

Introducing the benefits of the HDHP

Get the most out of the High Deductible Health Plan



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Comparing the HDHP to Lehigh's other health plan offerings.

There are many similarities between the HDHP and Lehigh's other health plans, including:

- Comprehensive medical, prescription drug and vision coverage all in one plan
- Access to the PPO network of health care providers
- Covered preventive care paid at 100%, with no deductible when you use an in-network provider
- The freedom to see any doctor you want, when you want (not applicable to the HMO)
- Discounted fees for covered expenses when you stay in-network
- Resources to help you get healthy and stay healthy

About the HDHP

What is it?

High Deductible Health Plans (HDHP) with Health Savings Accounts (HSA) are a newer model of medical insurance that are growing in prevalence and popularity. HDHPs now account for about 54% of all medical insurance in the U.S.

The HDHP shares the cost of covered services after you meet the annual deductible and covers 100% of the cost for recommended in-network preventive care. It's also designed to reward you for making consumer-minded decisions about your health care.

The philosophy behind an HDHP is a bit different from that of traditional PPO medical plans. The HDHP generally pairs a lower premium cost with higher deductibles. The plan provides flexibility and choice around how to spend your health care dollars and is designed to be used in conjunction with a Health Savings Account (HSA), in which you contribute before-tax dollars that can be used to pay for your deductible and other eligible out-of-pocket expenses.



Keep more of your money
each paycheck.



Have more control over when
and how you spend your
health care dollars.



Plan for future expenses
with a tax-free Health
Savings Account (HSA).



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Glossary of terms:

Premiums — The amount you and your employer pay for your coverage.

Deductible — The amount of eligible expenses you must pay each calendar year before the plan begins to pay benefits.

Coinsurance — The portion of a covered expense that you pay after satisfying the deductible. For example, if the plan pays 80% of certain covered expenses, you will pay 20% coinsurance for the expenses.

Family coverage — All coverage levels other than employee only are considered family coverage for purposes of the HDHP and HSA.

About the HDHP

The Lehigh HDHP at a Glance

Review the overview of the HDHP's key features. For detailed information, review the Flexible Benefits Enrollment & Reference Guide.

Feature	In-network	Out-of-network
Preventive care	100% covered, no deductible	40%
Annual deductible <i>(includes eligible prescription drug expenses)</i> - Employee only - Family	\$2,000 \$4,000	\$2,500 \$5,000
Out-of-pocket maximum <i>(includes deductible, coinsurance, and medical/prescription drug copayments)</i> - Employee only - Family	\$5,000 \$10,000	No Maximum No Maximum
Coinsurance <i>(after you meet the deductible)</i>	20%	40%
Prescription drug per 30-day supply* <i>Retail pharmacy</i> - Generic - Brand Name Formulary - Brand Name Non-Formulary	20% (up to \$30) 25% (up to \$60) 35% (up to \$120)	N/A
Prescription drug per 90-day supply* <i>Retail and Home Delivery program</i> - Generic - Brand Name Formulary - Brand Name Non-Formulary	20% (up to \$75) 25% (up to \$150) 35% (up to \$300)	N/A
Health Savings Account (HSA) <i>Lehigh's contribution:</i> - Employee only - Family <i>Total contribution allowed by IRS**:</i> - Employee only - Family <i>**You may contribute an extra \$1,000 for age 55+ (including Lehigh employer contribution)</i>		\$ 600 \$1,200 \$4,400 \$8,750

*You may fill up to a 90-day supply at a retail pharmacy. You may realize some savings on the cost of drugs by filling 90-day prescriptions via the Home Delivery program; however, the in-network coverage is the same regardless of where you purchase your medication

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HSA facts

Lehigh will contribute to your Health Savings Account (HSA) to help you cover your out-of-pocket expenses (up to \$600 for employee only coverage or up to \$1,200 for family coverage). In addition, you can contribute your own money through before-tax deductions from your paycheck, which will help you save on taxes and plan ahead for health care expenses. Any unused money at the end of the plan year carries over to the following plan year. You will never forfeit your balance — even if you leave the University or retire.

About the HDHP

How the HDHP Works

This chart shows how your coverage under the HDHP works when you receive health care services.

