Benefits Open Enrollment 2013

November 1 – 30, 2012

Our employees are a top priority, and we’re committed to providing health and welfare benefits designed to help you manage the well-being of you and your family. UCAR is working hard to keep benefit costs affordable, but ultimately, you have the power to help us keep these costs down by making smart choices about your health and how you use your benefits.

Your 2013 Benefits Open Enrollment period is November 1 – 30, 2012. During this time, you can sign up for benefits, add or remove dependents, and enroll in tax-advantaged accounts.

Take a few minutes to learn about what’s new for 2013, what’s changing, and what you need to do during Benefits Open Enrollment.

Open Enrollment begins on Thursday, November 1, 2012, and ends on Friday, November 30, 2012, at 5:00 p.m. MST.

To enroll or make changes to your benefits for 2013, log on to https://www.fin.ucar.edu/hrisConnect/employee and enter your timecard login ID and password.

The website will be available beginning Thursday, November 1, 2012, and will close on Friday, November 30, 2012, at 5:00 p.m. MST. If you are not able to access the site, please contact a benefits representative, listed on page 12.

What’s New for 2013

Elimination of the Cigna PPO (also known as the OAP) Plan
The cost of the Cigna PPO (OAP) plan has risen significantly over the past few years, and it’s no longer a cost-effective plan option to provide as part of our benefits program. The decision to eliminate the plan was made in an effort to maintain affordable health care for both you and UCAR.

Important: If you are currently enrolled in the PPO (OAP) plan, you must enroll in a new medical plan during Open Enrollment. If you do not enroll in a new plan during Open Enrollment, you and any applicable dependents enrolled in your plan will not have coverage during 2013 and will not be allowed to elect coverage again until Open Enrollment for 2014 unless you experience a qualifying event.

If you are enrolled in the UCAR Dental plan, it will remain in effect.

Restructured Coverage Tiers
In an effort to provide you with more choices and cost-saving opportunities, you now have the option of choosing Employee Only, Employee + Spouse/Domestic Partner, Employee + Child(ren), or Employee + Family coverage. You may find you’ll save money by switching to a different coverage level.
Federally-Mandated Changes Due to Health Care Reform (Cigna and Kaiser Permanente)

We are closely following developments related to Health Care Reform and will continue preparing for the provisions that will go into place over the next several years. The following changes are required by the Affordable Care Act:

- The maximum contribution for the Health Care Flexible Spending Account (FSA) in 2013 will change from $10,000 to $2,500. However, the Dependent Care FSA limit remains the same at $5,000.

- While our health plans at UCAR include coverage of a wide range of important preventive care services for men, women and children, the list of eligible preventive care services is expanding in 2013 and will include the following eight categories of women’s preventive care services:
  1. Breastfeeding support, supplies, and counseling.
  2. Interpersonal and domestic violence screening and counseling.
  3. All FDA-approved contraception methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.
  4. Gestational diabetes screening for all pregnant women.
  5. HIV counseling and screening for all sexually active women.
  6. Human papillomavirus (HPV) DNA testing for all women 30 years and older.
  7. Sexually transmitted infection counseling for all sexually active women.
  8. Well-woman visits, including preconception counseling and routine, low-risk prenatal care.

Plan Design Changes for High Deductible Health Plan (HDHP)

- The cost of health care continues to rise for both you and UCAR. While UCAR continues to pay the majority of the cost, you’ll notice some increases to your monthly medical premiums for 2013. Additionally, there will be some plan design changes including:
  1. The annual deductible will increase to $3,250 for Employee Only and $6,450 for Employee + Spouse/Domestic Partner, Employee + Child(ren), or Employee + Family.
  2. Out-of-network coinsurance will change to 50% after deductible.
  3. The in-network out-of-pocket maximum, including deductible, will be $4,000 for Employee Only and $8,000 for Employee + Spouse/Domestic Partner, Employee + Child(ren), or Employee + Family.
  4. The out-of-pocket maximum, including deductible, for out-of-network will be $8,000 for Employee Only and $16,000 for Employee + Spouse/Domestic Partner, Employee + Child(ren), or Employee + Family.

