Open Enrollment
Quick Reference Guide
November 2024

LEHIGH UNIVERSITY

# Flex Benefits Updates for 2025

This is your annual Flex Benefits Open Enrollment quick reference guide. It contains information and links you should review to select your flexible benefits for the 2025 benefit plan year, which runs from January 1 to December 31, 2025. This year, **the online Open Enrollment period runs November 1 through 15, 2024**. Your benefits choices take effect January 1, 2025. For complete information, consult the 2025 *Flexible Benefits Enrollment and Reference Guide* on the Lehigh Benefits website, available Friday, November 1.

## WHAT'S NEW?

### Changes For 2025

- Medical plan **out of pocket costs** are changing. See page 2 for more details.
- Prescription plan **out of pocket costs** are changing. See page 4 for more details.
- Effective January 1, 2025, Voya will administer the university's voluntary benefits for **Critical Illness and Accident coverage.**
- Voya will also administer **a new Hospital Indemnity benefit.**
- **Expanded vision care coverage** through Davis Vision, including the addition of Warby Parker to their network.

## ENROLLING IS EASY

### Enroll on the Web

- Go to https://onfirstup.com/lehigh/theperch/ and log in to The Perch using your Lehigh credentials.
- Select Connect Lehigh from the top menu bar.
- Navigate to the Employee Links tile.
- Select "Human Resources."
- Select "Lehigh Benefits."
- Acknowledge the tasks in your To Do List.
- Select the button under the words "Enroll Now!" that reads "Click Here to View Your Benefits."

### Or Use The App

- Download the Benefitplace app from The App Store or the Google Play Store.
- Log in by using the ID **"lehighbenefits"** on the initial screen, then sign in with your Lehigh ID and password.

You'll be asked to confirm your dependents and answer a few questions before you begin enrollment. You can review your current elections, use the comparison shopping tool to view estimated out of pocket costs, change your elections, update your beneficiary information and more.

**ARE YOU**
**Turning 65 and eligible for Medicare this year?**
**AND**
**Considering the High Deductible Plan with HSA?**

**See page 8 for very important information about Health Savings Accounts**

### IMPORTANT REMINDER

**FSAs** and employee contributions to **HSAs** DO NOT automatically roll forward from the previous year.
If you want a healthcare or dependent care Flexible Spending Account (FSA) or plan to make employee contributions to a Health Savings Account (HSA) in 2025, you must make these elections during Open Enrollment.

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# Summary of Medical Plan Options

| | PPO | | HDHP | | Keystone HMO*** |
|---|---|---|---|---|---|
| **Network** | National | | National | | 21 County/Lehigh Valley |
| | In-network | Out-of-network | In-network | Out-of-network | In-network |
| **Annual Deductible** | | | | | |
| **Individual** | $500 | $700 | $2,000 | $2,500 | $200 |
| **Family** | $1000 | $700 /person | $4,000* | $5,000* | $400 |
| **Coinsurance** | 20% | 40% | 20% | 40% | N/A |
| **Out-of-Pocket Maximum for all medical and prescription drug charges** | | | | | |
| **Individual** | $5,000 | No limit | $5,000 | No limit | $4,000 |
| **Family** | $10,000 | No limit | $10,000 | No limit | $8,000 |
| **Physician Services** | | | | | |
| **Office Visit** | $30 copay/visit | 40% coinsurance | 20% coinsurance | 40% coinsurance | $30 copay/visit |
| **Specialist Visit** | $50 copay/visit | 40% coinsurance | 20% coinsurance | 40% coinsurance | $50 copay/visit |
| **Preventive Care (Administered in accordance with Preventive Health Guidelines & PA state mandates)** | No charge | Mandated screenings and immunizations: 40% coinsurance; Routine physical exams: Not covered | No charge | Mandated screenings and immunizations: 40% coinsurance; Routine physical exams: Not covered | No charge |
| **Hospital Services** | | | | | |
| **Inpatient Coverage** | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance | $250/admission |
| **Outpatient Hospital** | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance | $100 copay/outpatient surgery |
| **Emergency Room** | $250 copay/visit, waived if admitted | | 20% coinsurance after deductible | | $250 copay/visit, waived if admitted |
| **Urgent Care** | $50 copay/ service | 40% coinsurance | 20% coinsurance | 40% coinsurance | $50 copay/ service |
| **Maternity Services** | | | | | |
| **Prenatal/ Postpartum Care** | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance | No charge |
| **Hospital** | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance | $250/admission |
| **Mental Health ** ** | | | | | |
| **Inpatient** | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance | $250/admission |
| **Outpatient** | $30 copay/visit | 40% coinsurance | 20% coinsurance | 40% coinsurance | $30 copay/visit |
| **Substance Abuse ** ** | | | | | |
| **Inpatient** | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance | $250/admission |
| **Outpatient** | $30 copay/visit | 40% coinsurance | 20% coinsurance | 40% coinsurance | $30 copay/visit |
| **Prescription Drugs** | | | | | |
| **Generic** | 20% coinsurance | Coinsurance plus amount over Express Scripts allowable amount | 20% coinsurance after deductible is met | Coinsurance plus amount over Express Scripts allowable amount after deductible | 20% coinsurance |
| **Brand Forumulary** | 25% coinsurance | Coinsurance plus amount over Express Scripts allowable amount | 25% coinsurance after deductible is met | Coinsurance plus amount over Express Scripts allowable amount after deductible | 25% coinsurance |
| **Brand Non-Forumulary** | 35% coinsurance | Coinsurance plus amount over Express Scripts allowable amount | 35% coinsurance after deductible is met | Coinsurance plus amount over Express Scripts allowable amount after deductible | 35% coinsurance |