1	Preventive Care (Covered at 100%)	Your in-network preventive care will be covered at 100% with no out-of-pocket cost to you and is not subject to a deductible. This includes annual physicals, well-child checkups, immunizations, flu shots, cancer screenings, as well as certain preventive prescription medications. You can find a more comprehensive list of preventive services in the Flexible Benefits Enrollment & Reference Guide or by visiting your provider's website.
2	Annual Deductible (You pay 100%)	You pay for 100% of your non-preventive care, including the costs for prescriptions, until you meet the annual deductible. There are different annual deductibles for in-network and out-of-network care that accumulate separately. For coverage levels other than employee only, all eligible family members contribute toward the family deductible. Once you meet the family deductible, the plan will pay each eligible family member's covered expenses based on the coinsurance level. For prescriptions, you pay 100% of the cost of non-preventive drugs until you meet the annual deductible.
3	Coinsurance (Shared costs)	Once you meet your annual deductible, you and the plan share any further covered costs for medical or pharmacy through coinsurance until you meet your out-of-pocket maximum. Generally, for in-network care and in-network pharmacies, you pay 20% and the plan pays 80%. See <u>Prescription Drug Coverage</u> for more details.
4	Out-of-Pocket Maximum (Plan pays 100% after you reach this amount)	To protect you financially, the plan limits the amount you have to pay each year for medical care. Once you meet the in-network out-of-pocket maximum (\$5,000 employee only; \$10,000 family), the plan will pay 100% of your eligible expenses for the remainder of the year.



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HDHP family deductible and out-of-pocket maximum—IMPORTANT!

If you cover any dependents, you must meet the entire family deductible before the plan begins reimbursing your medical or prescription drug expenses. One family member, or all family members combined, can satisfy the deductible. This is different from the PPO medical plan option, where an individual with family coverage can meet the individual deductible and begin receiving benefits.

If you elect family coverage, the family out-of-pocket maximum works a bit differently. Unlike the annual deductible where the full family deductible of \$4,000 must be met before the plan begins to pay benefits, no individual must meet more than the employee only out-of-pocket maximum of \$5,000. Once an individual meets the in-network out-of-pocket maximum of \$5,000, the plan covers 100% of their eligible charges for the remainder of the plan year.

Note: In-network deductibles count towards your out-of-pocket maximum.

About the HDHP

Paying for Your Health Care

After you receive health care services, here's how your expenses are processed under the HDHP when you visit an in-network or out-of-network provider or facility.

You visit an in-network provider

- Be sure to present your ID card.
- You pay nothing at the time of service.
- Your doctor will send a bill to your insurer (and you may receive a copy, but you don't need to do anything yet).

You visit an out-of-network provider

- If you visit an out-of-network provider, you will likely be required to pay up front for services (including for preventive care) and then submit a claim, along with your receipt, for reimbursement.



Your insurance company will send you an Explanation of Benefits (EOB)

- The plan will pay your provider any amounts it owes and send you an EOB.
- Your EOB will tell you how your claim was processed.
- Review your EOB carefully for accuracy.



If your care was considered preventive under the plan and was received from an in-network provider

- You will owe nothing.
- Contact your health care provider customer service if you're charged for any preventive care services such as physicals, well-child checkups, immunizations, flu shots, or certain cancer screenings.

If your care was non-preventive or preventive but out of network

- Your doctor will send you a final bill for any remaining balance you owe.
- You can pay in one of the following ways:
 - Use your **Health Savings Account (HSA)** debit card (if you established an HSA and have sufficient funds in your account).
 - Pay out of pocket and submit a reimbursement request to have funds withdrawn from your HSA at a later date. You don't have to file for reimbursement during the same year the expense was incurred.
 - Pay out of pocket and save your HSA balance for expenses you incur later this year or in future years.

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Find a provider

Finding an in-network provider is easy. Go to capbluecross.com/lehighuniv and click *Find a Provider* or call Capital Blue Cross at 800-216-9741.

Check your deductible

You can see how much of your annual deductible you've met by by visiting capbluecross.com/lehighuniv and logging in to the Secure Member Portal.

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Keeping Your Costs Down

The HDHP supports physical and financial wellness by encouraging you to become a more informed health care consumer.

Check if your doctors are in-network. You can receive care from any provider you choose, regardless of network participation. However, using in-network providers and services will save you money on your visits. If you use out-of-network providers, you will pay more, and you may be required to submit claim forms.