The Cigna Care Network (CCN)

The Cigna Care Network was developed to provide patients with more information about physician quality. This designation distinguishes specialty physicians within Cigna’s network based on their performance under specific quality and cost efficiency measures. Specialists in the Cigna Care Network have a lower negotiated rate with Cigna than those who are not, so HDHP participants will have a lower coinsurance amount when they visit Cigna Care Network specialists. For more information about the Cigna Care Network, including finding Cigna Care Specialists in your area, please visit www.Cigna.com.

Remember…

You must access the Smart Choices Enrollment Website before November 30 to:
- Verify all dependents who are listed as qualified dependents enrolled in your plan
- Elect your level of coverage:
  - Employee Only,
  - Employee + Spouse/Domestic Partner,
  - Employee + Child(ren) or
  - Employee + Family
Prescription Drug Plan Changes for HDHP Participants

The following prescription drug programs are being implemented in 2013 to help keep you safe and costs down.

Step Therapy
Some new prescriptions will be covered under a new Step Therapy program. This program is designed to help you find a safe, cost-effective drug therapy program for your medical condition.

There are 14 classes of drugs covered under the Cigna Step Therapy program, detailed in the chart below.

<table>
<thead>
<tr>
<th>Step Therapy Drug Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD/ADHD</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Cholesterol-Lowering</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Heartburn/Ulcer</td>
</tr>
<tr>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Overactive Bladder</td>
</tr>
<tr>
<td>Narcotic</td>
</tr>
<tr>
<td>Pain Relievers</td>
</tr>
<tr>
<td>Non-Narcotic Pain Killers</td>
</tr>
<tr>
<td>Skin Conditions</td>
</tr>
<tr>
<td>Sleep Disorders</td>
</tr>
</tbody>
</table>

If you have a drug that does not fall into one of these classes, your prescription will be filled without the need to go through Step Therapy. Current prescriptions will continue to be covered and will not need re-approval under this program.

How does Step Therapy work?
Step Therapy requires that certain medications, typically generics and low-cost brands, are used before other, more costly medications are covered. If you fill a non-preferred prescription for a Step Therapy medication, you and your physician will receive a letter explaining what needs to be done before you go to fill the medication again. At any time, your physician can request authorization to continue coverage for a non-preferred Step Therapy medication for medical reasons.

For example, if you are diagnosed with high blood pressure you would be required to first try a medication that is designated as a first tier therapy like generic Lisinopril. If the first tier therapy does not work well for you, you could be prescribed a second tier therapy like the preferred brand Diovan. Second tier therapy drugs are typically more expensive and will cost you more. If the second tier therapy drugs do not work well, your physician can prescribe a third tier drug which is typically a higher cost non-preferred brand on the Prescription Drug list.

Prior Authorization for Certain Drugs
This program is designed to make sure the brand-name medication is appropriate for your diagnosis/condition.

Your physician must request authorization from Cigna before certain drugs or related supplies will be approved for coverage. If your pharmacy tells you that your prescription is denied for prior authorization, have your physician call Cigna.

If the authorization request is denied, you and your doctor will receive notification from Cigna.

If the request for prior authorization is approved, your physician will receive confirmation. The length of the authorization is dependent on the diagnosis and prescription. When your physician advises you that coverage has been approved, you can fill the prescription.

If you disagree with a coverage decision, you may appeal that decision by submitting a written request stating why the prescription drugs or related supplies should be covered.

Mandatory Specialty
If you take certain specialty medication, you will be required to use Cigna’s specialty medication mail-order pharmacy beginning in 2013. Specialty medications include high-cost injectables used to treat such conditions as cancer, multiple sclerosis, hepatitis-C, rheumatoid arthritis, and hemophilia.

Kaiser Plan
The Kaiser network will be expanding their coverage area to Loveland and Fort Collins, Colorado.
Important!

If you are currently enrolled in the HDHP, Kaiser or dental plan with dependent coverage, you must access the Open Enrollment site to select a new level of coverage and re-enroll to verify your dependents for 2013. If you do not access the Open Enrollment site before November 30, you will not have coverage in 2013. If you have Employee Only coverage, your current elections will remain in 2013 at the 2013 rates.

If you would like to participate in a Flexible Spending Account (FSA) and/or Health Spending Account (HSA) for 2013, you must re-enroll during Open Enrollment.