*For all coverage levels other than employee only, the entire family deductible must be met before the HDHP plan starts paying medical and pharmacy benefits to anyone in the plan. Medical and pharmacy expenses count toward the deductible.
** **Managed Behavioral (Mental) Health services are administered by Capital Blue Cross for all of the medical plans.** To search for providers of managed behavioral health please go to My Care finder at https://www.capbluecross.com/wps/portal/cap/home/find/my-care-finder. **Preauthorization is required in all plans.**
***Care from out-of-network providers is not covered, other than in an emergency, as determined by Capital Blue Cross.
See the Summary of Benefits and Coverage and Plan Design Details sections of the 2025 Enrollment and Reference Guide to learn more about specific coverages and limits as well as preauthorization information.

# Understanding Medical Coverage Plan Language

The following are definitions of terms used in the description of medical coverage. Understanding these terms will make it easier for you to compare the benefits provided under each of the plans.

**Allowed Charge:** That portion of a charge that the plan determines is reasonable for covered services that have been provided to the patient. Also known as the "allowance." Amounts in excess of the allowed charge are not paid by the plan. If the services were provided by a participating provider, the amount in excess of the allowed charge is waived by the provider. If the services were provided by a non-participating provider, the patient may be responsible for paying the additional amount (see "Balance Billing").

**Balance Billing:** Occurs when a provider of services or supplies declines to accept the payment level determined by a medical plan as payment in full. The provider then bills the insured for the amount of the charge that exceeds plan payment plus deductible, coinsurance, and/or copayment.

**Coinsurance [CI]:** The portion of a covered charge that is paid by both the insured and the plan. It is the sharing of charges as defined by the plan. Typically these amounts are expressed in terms of the "percentage paid by the plan versus percentage paid by the insured," such as 80 percent by the plan and 20 percent by you; 70 percent by the plan and 30 percent by you; or 50 percent by the plan and 50 percent by you. Coinsurance amounts may affect out-of-pocket maximums.

**Copayment [CP]:** A flat dollar amount paid to the provider by the insured for a covered service or supply at the time it is received. An example would be paying the physician $30 at the time of an office visit. Copayments do not affect the deductible and coinsurance maximum, but do contribute to the out-of-pocket maximum that includes applicable physician copayments.

**Covered Charge:** An allowed charge for service that the plan is designed to accept and for which the plan will pay, if all other conditions (like deductibles and coinsurance) have been met. Charges that are not covered (like Balance Billing) do not affect deductibles, coinsurance, or out-of-pocket maximums.

**Deductible [D]:** The total amount of covered charges that the insured must pay in full during the plan year before any payment is made by the plan.

