31/2018</b> . You can view individual claims by visiting <a href="https://hconline.healthcomp.com">HConline</a> (hconline.healthcomp.com).		<b>E Your Plan Paid</b> \$200.23 <b>Your Responsibility F</b> <b>\$103.00</b>																												
<table border="1"> <thead> <tr> <th colspan="3">January 2018 Summary</th> <th colspan="2">Covered By Your Plan</th> <th colspan="2">Your Responsibility</th> </tr> <tr> <th>G Claim #</th> <th>H Patient Name</th> <th>I Total Charge(s)</th> <th>J Plan Rate</th> <th>K Plan Paid</th> <th>L Paid by Other Insurance</th> <th>M You Owe</th> </tr> </thead> <tbody> <tr> <td>36670368-01</td> <td>Amanda Forester</td> <td>\$617.00</td> <td>\$303.23</td> <td>\$200.23</td> <td>\$0.00</td> <td>\$103.00</td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>F Total: \$103.00</b></td> <td>May be owed to your provider</td> </tr> </tbody> </table>			January 2018 Summary			Covered By Your Plan		Your Responsibility		G Claim #	H Patient Name	I Total Charge(s)	J Plan Rate	K Plan Paid	L Paid by Other Insurance	M You Owe	36670368-01	Amanda Forester	\$617.00	\$303.23	\$200.23	\$0.00	\$103.00	<b>F Total: \$103.00</b>						May be owed to your provider
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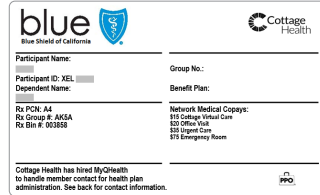
- A. Statement Date:** The calendar month that is covered by the EOB.
- B. Group:** The Group ID number that was assigned by HealthComp and the name of your Group (i.e. employer).
- C. Enrollee:** The name of the employee (or COBRA participant) who is enrolled in the health plan.
- D. Member ID:** The member ID number that was assigned by HealthComp.
- E. Your Plan Paid:** The total amount that was covered by your health benefits for all health services listed in the EOB.
- F. Total:** The total amount that you may owe to your provider for all health services listed in the EOB. This may include copays that you already paid.
- G. Claim #:** The claim number that was assigned by HealthComp.
- H. Patient Name:** The plan member who received the service(s).
- I. Total Charge(s):** The total amount that the provider charged for all health services listed in the claim.
- J. Plan Rate:** This is the Total Charge amount minus any network discounts (if available).
- K. Plan Paid:** The amount that was covered by your health benefits for all health services listed in the claim.
- L. Paid by Other Insurance:** A portion of the Total Charge may have been covered by another source (e.g. other health insurance, automobile insurance)
- M. You Owe:** This is the total amount that you may owe to your provider for all health services listed in the claim. This may include copays that you already paid.

For assistance, please contact HealthComp's Customer Service team at 1.800.442.7247

## NEW IN 2021

# Blue Shield Network

Effective on Jan. 1, 2021, the Cottage Health Medical Plan will no longer offer Anthem as its wrap network and will be switching to the Blue Shield of California network.



For the vast majority of all covered participants, this change will not bring any disruptions to network coverage. If you have a Cottage PPO physician (primarily in the Santa Barbara and Goleta communities), the provider will be covered under the new Blue Shield network.

If you have a provider outside of the Santa Barbara and Goleta communities, your provider will most likely be covered if they are a participant in the Blue Shield network.

**To confirm that your provider participates in the Blue Shield network, check online at:**

[blueshieldca.com/networkppo](https://blueshieldca.com/networkppo)

Covered participants within California

[provider.bcbs.com](https://provider.bcbs.com)

Covered participants outside of California

Or call **1-888-516-1511** or visit **choicesforhealth.org**. Or, download the app by searching for "MyQHealth – Care Coordinators." Care Coordinators by Quantum Health are available to help with just a tap, click or call.

## WHAT ISN'T CHANGING

# Your health care advocates: MyQHealth Care Coordinators from Quantum Health



One thing that isn't changing this year is your free access to a team of dedicated health care advocates—MyQHealth Care Coordinators by Quantum Health. With just a tap, click or call, get personalized support and guidance anytime you need

help with medical claims, health benefits, finding a provider and so much more, at no additional cost to you.

Call **1-888-516-1511** or visit **choicesforhealth.org**. Or, download the app by searching for "MyQHealth – Care Coordinators."