Compare quality and costs. Since you must meet your deductible before the plan kicks in for coverage, it's in your best interest to shop around before choosing a provider. Different medical practices, hospitals, and pharmacies may charge different fees and offer different levels of service. Call the provider to ask questions before making your choice.

Practice preventive care. Annual physicals and certain preventive screenings are fully covered when received from in-network providers. Detecting any issues early on can potentially prevent more serious and costly conditions from developing.

Manage chronic illness. If you or your family member have a chronic condition, such as diabetes, asthma, or lower back pain, it's very important to follow through on the course of treatment.

Invest in a Health Savings Account (HSA) and save on your taxes. With the HDHP, you must meet the deductible before the plan shares the cost of care for services other than in-network preventive care. To help you budget and save for the deductible, the HDHP features an HSA with important tax advantages as well as a University contribution to your account.

Take advantage of wellness programs at work including annual flu shots and health screenings. Consider a Limited Purpose FSA to save on anticipated vision and dental expenses in the coming year.



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Emergency room or urgent care center?

Avoid using emergency services for routine or urgent care.

Emergency rooms have medical staff and equipment for life and death situations, such as chest pain, uncontrollable bleeding, or loss of consciousness. For less severe symptoms, like ear or eye infections, sprains, or mild injuries, consider visiting a local urgent care center.

About the HDHP

Seeing the Doctor

When it's time to see the doctor, follow these tips to get the most from your health care and your health coverage:

Present your ID card.

Present your ID card when you arrive at the doctor's office. If you see an in-network doctor, you won't pay anything at the time of your visit. Your doctor will submit the claim to your insurance company before a bill is sent to you. Your ID card ensures you'll be billed at the reduced in-network rates.

Talk to your doctor.

Tell your doctor everything that might be helpful in determining the best course of treatment, such as your health history and any medications you currently take.

Ask questions such as:

- Why is this test necessary?
- How much will this procedure cost?
- How will this medication help me?
- What are the potential side effects of this medication?
- Are there alternative medications that may have fewer side effects?

Seek less costly options.

- Ask your doctor to prescribe a generic equivalent for a brand-name medication.
- Connect live with a doctor online or by phone through the telehealth service. See below for more information.
- If you have an immediate, but non-life threatening issue, consider an urgent care center instead of a higher-cost emergency room.

Your Telehealth Benefit with Virtual Care

Get access to board-certified physicians through phone or video consults with Capital Blue Cross Virtual Care. Use Virtual Care if you have a health problem and need urgent care, if you're not sure you need emergency care, or if you're simply traveling and need a doctor's advice. Doctors can diagnose, recommend treatment and even write short-term prescriptions for most non-emergency medical issues. This benefit is included in all medical plans offered by the University. Visit <https://www.capbluecross.com/wps/portal/cap/home/explore/resource/virtual-care> to find approved local telehealth doctors.

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Find out whether a pharmacy
participates in the network

- Ask your pharmacist,
- Visit <http://www.express-scripts.com/> and login. Go to Manage Prescriptions > Locate a Pharmacy and enter your zip code or city and state. Click on *Locate Pharmacy*.



Prescription Drug Coverage

Filling Prescriptions

Express Scripts manages Lehigh's Prescription Drug Program for participants in the HDHP. You have two options:



RETAIL

Visit a network of retail pharmacies for your immediate short-term needs, such as an antibiotic to treat an infection. Be sure to present your prescription drug coverage ID card.

Using an out-of-network pharmacy

If you use a pharmacy that's not covered in your network, you must pay the entire cost of the prescription and then submit a claim for reimbursement. You will be reimbursed for the amount the covered medicine would have cost at a participating retail pharmacy minus the appropriate copayment.



MAIL ORDER

You can order up to a 90-day supply of your medication through the Express Scripts Home Delivery Program and take advantage of:

- **FREE shipping** right to your door
- **25% average savings** over retail
- **Up to a 90-day supply**, so you won't worry about running out
- **24/7 access** to a pharmacist from the privacy of your home
- **Automatic refills** every three months

Specialty Medications Through Accredo

Accredo, the full-service Express Scripts specialty pharmacy, provides personalized care to patients with chronic, complex health conditions:

- **Patient counseling** – convenient access to highly trained specialty experts, including pharmacists, nurses and patient care coordinators who provide the support you need to manage your condition
- **Patient education** – clinicians and disease-specific educational materials available 24/7
- **Convenient medicine delivery** – coordinated delivery to your home, doctor's office or any other approved location
- **Refill reminders** – ongoing refill reminders from a patient care coordinator
- **Language assistance** – translation services are available for non-English speaking patients

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Prescription Drug Coverage

Pay Less for Prescriptions

Here are some ways to save money on the medications you take.