**Out-of-Pocket Maximum:** The maximum amount that would be paid by the insured for covered charges during a plan year, usually a combination of deductible, coinsurance, and copayments. The amount does not include plan charges for services that are not covered, and charges that are in excess of plan allowable charges (see "Balance Billing").

**Preventive Care:** Any covered medical service or supply that is received in the absence of symptoms or a diagnosed medical condition. Preventive care includes preventive health services like physical examinations, certain immunizations, and screening tests. Preventive care can also provide specific programs of education, exercise, or behavior modification that seek to manage disease or change lifestyle: programs for diabetes management, smoking cessation, childbirth preparation and the like. Medical plans clearly define the types of services, supplies, and programs they offer as preventive benefits and they provide them based upon protocols established in the medical community with regard to factors like frequency, patient age, and suitability. The Patient Protection and Affordable Care Act also requires particular preventive services for particular individuals to be covered at no cost, provided the covered services are received from a network provider. These services can be reviewed at healthcare.gov/coverage/preventive-care-benefits.

## 2025 Monthly Medical Insurance Prices

| | University Contribution | Employee Premiums | | |
|---|---|---|---|---|
| | | HDHP Plan | PPO | Keystone HMO |
| Individual | $692 | $41 | $274 | $132 |
| Employee + Spouse/Partner | $1,424 | $156 | $678 | $371 |
| Employee + Child(ren) | $1,295 | $132 | $603 | $326 |
| Employee + Family | $2,056 | $229 | $983 | $537 |

# Vision and Prescription Drug Plan Information

## Davis Vision Program

| Service/Product | Your In-Network Cost | Out-of-Network Reimbursement to You |
|---|---|---|
| Eye Exam | $0 | $32 |
| | | |
| Eyeglass Lenses | | |
| Standard Single vision | $0 | $25 |
| Bifocal | $0 | $36 |
| Trifocal | $0 | $46 |
| Post Cataract | $0 | up to $72 |
| Non-standard (i.e. no line bifocals, tints, coatings) | Fixed Costs | No Additional Benefit |
| | | |
| Frames | $0 for Davis fashion selection frames up to $100 at all providers. Amount over $150 for non-Davis frames at Visionworks, less 20% overage discount. Amount over $100 less 20% discount at other providers. | $30 |
| | | |
| Contact Lenses | | |
| Prescription and Fitting | $0 | Daily: $20<br>Extended: $30 |
| Contact Lenses | Amount over $100, less 15% discount on overage | Specialty: $48<br>Disposable: $75 |
| Medically Necessary Contacts (w/prior approval) | $0 | up to $225 |

1-877-923-2847 (prior to initial enrollment)
1-800-999-5431 (once enrolled) or www.davisvision.com

## Coordination of Benefits/ Spousal Surcharge

If you have dependents covered by Lehigh's medical insurance plan, you will be asked to complete a Coordination of Benefits questionnaire. You will receive the form from Capital BlueCross. This form will ask you if your dependents' other parent also has coverage for them on a plan from his or her employer. It also asks if your adult children (under age 26) have coverage with their employers.

In general, all participants receive primary coverage from the medical plan that covers them as an employee, and dependent children receive primary coverage from the parent whose birthday comes first in the calendar year. Secondary coverage comes from the medical plan of the other employer, or the other parent, respectively.

If you choose to have your spouse or partner covered by Lehigh's medical insurance plan, you will be charged a $100/month surcharge until you complete a Spousal Surcharge Waiver request and HR approves it.

The waiver request must be submitted each year, and is provided during the online enrollment process. Failure to submit the waiver request during Open Enrollment will result in the monthly surcharge beginning on January 1. If you provide the form later and it is approved, the surcharge will stop; however, you will not receive a refund for prior months.

## Express Scripts Prescription Drug Benefit

Lehigh's prescription drug program is based on a three-tiered formulary that determines the amount of coverage you will receive for your drugs. Below are the coverage levels for each tier.

| | Retail | Mail Order |
|---|---|---|
| Generic | 20% ($25 maximum) per 30-day supply | 20% ($62.50 maximum) per 90-day supply |
| Formulary Brand Name | 25% ($50 maximum) per 30-day supply | 25% ($125 maximum) per 90-day supply |
| Non-Formulary Brand Name | 35% ($100 maximum) per 30-day supply | 35% ($250 maximum) per 90-day supply |

If you have questions about whether your prescriptions are considered "formulary" or "non-formulary," contact Express Scripts at 1-866-383-7420 or www.express-scripts.com.

