

Frequently Asked Questions – Health Care Benefits Effective July 1, 2010

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Flexible Spending Accounts (FSAs)

- I've never used an FSA, what have I missed?*** If you have never purchased medical, dental, or vision services or products, including over-the-counter drugs like pain relievers or cold medications, you haven't missed out on anything. For everyone else, you've missed an opportunity to more effectively manage your health care spending. Your Medical Care FSA provides you the opportunity to actively think, plan, and budget for your known or expected health care spending expenses annually. Most of us have medical, dental or vision expenses that are not covered by the health plan. These expenses include your deductible, co-insurance expenses, and expenses not covered by the health care plan like eyeglasses and contacts.
 - When you budget and pay for such required health care expenses through your Medical Care FSA, you are able to submit expenses up to your annual contribution election before the money has been withheld from your pay. This allows for a more level cash flow throughout the year for you.
 - When you pay for these expenses through your Medical Care FSA, you save on your taxes. The money you contribute to your Medical Care FSA is never taxed. The money goes into your account tax-free and the money is used tax-free for qualified health care expenses. For example, if your total tax liability (federal, state and FICA) is 30%, this means for every \$100 you earn in wages, \$30 goes to taxes, and \$70 is left for spending. By using the Medical Care FSA, you have the full \$100 available to spend on health care related expenses.
- How do I estimate my costs in order to determine how much to put in the FSA?*** Go to www.discoverybenefits.com (FSA Link) for a full list of eligible expenses. If you have coverage currently through any of the claims payers listed below, past claims information for you and your family can be found by signing in to their web sites:
 - Anthem www.anthem.com
 - United Healthcare www.myuhc.com
 - Delta Dental www.deltadentalwi.com
 - Navitus (Rx for Plans 2 & 3) www.navitus.com
- How do I get reimbursed for expenses through my FSA?*** Most expenses can be paid with the FSA debit card when the purchase is made. Many providers, retailers and pharmacies are certified to accept payment for the expense via an FSA debit card. If you choose not to use the card, it can be submitted as a claim for reimbursement to Discovery Benefits.
- Can you submit expenses to the FSA for prescription drugs if you select Plan 1 but DO NOT open an HSA?*** No.
- Can I still use an FSA if I plan to use the HRA or HSA?*** Yes, but no “double dipping” is allowed. It is an IRS violation to submit the same expense for reimbursement to an FSA and HSA or to an FSA and HRA. For example, you can manage your spending by using the Company funded HRA for your deductible expenses under Plan 2, and then use your FSA for any co-insurance following the deductible. Under Plan 1, only dental and vision expenses are eligible for reimbursement under the Limited FSA. By submitting expenses against the Limited FSA, HSA money can be saved for future years.
- How long do I have to incur expenses for my Flexible Spending Account (Medical)?*** You will have until September 15th to incur claims for the July 1–June 30 benefit year. Claims must be submitted by September 30th.
- How has health care reform affected FSAs?*** Over-the-counter drugs will no longer be eligible for reimbursement from FSAs effective January 1, 2011, unless you have a doctor's prescription for the item. Annual elections will be restricted to \$2,500 starting in 2013 (current limit is \$5,000).

Health Reimbursement Accounts (HRAs)

- How does the Health Reimbursement Account (HRA) work?*** An HRA works much like a pool of dollars from which a “rebate” can be paid to you. For example, if you purchase a computer and then submit appropriate documentation to receive a rebate, money is sent back to you thereby reducing your cost of that purchase. With

the HRA, you pay for the health care, and can then choose to collect a portion of the deductible against your eligible HRA balance. The HRA allows for unused dollars to rollover to the next plan year and accumulate up to the amount of your in-network deductible for the new plan year. Keep in mind 70% of employees will have claims totaling less than \$1,000 a year. In other words, what you do not use can be saved.