1. Use generic drugs when possible. Requesting generic prescriptions is one of the easiest ways to save money on your overall medical costs. When you're prescribed a drug, always ask your doctor if there is a generic alternative.

Cost comparison (your cost after deductible is met)

	Network Retail Pharmacy (up to a 30-day supply)*	Home Delivery (90-day supply)
Generic	20% (up to \$30)	20% (up to \$75)
Brand Name Formulary	25% (up to \$60)	25% (up to \$150)
Brand Name Non-Formulary	35% (up to \$120)	35% (up to \$300)

2. Use mail order for your ongoing medications. If there are any medications you take on a regular basis, purchasing them by mail will save you time and money. It's easy to sign up — visit www.express-scripts.com or call 1-866-383-7420.

3. Research the cost of prescriptions at different in-network pharmacies. If you're filling a short-term prescription at a local pharmacy, call around to compare the cost. Prices for both generic drugs and brand-name drugs can vary widely from pharmacy to pharmacy.

4. Go to a network pharmacy. Just like with medical care, you'll pay less when you fill your prescriptions at a network pharmacy and you'll avoid having to submit claims.

**You may fill up to a 90-day supply at a retail pharmacy. You may realize some savings on the cost of drugs by filling 90-day prescriptions via the Home Delivery program; however, the in-network coverage is the same regardless of where you purchase your medication.*

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How much should you contribute to your HSA?

Consider contributing enough so that your money, combined with Lehigh's, will cover your deductible. Using before-tax dollars to meet the deductible means savings for you. While you are not required to contribute to an HSA, most people choose to because of the tax advantages.

Benefits of an HSA

Using Your Health Savings Account (HSA)

A Health Savings Account (HSA) funded through your and Lehigh's contributions, can help offset your out-of-pocket health care costs. HealthEquity administers the HSA for Lehigh. You must be enrolled in the HDHP in order to open an HSA.

Your HSA allows you to pay for eligible health care expenses, including your deductible, with tax-free dollars that you set aside each pay period. Lehigh will contribute up to \$600 for employee only coverage and up to \$1,200 for family coverage into your account.

An HSA is one of the few savings vehicles that offers a triple tax advantage:

1. **Tax-free contributions** – You can make contributions to your HSA on a before-tax basis to supplement Lehigh's contribution. This lowers your taxable income. And Lehigh's contribution is tax-free to you, too.
2. **Tax-free earnings** – Your HSA grows tax-free. Once your account balance reaches a minimum of \$1,000 you can invest in certain investment vehicles. Any interest or investment earnings on your account are not taxed.
3. **Tax-free distributions for qualified expenses** – You do not pay taxes on any money you withdraw, provided you spend that money on eligible healthcare expenses.

To qualify for an HSA, you:

- Must be enrolled in an HDHP,
- Cannot be covered by other health insurance (does not apply to specific injury insurance and accident, disability, dental care, and long-term care),
- Cannot be claimed as a dependent on someone else's tax return, and
- Cannot be enrolled in Medicare.

Note: Money in an HSA grows tax free and can be withdrawn tax free as long as it is used to pay for qualified health-related expenses (a list of eligible expenses can be found in IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn, plus a 20% penalty tax if you withdraw the money before age 65. After age 65, you can withdraw the money for any purpose with no penalty, but would still pay ordinary income tax.



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Benefits of an HSA

Compare the HSA and FSAs

Both FSAs and HSAs are tax-advantaged accounts to help you save and pay for out-of-pocket medical expenses, but they have several key differences. Use this chart to understand how these accounts compare.