# Dental Benefit Summary

**Diagnostic and Preventive Service Benefits - Paid at 100% of MAC*. Does not count against maximum annual benefits of $1,000 per person**

Semi-annual cleaning, polishing and examination
Annual bitewing X-rays
Complete X-ray series (every five years)
Fluoride treatment (under age 19)
Sealant: Under age 16. One sealant per permanent first and second molars in three years.
Emergency treatment: Palliative (to alleviate pain), not restorative

**Basic Service Benefits - Paid at 80% of MAC***

Inpatient consultation
Anesthetics: Novocain, IV sedation, general
Basic restoration: Amalgam and composite fillings
Non-surgical periodontics
Endodontics
Oral surgery
Simple extraction
Repair of crowns, inlays, onlays, bridges and dentures

**Major Service Benefits - Paid at 50% of MAC***

Surgical periodontics
Inlays, onlays and crowns
Prosthetics: Dentures and bridges; no implants

**Orthodontics (under age 19) - Paid at 50% of MAC***

Orthodontic lifetime benefit maximum of $1,000 per person

*MAC: Maximum Allowable Charge - The negotiated charge the plan pays to providers.

## The Preventive Incentive

To encourage good oral health and help save you money, United Concordia Dental's plan covers Class I diagnostic and preventive procedures in full. Annual preventive care for each person covered under the plan includes:

- Two cleanings
- Two exams
- One set of X-rays.

In addition, the coverage of these costs does not count toward your annual maximum. For more information on The Preventive Incentive, contact United Concordia Dental customer service at 1-800-332-0366.

| 2025 Monthly Dental Prices | |
|---|---|
| United Concordia Dental | |
| Employee Only | $37.02 |
| Employee + One | $74.06 |
| Employee + Two or More | $95.74 |

To view a list of participating dentists, visit United Concordia's website at www.ucci.com/, select "Find a Dentist," and select "Advantage Plus" to find participating dentists in Pennsylvania, and "National Fee-For-Service" to find dentists in all other states.

## A Note About International Travel

All three of Lehigh's medical coverage plans are administered by Capital BlueCross, which is a member of the BlueCross BlueShield Association.

That affiliation makes the BlueCross BlueShield Global Core program available to employees and dependents covered under any Lehigh medical plan. BlueCross BlueShield Global Core provides access to an international network of traditional inpatient, outpatient, and professional healthcare providers, as well as participating hospitals, around the world.

If you plan to travel outside the US, you can find information about the program and its services - including the process for locating a doctor or hospital - by calling 1-800-810-BLUE. Outside the US, call collect at 1-804-673-1177. You can also visit the Global Core website at https://www.bcbsglobalcore.com.

If you are traveling on university business outside the US, you can also use the International SOS program travel services assistance plan that can help with medical, personal, travel and security assistance in times of need. International SOS is not medical insurance, but is another source of support. Learn more about International SOS and other university travel insurance issues by calling the Office of International Affairs (610-758-4977) or Risk Management (610-758-3899).

# Need Help?

Need an answer to a benefit coverage question? Here's a list of resources to get your questions answered. Clip and save this list for future reference. This list is also available at: https://hr.lehigh.edu/resources.

| Provider | Phone | Web Address |
|---|---|---|
| AFLAC (coverage ends 12/31/24) | 800-433-3036 | www.aflacgroupinsurance.com |
| Alight (expert medical opinion) | 888-361-3944 | mymedicalally.alight.com |
| BenefitsVIP Service Center (general Lehigh benefits questions) | 866-293-9736 | email: solutions@benefitsvip.com |
| Capital BlueCross and Keystone Health Plan | 800-216-9741 | www.capbluecross.com |
| Capital BlueCross Managed Behavioral Health (mental health benefits) | 866-322-1657 | www.capbluecross.com |
| Capital Blue Virtual Care (telehealth) | 855-818-3627 | https://www.capbluecross.com/wps/portal/cap/home/explore/resource/virtual-care |
| Davis Vision | 800-999-5431 or 877-923-2847 | www.davisvision.com control code: 5167 |
| Express Scripts | 866-383-7420 | www.express-scripts.com |
| Health Advocate Advocacy Services | 866-695-8622 | email: answers@healthadvocate.com web: https://members.healthadvocate.com/Home/Index |
| Health Equity (HSA administration) | 866-346-5800 | www.healthequity.com |
| Health Advocate Employee Assistance Program (EAP) | 866-799-2728 | Web: www.HealthAdvocate.com/lehighuniversity Registration code: EFL8M2S |
| United Concordia Dental | 800-332-0366 | www.ucci.com |
| Wageworks/Health Equity (FSA administration) | 855-774-7441 or 877-924-3967 | https://www.wageworks.com/ |
| Voya | 877-236-7564 | https://presents.voya.com/ebrc/Lehigh |