Remember, if you were enrolled in the PPO plan in 2012, you must enroll in a new plan during Open Enrollment. If you do not enroll in a new plan during Open Enrollment, you and any applicable dependents enrolled in your plan will not have coverage during 2013, and you will not be allowed to elect coverage again until Open Enrollment for 2014 unless you experience a qualifying event.

How to Enroll

The Smart Choices Enrollment Website will be available beginning Thursday, November 1, 2012, through Friday, November 30, 2012, at 5:00 p.m. MST.

Follow these steps to enroll:

1. Open your Web browser and enter https://www.fin.ucar.edu/hrisConnect/employee. Please be sure to enter the address exactly as you see it here. Then type in your timecard Login ID and password.

2. Click on the Smart Choices Open Enrollment link. This link takes you directly to the screens that allow you to:
   - Change medical and/or dental elections for 2013.
   - Enroll in the Health Care and/or Dependent Care Flexible Spending Accounts for 2013.
   - Elect to contribute to a Health Savings Account (HSA).

If you were hired prior to January 5, 2003, and would like to change your leave plan option to PTO, you will find a link to the UCAR Leave Plan Selection screen. Your leave plan selection chosen in 2012 will continue in 2013, unless you change to PTO for 2013.

To read more about the leave plans, please access the Leave Policy from the Benefits Manual at http://www.fin.ucar.edu/hr/benefits/manual/other02/leave_policy2009.html.

You may change/update your selections as often as you’d like until 5:00 p.m. MST, Friday, November 30, 2012.

Corrections to your enrollment will not be accepted unless a copy of the confirmation statement is provided as proof that you accessed the Open Enrollment Website.
New in 2013, UCAR offers four coverage tiers for you and your eligible dependents:
- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

If you cover dependents under any plan, they may be enrolled only in the same option that you select for yourself. Dependents may be on the plan up to their 26th birthday.

**Your 2013 Benefit Plan Rates**

The following chart shows the 2013 benefit plan monthly pre-tax costs for full-time employees:

<table>
<thead>
<tr>
<th>Coverage for:</th>
<th>Cigna HDHP</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical</td>
<td>Dental</td>
</tr>
<tr>
<td>Employee</td>
<td>$75</td>
<td>$12</td>
</tr>
<tr>
<td>Employee + Spouse/</td>
<td>$150</td>
<td>$23</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$120</td>
<td>$25</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$225</td>
<td>$36</td>
</tr>
</tbody>
</table>

**Tax on Domestic Partner Benefits**

Per IRS rulings, the value of a domestic partner’s health coverage is considered income to the employee participant. Accordingly, if you’ve elected domestic partner benefits, UCAR will pay and report the income tax withholding, the employer and employee portions of FICA tax, and FUTA tax that may result from the participant’s election of domestic partner coverage.

**How HDHP Claims Are Paid**

- Your in-network doctor should not collect any money from you at the time of your office visit. Instead, your doctor or medical care provider will send the claim directly to Cigna. (You may have to submit claims for out-of-network care.)

- Cigna will process the claim and send you an Explanation of Benefits (EOB). The EOB will tell you:
  - If your plan covers the services received.
  - If so, what part of the covered services your plan will pay.
  - How much you owe your doctor. (You can pay your doctor using your HSA Cigna Choice Fund/Chase MasterCard debit card or checkbook, or with personal funds.)

- If the claim is not eligible for payment from the medical plan, you will receive an EOB letting you know that you are responsible for the payment.

- If you receive a bill from your doctor, make sure the claim has been sent to Cigna before you pay it. You can do this by:
  - Checking the information you received on an EOB from Cigna.
  - Calling Customer Service to find out the status of your claim. (The toll-free number is on your Cigna ID card.)

- You can reimburse yourself using a check ($10.65 for a checkbook of 25 checks) OR use the HSA debit card at an ATM (no charge if using a Chase Bank ATM or $1.25 fee per ATM withdrawal transaction). The HSA debit card can be used at merchant locations for no charge and without limitation.
Cigna HDHP

The Cigna High Deductible Health Plan (HDHP) is coupled with an optional interest-bearing Health Savings Account (HSA), providing you an alternative plan that gives you control over how your health care dollars are spent.