Think of your MyQHealth Care Coordinators as your personal health care team of expert nurses and benefits specialists ready to help you with:

- **issuing or replacing ID cards**
- **finding in-network providers**
- **answering claims, billing and benefit questions**
- **helping to reduce out-of-pocket costs**
- **providing support to help you maintain or improve your health.**

## NEW IN 2021

# Flexible Spending Account (FSA) information



## Now administered by HealthComp

A Flexible Spending Account (FSA) is an employer-sponsored benefit that allows you to contribute pre-tax dollars into either a Health Care FSA and/or a Dependent Child Care FSA. The Health Care FSA is to be used for eligible medical expenses and the Dependent Child Care FSA is to be used for eligible work-related dependent child care expenses.

Cottage Health employees who decide to participate in an FSA make their election each year during Open Enrollment in Cottage Compass. The IRS determines the maximum contribution amount an employee may make each calendar year. This amount is then divided evenly from each paycheck and deducted from your paycheck on a pre-tax basis, reducing your taxable income.

For 2021, the Health Care FSA contribution limit is \$2,750 and the Dependent Child Care limit is \$5,000.

Please note that your FSA Benny cards for 2020 will no longer be active after Dec. 31, 2020. Any eligible claims need to be submitted to Trustmark by March 31, 2021, to be eligible for reimbursement.

Any rollover balance between \$25 up to \$550 will automatically be transferred to your new Health Care FSA card balance. The IRS does not allow for a rollover for the Dependent Child Care FSA.

## How do I find out which medical or dependent care expenses are eligible for reimbursement?

Medical plan co-pays, deductibles, co-insurance, vision care, dental care, babysitting and summer day camps are a few of the types of covered expenses. See IRS Publication 502 – Medical and Dental Expenses & IRS Publication 503 – Child and Dependent Care Expenses for more information. You will also find a comprehensive list on the Cottage Health HR Portal.

## How do I get the funds out of my FSA?

**Debit card:** You will receive a debit card from HealthComp if you elect to participate in the Health Care FSA and/or the Dependent Child Care FSA. *Effective in 2021, participants in the Dependent Child Care FSA will be able to use the FSA debit card for eligible child care expenses if your provider accepts MasterCard.*

**Manual claims:** When submitting manual claims, you must complete a reimbursement request form and attach the appropriate receipts. Any claim submitted that is less than \$20 will be processed and pending until the minimum is met.

**Direct deposit:** You can sign up to have your reimbursements sent to you via direct deposit into your bank account.

## How do I submit a claim in order to be reimbursed?

- Submit your claim through the HCOOnline portal at: [hconline.healthcomp.com](https://hconline.healthcomp.com)
- Email your claim to: HealthComp\_Receipts@alegeus.com
- Fax your claim to 1-855-898-2719
- Mail your claim to HealthComp, P.O. Box 45018, Fresno, CA 93718-5018
- Submit via the HealthComp Flex mobile app. When initially signing up for the mobile app, your Employer ID # is HCA1241.

## Can I change my election amount mid-year?

Elections for your FSA can only be changed during the plan year if you experience a qualifying life event as defined by the Health Care FSA and/or Dependent Child Care FSA IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

### **What is the \$550 carryover?**

For the plan year effective Jan. 1, 2021, the plan provides for the carryover of your Health Care FSA 2020 balance up to \$550. Your carryover may be used to pay or reimburse medical expenses under the Health Care FSA incurred during the entire 2021 plan year to which it is carried over. Any rollover balance more than \$25 and up to \$550 will automatically be transferred to your new FSA card.

### **Plan carefully: Use it or lose it**

The IRS has imposed a “use it or lose it” rule. When determining how much to contribute, plan carefully. Any amounts remaining in your Health Care FSA over \$550 will be forfeited. If you have a balance in your Dependent Child Care FSA at the end of the run-out period and do not submit a claim for reimbursement by March 31 of the following year, the balance will also be forfeited.

### **What happens to my FSA if my employment is terminated?**

Participation in your FSA is also terminated. This means that Health Care or Dependent Child Care FSA expenses that were incurred prior to your termination date are eligible for reimbursement. If you have a positive balance, you will be able to submit claims for reimbursement up to 90 days from your termination date.

### **How does the debit card work?**

It works like a MasterCard® with the balance of your Health Care FSA and/or Dependent Child Care FSA stored on it. When you have eligible expenses at a business that accepts MasterCard, you simply use your card. The amount of the eligible purchases will be automatically deducted from your account and the pre-tax dollars will be electronically transferred to the provider or merchant for payment.

### **Is the debit card just like other MasterCard® cards?**

No. The debit card is a special-purpose MasterCard that can be used only for eligible health care or dependent child care expenses. If you attempt to use the debit card for non-qualified expenses, the transaction will be declined.

### **What if the debit card is lost or stolen?**

You should call HealthComp at **800-442-7247** or **559-499-2450** to report a card lost or stolen as soon as you realize it is missing. HealthComp will turn off your current card(s) and issue replacement card(s). There is a \$10 fee for each replacement card.