## Virtual Visits by Capital BlueCross

A representative from Capital BlueCross will be available virtually during Open Enrollment on the dates below.

Take some time to visit with Capital and ask questions about how Lehigh's benefit plans work. Human Resources representatives will also be available.

Friday, November 1, 11:00 am - 12:00 pm
Tuesday, November 5, 11:00 am - 12:00 pm
Friday, November 8, 1:00 pm - 2:00 pm

Registration for individual appointment slots is available via Page Up.

## Notice of Privacy Practices

Lehigh University has a Benefit Plans Notice of Privacy Practices. You have a right to receive a paper copy of this Notice of Privacy Regulations at any time. To obtain a paper copy of this notice, send your written request to:

Lehigh University Human Resources
306 South New Street, Suite 437
Bethlehem, PA 18015

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Director of Benefits at the above address or call 610-758-3900.

# Frequently Asked Questions

**Q: What is the last date to file Capital BlueCross claims for the HDHP or PPO medical plans?**
A: Claims must be filed within twelve (12) months of the date of service for any of the Capital BlueCross medical plans.

**Q: How often may I change from one health insurance plan to another within our medical plans?**
A: The only time you can change to another plan is during the annual open enrollment period, held this year from November 1-15. If you are dissatisfied with your current coverage, please contact Human Resources. It is important to tell us about any problems you encounter.

**Q: I am expecting a baby/adopting a child soon. When and how should I add my new child to my coverage?**
A: Adding a child to your family is a Qualifying Life Event. As a result, you have thirty-one (31) days from the date of birth or adoption placement to add a child (under the age of 26) to your insurance. **You should add your child as soon as possible during that timeframe.**

**Remember:** Open Enrollment insurance elections are for the 2025 plan year. Therefore, if you need to add a child to your insurance coverage for the remainder of 2024, you need to provide the appropriate information and documentation outside of the Open Enrollment process. To do so, log into Lehigh Benefits and select "Life Event" in the "Manage Account" section on the left side of the screen before beginning Open Enrollment. You will be prompted to provide information and documentation on your new dependent.

Completing the Life Event section triggers the system to add your child to your insurance for the remainder of 2024. You may continue on to select your 2025 benefits through the Open Enrollment process. If your new child is not yet listed as a dependent, you'll need to add them when prompted.

**Q: I am getting married soon. Can I add my new spouse and/or stepchild(ren) to my coverage or do I have to wait until there is an open enrollment period?**
A: **The instructions in the question above regarding adding a new child also apply in this situation.** You have thirty-one (31) days from the date of your marriage to add your spouse and/or stepchild(ren) to your health and/or dental coverage, purchase dependent life insurance, and/or increase your supplemental life insurance. After thirty-one days, you must wait for the next open enrollment period. If your spouse has access to health insurance through his or her employer, keep the spousal surcharge in mind when considering adding him or her to your medical plan. See the full Flexible Benefits Enrollment and Reference Guide online on the **Lehigh Benefits website.**

**Q: My child just turned age 26 and has no health insurance plan. Can he or she stay on my medical plan?**
A: No. Your dependent or adult children can only remain covered under a university medical, dental, life insurance, or FSA program until the end of the month in which they reach age 26. He or she will be offered COBRA continuation medical and dental coverage at that time. He or she can also visit www.healthcare.gov to see options for purchasing individual medical insurance. If your child is disabled, special rules may apply. Please contact HR for more information.