This plan offers the greatest flexibility in determining when and where you receive care, while still offering protection against large medical claims through the annual out-of-pocket maximum.

Here’s how the HDHP plan works:

1. **In-network preventive care is always covered at 100%.** Examples of preventive care include:
   - Physical exam
   - Diabetes screening
   - Well-baby care
   - Flu shot (Influenza immunization)
   - Blood pressure screening
   - Testing for colon cancer
   - Cholesterol check
   - Clinical breast exam and pap test
   - Tetanus-Diphtheria booster
   - Mammogram
   - Gestational diabetes screening for all pregnant women
   - HIV counseling and screening for all sexually active women
   - Human papillomavirus (HPV) DNA testing for all women 30 years and older
   - Sexually transmitted infection counseling for all sexually active women
   - All FDA-approved contraception methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity

   Make sure your provider codes the claim as part of an annual wellness exam. Preventive screenings are not considered “preventive” if a pre-existing condition is present or if a condition is discovered as a result of the screening.

2. **Each year, before your plan starts to pay for your medical expenses, you’ll be responsible for an annual deductible.** You’ll pay for 100% of your medical expenses, including prescriptions, until you reach your annual deductible. You can use your HSA to pay for any allowable medical expenses you incur. Vision and dental claims do not apply to the annual deductible.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Annual Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,250</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner, Employee + Child(ren), Employee + Family</td>
<td>$6,450</td>
</tr>
</tbody>
</table>

3. Once you meet your deductible, your health plan will pay for a portion of your eligible medical expenses **until you reach the out-of-pocket coinsurance maximum.**

<table>
<thead>
<tr>
<th>Service</th>
<th>Plan Pays after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>100% In-Network</td>
</tr>
<tr>
<td>Office Visits – Primary Care Physician (PCP)</td>
<td>50% Reasonable and Customary* Charges for Out-of-Network</td>
</tr>
<tr>
<td>Office Visits – Specialist</td>
<td>90% Cigna Care Network/70% In-Network</td>
</tr>
<tr>
<td>All Other Services</td>
<td>90% In-Network</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>50% Reasonable and Customary* Charges for Out-of-Network</td>
</tr>
</tbody>
</table>

* A charge will be considered Reasonable and Customary if:
  - It is the normal charge made by the provider for a similar service or supply; and
  - It does not exceed the normal charge made by most providers of such service or supply in the geographic area where the service is received, as determined by Cigna.

To determine if a charge is Reasonable and Customary, the nature and severity of the Injury or Sickness being treated will be considered.
Health Savings Account

Your Health Savings Account (HSA) is meant to help you save money toward your health care expenses, as well as offset the higher deductible. As long as you're in an HDHP, you can contribute to an HSA on a tax-free basis, and you and your covered dependents can use your HSA to pay for qualified medical expenses until you meet your deductible. If you don't use all of your HSA funds in one calendar year, your remaining money will roll over for use in future years.

### Coverage Level

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$4,000</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner, Employee + Child(ren), Employee + Family</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

NOTE: Deductibles and claims meeting the out-of-pocket maximums will apply to in- and out-of-network provider visits.

You may visit any facility or provider, but you will save the most when you use the Cigna Open Access Plus (OAP+) Provider network of doctors and facilities for services. If you need to see a specialist, you will save even more when you visit a specialist within the Cigna Care Network. To find a network provider or facility in your area, visit www.Cigna.com and click on “Find a Doctor.”

To learn more about Cigna, visit http://www.fin.ucar.edu/hr/benefits/manual/hdhp_hsa/cignahdhp.pdf (2012 version).

### Kaiser

The Kaiser plan is a Health Maintenance Organization (HMO) offered through Kaiser Permanente. The HMO offers a high level of benefits – medical, vision, and prescription drugs – in exchange for using Kaiser Permanente health care providers, hospitals, ophthalmologists/optometrists, and pharmacies. Instead of the typical claim forms and annual deductibles, you pay flat fee copayments for office visits to the Kaiser Permanente physician at the time of the visit.

This HMO option is currently only available to eligible current and former UCAR employees and their dependents who live in the Kaiser Permanente service areas (available in some areas of CO, MD, DC, VA, and CA). For more information, including plan specifics, please see the Highlights Brochure on the Smart Choices Open Enrollment web site.