### **If asked, should I select debit or credit when using the card?**

Your debit card is a prepaid card and you should select “credit” when you make a purchase. You do not need a PIN and cannot get cash with your debit card.

### **Why do I need to save my itemized receipts?**

You should always save itemized receipts for FSA purchases made with the debit card. You may receive a letter asking you to submit receipts to verify that your expenses comply with IRS guidelines. Each receipt must show the merchant or provider name, the service received or item(s) purchased, the date, and the amount of the purchase. The IRS requires that itemized receipts must be submitted in order to validate expense eligibility. If you do not submit the receipts within the time allowed in the letter, your card will be deactivated.

### **What if I swipe my card for something that is later determined to be not eligible?**

In the event that an expense is ineligible, you will receive a letter requesting a refund. You can send a check or money order to HealthComp for the amount indicated in the letter so it can be credited back to your FSA account.

### **Can I use the debit card for prescriptions ordered prior to activating the card?**

No. The card must be activated prior to the order and/or purchase date of prescriptions. In some cases, members need to wait one business day after activating the card to purchase prescriptions at their pharmacy.

## What are some reasons that the debit card might not work at point of sale?

The most common reasons why a card may be declined include:

- The card has not been activated.
- The card has been used before the 24-hour waiting period after the card is activated.
- You have insufficient funds in your benefit account to cover the expense.
- Non-eligible expenses have been included at the point-of-sale. (Retry the transaction with the eligible expense only.)
- The merchant is encountering problems (e.g. coding or swipe box issues).
- The pharmacy or retail store cannot identify FSA-eligible items at checkout according to IRS regulations.

## How will any rollover funds in my Health Care FSA from 2020 be managed?

Any FSA balance greater than \$25 up to \$550 will automatically rollover after April 2021. Funds will roll over and be available in your FSA account even if you choose to not participate in an FSA benefit for 2021.

## Do I still have until March 31, 2021, to submit claims for FSA expenses from my 2020 FSA and what's the process?

All 2020 FSA claims should be submitted to Trustmark by March 31, 2021, for processing. All Benny cards will be shut off after Dec. 31, 2020.

## How do I know how much is in my account?

Go to [HOnline@healthcomp.com](mailto:HOnline@healthcomp.com) to set up your HOnline account. You will have access to view your account – elections, deposits, view claim history, and much more, 24 hours a day, 7 days a week. You can also call HealthComp at **800-442-7247** or **559-499-2450**; press option 4.



## Coordination of Benefits

### IMPORTANT NOTICE FOR EMPLOYEES WHO REPORTED THEY HAVE OTHER COVERAGE DURING OPEN ENROLLMENT:

This includes other medical insurance coverage, besides Cottage Health, such as private insurance or Medicare. Please ensure that you promptly complete the Coordination of Benefits form mailed to your home address and return to HealthComp.

Please see the directions in the mailing to arrive from HealthComp in December 2020. You may return the paper form or complete the online document. If you have other coverage, this is important as claims will not be processed by HealthComp until this form is completed.

# Timeline and key dates for your 2021 Benefits

## Summary of Benefits and Coverage

The Summary of Benefits and Coverage (SBC) is required by the Affordable Care Act and includes much of the same information available in your Choices enrollment guide. If you'd like copies of the SBC for medical coverage, you can get it on the Benefits Employee Portal under "Insurance."

If you would like a paper copy of the SBC, please email Benefits Administration at [chbenefits@sbch.org](mailto:chbenefits@sbch.org) or call 805-879-8777 or x48777.

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### Dec. 2020

New medical plan ID cards and FSA debit cards mailed to participating employees

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### Dec. 31, 2020

Trustmark Benny FSA cards will be deactivated

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### Jan. 1, 2021

New benefits year starts

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### Jan. 8, 2021

First deductions for the new plan year from paychecks

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### Mar. 31, 2021

Deadline to submit FSA claims on any 2020 rollover dollars

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### Dec. 31, 2021

Plan year ends

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## YOUR NEW PLAN YEAR 2021: WHAT YOU NEED TO KNOW

The information contained in this booklet does not contain all the plan details, rules, limits, exclusions, and claims and appeals provisions. Note that all plan eligibility requirements set forth in the Summary Plan Description (SPD) documents must be met for an employee or retiree to be eligible to participate in a Cottage Health benefit plan or program. In the event the content of this guide is inconsistent with the provisions of the Summary Plan Description (SPD) documents, the provisions of the plan documents are controlling. Cottage Health reserves the right to amend, modify, or terminate the plans, programs, policies, and procedures (in whole or in part) at any time for any reason without prior notice.

**NEED ASSISTANCE?** Contact the Cottage Health Benefits team at [chbenefits@sbch.org](mailto:chbenefits@sbch.org) or 805-879-8777 or x48777.