Note: Lehigh offers multiple **Flexible Spending Account (FSA)** options. You can participate in one or more of the following:

- Health Care FSA when you participate in a non-HDHP
- Limited Purpose FSA available if you participate in the HDHP
- Dependent Care FSA available to you regardless of which medical plan you enroll in or if you waive medical coverage through Lehigh

Account Feature	HSA	Limited Purpose FSA	Health Care FSA	Dependent Care FSA
Available if you enroll in the...	HDHP	HDHP	• PPO • Keystone HMO You can also contribute to the Health Care FSA if you waive medical coverage through Lehigh, provided neither you nor your spouse is enrolled in an HDHP elsewhere	All medical plans, or no coverage (you do not need to be enrolled in a medical plan through Lehigh to enroll in the Dependent Care FSA)
Maximum annual contribution (including Lehigh contribution)	• \$4,400 Employee only • \$8,750 all other coverage levels • \$1,000 additional contribution allowed for employees age 55+ Note: Lehigh contributes up to \$600 for employee only coverage and \$1,200 for all other levels of coverage	\$3,400	\$3,400	\$5,000 (combined employee/spouse amount)
Eligible expenses	Qualified health care expenses (including medical, prescription drug, dental and vision)	Qualified dental and vision expenses only	Qualified health care expenses (including medical, prescription drug, dental and vision)	Qualified expenses for dependents (not to be used for health care expenses for dependents)
Earns interest tax free	Yes	Not applicable	Not applicable	Not applicable
Carryover of unused funds to the next year	Yes	Up to \$680	Up to \$680	No
Portability if you leave Lehigh	Yes	No	No	No
Access to contributions	Current account balance only	Entire amount elected for the year	Entire amount elected for the year	Current account balance only

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Criteria to receive Lehigh's HSA contribution

- Enroll in the HDHP for 2025.
- Open an HSA, administered by HealthEquity when you enroll in the HDHP.
- Accept the terms of an HSA through Health Equity, available through www.healthequity.com.

Benefits of an HSA

Putting Money in Your Opened HSA

1 Receive University contributions

Lehigh will contribute up to \$600 (for employee only coverage) or up to \$1,200 (for family coverage) to your HSA annually. Lehigh contributions will be deposited into your HSA each pay period. Contributions for new hires will be pro-rated based on your benefits start date.

2 Make your own contributions

You can have tax-free contributions deducted from your paycheck and deposited directly into your HSA. You can change your contribution amount at any time during the plan year, so your savings can match your budget for upcoming health care expenses. However, your contributions cannot exceed the annual contribution limits under the Internal Revenue Code (the "Code").

2025 HSA contribution summary

	Employee only	Family
Total contribution allowed by the Code	\$4,400	\$8,750
Lehigh's contribution	Up to \$600	Up to \$1,200
Amount you can contribute if you receive Lehigh's entire annual contribution*	\$3,800	\$7,550

**If you are age 55 or older, you can contribute an additional \$1,000.*

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To change your HSA contribution

You can change your HSA contribution at any time during the year without experiencing a life event. Go to the Benefitfocus portal for details.



Benefits of an HSA

How Much Should You Contribute To Your HSA?

Deciding how much to contribute to your HSA is a personal decision. Consider the following:

The annual limit under the Internal Revenue Code. In 2026, you can contribute a maximum of \$4,400 for employee only coverage or \$8,750 for family coverage, including any amount contributed by Lehigh. If you will be age 55 or older in 2026, you can make an additional contribution of \$1,000.

Your annual deductible. You may want to have enough money set aside in your HSA to meet your annual deductible amount (\$2,000 employee only; \$4,000 family for in-network care). Keep in mind that Lehigh contributes up to \$600 for employee only coverage and up to \$1,200 for family coverage, if you establish an HSA in time to be eligible for the entire annual Lehigh contribution amount. The University's contribution can help you pay your initial out-of-pocket expenses before reaching your deductible.

How much you expect to spend during the year. Use the planning tools and resources available to you during enrollment to calculate anticipated expenses.

Your premium savings. Compare how much you would have spent in premiums for the lower deductible plans to the premiums required for the HDHP. Then, consider contributing the difference into your HSA, up to the maximum contribution limit.

Your account balance. Check your account balance throughout the year. You can only spend HSA dollars that have already been deposited into your account. You can increase or decrease your contribution amount at any time.

Your future health care expenses. HSA contributions roll over year after year. The money in your HSA is always yours to keep — even if you leave the University or retire. If you don't need to use your HSA funds now, consider saving for future health care expenses by contributing to your HSA to take advantage of income tax savings.