### Additional Information

Additional information regarding contributions to and accessing of your HSA funds will be found on the Smart Choices Enrollment Web Site, http://www.fin.ucar.edu/hr/smartchoices/.

If you have any type of Medicare, you cannot contribute to the HSA. If your spouse has Medicare but you do not, you may only contribute up to the maximum for employee only coverage. You both may remain on the HDHP. Remember, if you are over age 55, special catch-up contribution maximums allow you to contribute an additional $1,000 in 2013.

4. Finally, if you reach your out-of-pocket maximum, the plan pays for 100% of your eligible medical expenses.
**Cigna PPO Dental Plan**

Good dental care is important to your overall health. You may visit any dentist under this plan, but you will save the most when you visit dentists within the Cigna network. If you choose an out-of-network dentist, you’ll still be covered, but generally at a higher cost.

Whether you go in- or out-of-network, claims will be paid for all or part of the cost for covered procedures, up to an annual maximum of $1,500, after meeting the $75 annual deductible. Dental preventive care services are covered at 100%. Basic services are covered at 80% after deductible; Major services are covered at 50% after deductible; and Orthodontic services are covered at 50% after deductible.

To see a list of in-network dental providers, visit [www.Cigna.com](http://www.Cigna.com) and click on the “Find a Doctor” link.

**Flexible Spending Accounts**

*Administered Through WageWorks*

Flexible Spending Accounts (FSAs) allow you to pay for health care or dependent care expenses using pre-tax dollars from your paycheck. Remember, FSA funds do not roll over from year to year, so it’s important to estimate your expected expenses carefully. Any funds remaining at the end of the year are subject to the IRS “Use it or Lose it” rule.

<table>
<thead>
<tr>
<th>FSA Type</th>
<th>2013 Maximum Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>$2,500</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

If you are enrolled in the HDHP plan and you have an HSA, you may also elect to enroll in a Limited Purpose Health Care FSA to pay for only dental and vision expenses.

**WageWorks.com**

If you are enrolled in the Health Care or Dependent Care FSA, visit [www.WageWorks.com](http://www.WageWorks.com) to:

- Find claim forms
- Check account balances
- See if claims were received, checks were mailed, or direct deposit received
- Set up one-time or recurring payments to health care or dependent care providers

When you enroll in the Health Care FSA, you will receive a Health Care Debit Card from WageWorks, allowing you to instantly access your funds to pay for eligible health care expenses. If you would rather use claim forms, you may simply destroy the debit card upon receipt.

If you enroll in the Dependent Care FSA, you must submit claim forms for reimbursement. You will not receive a debit card. Visit [www.WageWorks.com](http://www.WageWorks.com) to sign up for direct deposit of reimbursements.


Regardless of the form of payment you use to pay for eligible health care expenses, it’s important for you to save your receipts in case you are asked to verify that your transactions were qualified for payment. If you are asked for claims documentation, you must provide it in a timely fashion or you won’t be able to use your debit card until the information is provided.

You have until March 31, 2013, to submit FSA claims incurred during 2012.
Comparing the Health Care FSA and the HSA

The chart below provides an overview of HSAs and Health Care FSAs.