**Q: I am helping my 25-year old pay for major dental work. Can I be reimbursed through my Flexible Spending Account (FSA)?**
A: Yes. Qualifying medical expenses incurred by your adult child (under 26 years old) are eligible for reimbursement through your FSA. The same requirements apply.

**Q: What is the difference between "pre-tax" and "post-tax" long-term disability (LTD) plans?**
A: If you purchase LTD coverage on a **pre-tax** basis, this means you pay federal income tax on the benefit if you become disabled, but you pay no federal income tax on the premium. If you choose the **post-tax** option, you pay federal income tax on the premium, but no federal income tax on the benefit (the income you would receive if you became disabled).

**Q: I enrolled my non-working spouse/partner on my insurance plan. How can I avoid being charged a surcharge?**
A: The Spouse/Partner Surcharge of $100 per month is assessed when an employee's spouse/partner has access to medical insurance via an employer or former employer but still chooses to be enrolled in Lehigh's plan as primary coverage. If your spouse/partner does not have such access, you must complete the online Spouse/Partner Surcharge Waiver Request form to avoid being charged. **If you do not complete the spousal surcharge waiver request by November 30, 2024, you may be charged the surcharge starting in January 2025.** You will continue to be charged $100 monthly if you do not submit a waiver request that is then approved by HR. Please note that if your waiver request is accepted, the surcharge will stop, but prior months' charges will not be refunded.

**Q: How do I access Managed Behavioral Health (Mental Health) benefits under my medical plan?**
A: Your first step should always be to contact the proper service provider by phone. Capital BlueCross provides managed behavioral health benefits for all three medical plans. You can call 866-322-1657.

# More About Your Benefits

## New Voluntary Benefits Vendor in 2025

**Effective January 1, 2025, Voya will be the university's provider of accident and critical illness coverage, replacing AFLAC.**

After reviewing and comparing coverage options, it was determined that Voya will offer more robust coverage at decreased plan rates. In addition, Lehigh's partnership with Voya will expand coverage options by adding a hospital indemnity benefit that can provide significant financial support at a crucial time such as surgery or childbirth.

Current Aflac policies will end 12/31/2024 and will be automatically rolled over to Voya at the same level of coverage. If you're currently enrolled in an Aflac critical illness and/or accident policy, your current coverage will transfer over to Voya effective 1/1/2025 with no action required.

## Important Reminder for Healthcare FSA Users

The **WageWorks HealthCare Card** is a debit card that you can use at the point of sale to access your healthcare FSA funds when paying for allowable charges. Once the year turns over from 2024 to 2025, you will only be able to use the card to pay for 2025 expenses. You will need to file for reimbursement of 2024 expenses via the WageWorks website or app no later than March 31, 2025.

## Alight

Alight (formerly **ConsumerMedical)**, a free **expert medical opinion service**, is a benefit for Lehigh faculty and staff. Alight services include:

- Find the best doctors and hospitals in their area and insurance network
- Verify any doctor's credentials, skills, and experience treating their condition
- Get a second opinion from top specialists, either in person or virtually
- Connect with experts in their diagnosis from leading medical institutions

For more information, visit https://hr.lehigh.edu/alight-expert-medical-opinion-service.

## Contributing to an HSA after age 65

*As you approach Medicare eligibility, be aware of these important facts.*

*Avoid IRS Taxes and Penalties!*

**Fact:** Once you are enrolled in any part of Medicare, you will not be eligible to contribute to (or receive contributions from Lehigh into) an HSA in the months following your Medicare effective date.

**Fact:** If you are receiving **Social Security** payments prior to age 65, you will automatically be enrolled in Medicare when you turn 65.

**Fact: If you do not stop contributing to your HSA after enrolling or being automatically enrolled in Medicare, you will be subject to taxes and penalties from the IRS.**

**What This Means for Your HSA:** You can be Medicare eligible and still contribute to your HSA beyond age 65, as long as you have postponed applying for Social Security payments and Medicare benefits.

**The Bottom Line:** Because Lehigh's HDHP medical plan automatically includes the HSA, if you are Medicare eligible you should assess your current situation and consider your medical plan decision very carefully.

For more information, download this sheet from Health Equity: https://hr.lehigh.edu/sites/hr.lehigh.edu/files/medicare-and-your-hsa.pdf