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Not sure if an expense is HSA eligible?

Find the answer in Publication 502 at www.irs.gov. If you use your HSA money for expenses other than qualified health care expenses, you will be responsible for taxes on the withdrawal from your HSA, as well as a 20% penalty tax on those funds.

Benefits of an HSA

Pay with Your HSA in the Following Ways:

1. Use your HSA debit card to pay your provider directly (if you established an HSA and there are sufficient funds in your account).
2. Visit <https://my.healthequity.com/HE.aspx> or use HealthEquity's mobile app to pay provider claims or reimburse yourself for eligible out-of-pocket expenses from your HSA, if you established one and have sufficient funds in your account. If there isn't enough money in your HSA to cover the claim, you can reimburse yourself after additional funds are deposited into your HSA. There is no time limit for claiming a reimbursement from your account, as long as you incur the expense you are claiming after the HSA was established. That may mean you need to produce or recover records about contributions to the account, long after a transaction occurred.
3. Pay out of pocket for qualified expenses and submit a reimbursement request to have funds withdrawn from your HSA at a later date. You don't have to submit a reimbursement request during the same year the expense was incurred.
4. Pay out of pocket and save your HSA balance for expenses you incur later this year or in future years.

Pay for expenses now and in the future — even during retirement

Your unspent HSA dollars carry over year after year and stay with you even if you leave the University or retire. This means you can use accumulated funds in your HSA to pay for eligible expenses over time, including during retirement.

And don't forget, not only does your HSA balance earn interest, you have the option to invest and further grow your balance tax-free. (Note: Growth based on investment options is not guaranteed.)

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Get the facts

IRS Publication 969, available at www.irs.gov, is specific to the HSA and other tax-advantaged accounts. It contains detailed information about HSA qualifications, contributions and distributions and explains how your HSA contributions will affect your tax return.

Important Tax Information

Tax Rules to Keep in Mind

Don't contribute more than the annual IRS limit. If your contributions exceed the IRS limit, the excess amount will be subject to standard income tax rates plus a 6% penalty.

Save your receipts in case of an IRS audit. You're responsible for providing documentation that proves that you used your HSA only for qualified health-related expenses. If you use your HSA funds for expenses other than qualified health-related expenses, you will owe taxes on the withdrawal, as well as a 20% penalty tax on those funds. If you use an outside credit card or personal cash to pay for an expense, you can use your HSA to reimburse yourself, but make sure to keep the receipt as proof.

Disclose all HSA contributions and withdrawals on your taxes. You'll need to submit Form 8889 along with your tax return. **HealthEquity** will provide information on HSA contributions and disbursements that you can use when filling out the form. In addition, your Form W-2 will display the total amount Lehigh contributed to your HSA.





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Do you follow The Spot?

The Spot is Lehigh's Human Resources e-newsletter, answering your questions and bringing attention to topics that affect University employees.



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If you want to...	Contact	Call or Visit...
• Check your balance or view transactions in your Health Savings Account (HSA) • Review a list of eligible expenses for your HSA	HealthEquity	Website: www.healthequity.com Phone: 1-866-346-5800
• Get answers to general questions about your benefits	BenefitsVIP	Phone: 866-293-9736
• Find detailed plan information	BenefitsVIP Flexible Benefits Enrollment & Reference Guide	Phone: 866-293-9736 Guide found on Lehigh Benefits
• Find in-network providers • Access plan-specific information • View your health care claims	Capital Blue Cross	Website: capbluecross.com/lehighuniv Phone: 800-216-9741
• Find an in-network pharmacy • Access plan-specific information • Refill mail order prescriptions	Express Scripts	Website: www.express-scripts.com Phone: 866-383-7420
• Find in-network providers for vision care • Access vision plan-specific information • View your vision care claims	Davis Vision	Website: www.davisvision.com Phone: 800-999-5431
• Find information about your telehealth benefit	Virtual Care	Website: https://www.capbluecross.com/wps/portal/cap/home/explore/resource/virtual-care
• Access tax information, forms, and documents • Review a complete list of eligible expenses for your HSA	Internal Revenue Service	Website: www.irs.gov Publication 502: https://www.irs.gov/uac/about-publication-502