<table>
<thead>
<tr>
<th>Event</th>
<th>Health Savings Account</th>
<th>Health Care Flexible Spending Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available to all employees, regardless of the medical plan enrollment</td>
<td>No – The optional HSA is offered only to employees participating in the HDHP plan.</td>
<td>Yes – Employees in the Kaiser plan and/or dental plan, or who are not enrolled in any medical plan are eligible to open an FSA. Employees in the HDHP plan may open a Limited Purpose FSA to maximize their dental and vision savings.</td>
</tr>
<tr>
<td>Funds can be used to pay for eligible health expenses, including copays and coinsurance, deductibles, dental and vision expenses, and prescriptions (Refer to IRS Publication 502)</td>
<td>Yes – You may use your HSA funds for any allowable health care expenses.</td>
<td>Yes – You may use your FSA funds for any allowable health care expenses if you do not contribute to an HSA. Employees in the HDHP plan may open a Limited Purpose FSA to maximize their dental and vision savings in addition to contributing to the HSA.</td>
</tr>
<tr>
<td>Contributions are pre-tax dollars from your paycheck</td>
<td>Yes – The funds in your HSA account are pre-tax dollars from your paycheck.</td>
<td>Yes – The funds in your FSA account are pre-tax dollars from your paycheck.</td>
</tr>
<tr>
<td>Funds earn interest</td>
<td>Yes – Your HSA funds earn interest each year, tax-free!</td>
<td>No – FSA funds do not earn interest.</td>
</tr>
<tr>
<td>Maximum contribution</td>
<td>$3,250 for Individuals $6,450 for Families If you are over age 55, special catch-up contribution maximums allow you to contribute an additional $1,000 in 2013.</td>
<td>$2,500</td>
</tr>
<tr>
<td>Funds roll over from year to year</td>
<td>Yes – Your funds will roll over each year, allowing you to start saving for future medical costs now!</td>
<td>No – Any remaining funds at the end of the calendar year will be forfeited.</td>
</tr>
<tr>
<td>Funds can be used now or in the future, including in retirement</td>
<td>Yes – HSA funds are yours to keep, meaning you can use your money for health care expenses now or in the future.</td>
<td>No – Any money contributed to an FSA must be used during that calendar year. Funds remaining at the end of the year will be forfeited.</td>
</tr>
<tr>
<td>Funds may be used for eligible purchases for all family members claimed on your tax return</td>
<td>Yes – You may use your HSA money to pay for eligible health care expenses for all family members claimed on your tax return.</td>
<td>Yes – You may use your FSA money to pay for eligible health care expenses for all family members claimed on your tax return.</td>
</tr>
<tr>
<td>Full contribution amounts are available immediately</td>
<td>No – You cannot pre-spend before funds are contributed to HSA.</td>
<td>Yes – The full contribution amount (less amount withdrawn) must be available throughout coverage period.</td>
</tr>
<tr>
<td>If you leave the company, your funds are yours to take with you</td>
<td>Yes – Your HSA funds are yours to keep if you leave or retire.</td>
<td>No – Unused amounts are only available through COBRA participation until the end of the calendar year.</td>
</tr>
</tbody>
</table>
Will a Health Savings Account Work for You?

To help you decide if the High Deductible Health Plan (HDHP) with the Health Savings Account (HSA) option is right for you, review this list of HSA features:

- An HSA is available only if you are in an HDHP.
- You can’t be in an HSA if you are covered by another health plan (unless it is also an HDHP). For example, if you are covered under a spouse’s medical plan, you can only elect the HSA if that medical plan is an HDHP.
- You fund your HSA with pre-tax money that is taken directly from your pay.
- Unused amounts automatically roll over for use in future years.
- HSAs are portable from employer to employer. You can use up your balance for eligible expenses. You can even continue contributing as long as you are in another HDHP plan.

- When you use an HSA, you can increase your role in ensuring a secure retirement since, to a certain extent, you control the amount of money used or available for carry over from year to year in your interest-bearing HSA.
- Contributions are securely held in trust for your use and they can grow through simple interest or investment income.
- Money in your HSA can be used to pay for the same health care expenses that are allowed under a Health Care Flexible Spending Account, such as:
  - Deductibles and coinsurance under both the medical and dental plans.
  - Vision care expenses, such as eye exams, glasses, contacts, and laser eye surgery.
  - Hearing care expenses, including exams and necessary hearing aids.
- Money in your HSA can also be used to pay premiums for:
  - Individual long-term care insurance policies
  - COBRA insurance coverage
  - Health plan coverage while receiving unemployment insurance
  - If age 65+, any health insurance except Medicare Supplement (A-J), known as Medigap coverage

For more information or to see HDHP/HSA Frequently Asked Questions, please visit [http://www.fin.ucar.edu/hr/smartchoices/hdhp_hsa_faq.html](http://www.fin.ucar.edu/hr/smartchoices/hdhp_hsa_faq.html).
Picking the Best Plan for You

The decision you make about which plan you want for 2013 medical coverage is one that can have an impact all year long. Consider the following when choosing your plan:

■ What Are Your Coverage Needs?
  - Do you need Employee Only, Employee + Spouse/Domestic Partner, Employee + Child(ren), or Employee + Family coverage?
  - Is UCAR your only option for medical coverage? Can your spouse receive coverage under his or her employer’s plan? Or, can you get coverage through your spouse? Is it more cost-effective to cover dependents on your spouse’s plan?
  - Are you currently covering any dependents who are no longer eligible for coverage?

■ How Healthy Are You and Your Family?
  - How often did you or any of your dependents visit the doctor last year?
  - Did you have any major health care expenses that may be repeated in 2013?
  - Do you anticipate needing any specialized health care needs in 2013?
  - Do you need regular prescriptions? Could you use a generic equivalent or mail-order and save money?
  - Do you see a medical provider for regular preventive care checkups, such as an annual physical?
  - Are you making healthy lifestyle choices and using your preventive care benefits?
  - Do you have health care needs that require a specialist or ongoing therapy?

Don’t forget! If you are currently enrolled in the PPO (OAP) plan, you will need to enroll in a new plan during Open Enrollment. If you do not enroll in a new plan during Open Enrollment, you and any applicable dependents enrolled in your plan will not have coverage during 2013, and you will not be allowed to elect coverage again until the next Open Enrollment period unless you experience a qualifying event.

■ How Will You Pay for Health Care Expenses?
  - How much will your total health care costs be? Think about out-of-pocket costs, including:
    — Monthly contributions
    — Copayments
    — Deductibles
    — Prescription drugs
    — Coinsurance to reach the out-of-pocket maximum
  - If you enroll in the HDHP, how much can you afford to contribute to the HSA to help pay for out-of-pocket medical costs or save for future medical needs?
  - Could a tax-advantaged account like the HSA or FSA help you manage your health care spending?
  - How much can you save on your taxes by making pre-tax contributions to an HSA or a FSA?
Enrollment Meetings

We are offering enrollment meetings to help answer questions about new and current benefit options and the enrollment process. All sessions are open to UCAR employees and retirees, as well as COBRA and long-term disability plan participants.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, Nov. 1</td>
<td>FL2 Main Auditorium</td>
<td>10:00 – 11:30 a.m.</td>
</tr>
<tr>
<td>Friday, Nov. 2</td>
<td>Research Aviation Facility, Conference Room</td>
<td>9:30 – 11:00 a.m.</td>
</tr>
<tr>
<td>Monday, Nov. 5</td>
<td>FL2 Main Auditorium</td>
<td>1:30 – 3:00 p.m.</td>
</tr>
<tr>
<td>Tuesday, Nov. 6</td>
<td>ML Main Seminar Room</td>
<td>10:00 – 11:30 a.m.</td>
</tr>
<tr>
<td>Tuesday, Nov. 6</td>
<td>CG1 Center Auditorium</td>
<td>1:30 – 3:00 p.m.</td>
</tr>
<tr>
<td>Wednesday, Nov. 7</td>
<td>CG1 Center Auditorium</td>
<td>10:00 – 11:30 a.m.</td>
</tr>
<tr>
<td>Thursday, Nov. 8</td>
<td>ML Main Seminar Room</td>
<td>1:30 – 3:00 p.m.</td>
</tr>
<tr>
<td>Friday, Nov. 9</td>
<td>NWSC Conference Room</td>
<td>10:30 – 12:00 p.m.</td>
</tr>
</tbody>
</table>

Remember to Print Your Online Confirmation Statements

It’s important to print your confirmation statement for your Health Insurance, Flexible Spending Accounts, Health Savings Accounts and Leave Plan selections. This statement is available online when you access the enrollment website and enroll. Once you have made your selections, please review the on-screen confirmation statement carefully and print it for your records.

If you have changed your Leave Plan selection, your new selection will appear on the confirmation statement.

If you need to change any of your elections (Health Insurance, Flexible Spending, Health Savings Account or Leave Plan), you may re-enter the enrollment website (https://www.fin.ucar.edu/hrisConnect/employee) and make changes as often as needed prior to 5:00 p.m. MST, Friday, November 30. Please print an updated confirmation statement each time you make changes.

Note: In the case of any discrepancies between this Bulletin and any Plan document, the provisions in the Plan document will govern. The descriptions of the programs given here are for general information only and should not be relied upon as accurately defining all features and benefits or all limitations on such benefits. The applicable benefits, conditions, and limitations are those set forth in any master policy.