2. ***How is an HRA different from a Health Savings Account (HSA)?*** Both accounts help you to spend, budget and save for your future health care expenses.
 - HRA reimbursements are limited to claims processed against your medical deductible. HSA reimbursements can include eligible deductible, co-insurance, prescription and over-the-counter drugs, dental and vision expenses.
 - Money in your HRA, unlike the HSA savings account that you may establish at a financial institution, does not earn interest (nor have any fees charged).
 - Unused money in the HRA is forfeited if you leave employment and terminate coverage under an Appleton-sponsored plan. The HSA is always your personal account.
 - Contributions to the HRA are made directly by Appleton. You make contributions to an HSA.
 - You must submit your Explanation of Benefits (EOB) to Discovery Benefits in order to receive a reimbursement from the HRA. With an HSA, you save receipts in the event that you are audited by the IRS.
3. ***If I have an HRA, can I also contribute money?*** No, it is solely company contributed.
4. ***When will the HRA company contribution be available?*** It is funded on July 1st of the benefit year based on your enrollment status as of the close of the open enrollment period. Any mid-year status changes will be reflected at the start of the following benefit year.
5. ***What is the maximum amount I can have in my HRA?*** The max in your HRA cannot exceed the deductible for the year.
6. ***Can I use a debit card like I do with the FSA to get reimbursed for expenses from my HRA?*** No. Discovery Benefits will need a copy of the Explanation of Benefits (EOB) to verify that the claim was paid from the deductible in order to process it from this account.
7. ***What is to prevent someone from submitting the same claim to both the HRA account and the FSA account?*** The same vendor will be administering both the HRA and FSA plans (Discovery Benefits), so they will be able to monitor this reimbursement. It is also your responsibility to submit these claims properly.
8. ***Where can I learn more about HRAs?*** Go to www.discoverybenefits.com, choose the HRA link on the top left of the page or call Discovery Benefits at 1-866-451-3399.
9. ***I am currently enrolled in medical Plan 2/HRA. If I change plans and enroll in Plan 1/HSAs for July 1, what will happen to my unused HRA balance?*** If you switch to Plan 1, 50% of your unused HRA balance will be paid out to you. This will occur after September 30, at the end of the HRA claims run-out period for the prior plan year. You may then wish to deposit the funds to your HSA.
10. ***I am currently enrolled in medical Plan 3. Will I get the employer contribution to the HRA if I change to Plan 2/HRA for July 1?*** Yes. An HRA will be opened for you at Discovery Benefits and the appropriate employer contribution will be made. You will be able to submit for reimbursement of deductible expenses for claims incurred on or after July 1.

Health Savings Accounts (HSAs)

1. ***Why are Health Savings Accounts (HSAs) growing in popularity?*** An HSA provides you with the ability to save for your health care needs in the future—even into retirement. With an HSA, in 2010 you can elect to put away up to \$3,050 if single or \$6,150 for families. Anyone age 55 or older at any time during the calendar year is also allowed to make an additional \$1,000 catch-up contribution. The maximum contribution levels are adjusted by the IRS on an annual basis. Your contributions are tax deductible—the more you put away, the more you save, and the more you increase your spendable income. As a participant in an HSA, you are opening a personal account. If you happen to leave Appleton, you do not forfeit the accumulated money in your HSA—you own the account (just as you own your own bank account). These features give you the ability to save for retirement—when many of us need it most. What you do not spend today will be saved for tomorrow! You do, however, have the option to use your available HSA funds for today's expenses as well.

2. **Do you have to turn 55 before you can contribute the “catch-up?” Or is it like the KSOP where as long as you are 55 by the end of the year, you can contribute the entire amount plus “catch-up?”** You can contribute it at any time during the calendar year of your 55th birthday.
3. **Can’t I save for retirement expenses by using the KSOP?** The HSA does not reduce the amount that you can save in our KSOP or other IRA or 401(k) plans. When you use your HSA for eligible medical expenses (even in retirement) the reimbursements are tax-free. This is an advantage of using your HSA over a 401(k) plan or IRA on medical expenses in retirement. Under those plans, you defer taxes at the time you save the money, but must pay income taxes when the money is withdrawn from the account.
4. **Can you take monies from your KSOP accounts and roll them into the HSA?** The IRS provides some opportunities to rollover IRA money, but money from our KSOP cannot be moved into an HSA.
5. **Can I rollover monies from an IRA to a HSA?** The IRS allows a one time per lifetime rollover; however, you will need to clarify with the IRS if your type of IRA qualifies. The amount of the rollover does count toward the annual limit for that calendar year.
6. **If I don’t use my HSA money, will I lose it each year like my FSA?** No, HSAs are savings vehicles. There is no ‘use or lose’ rule with them.
7. **Can I withdraw money from my HSA like I do from my FSA?** Yes, your financial institution determines how this works (debit card, check, etc). Unlike the MCFSA, you cannot withdraw money that hasn’t been deposited into your HSA yet.
8. **I asked my bank about opening an HSA. They said they “had heard of those” and I could do the same thing with a normal savings account—is that correct?** No. Find a different financial institution that knows how an HSA works so that you are confident you’ll receive proper tax reporting documents.
9. **How do I open an HSA and will it cost me a fee?** HSAs are being marketed by many financial institutions. An HSA can always be moved at a later point in time if you find a better alternative in the future. Fees will vary by institution and earnings will typically vary based on the balance in the account. As a starting point, a comparison for a sampling of institutions can be found at *HSA Financial Institution Comparison* on insideAppleton and www.appletonideas.com. We are not recommending these listed institutions over others and do not guarantee the accuracy of the information they provided to us. If you enroll in Plan 1, you can make your first contribution to an HSA on or after July 1. Your account needs to be opened before you incur expenses that you will want to run through the account for reimbursement. If you incur charges that exceed the current balance in the account, additional funds can be added during the year.
10. **How do I contribute to an HSA?** You can deposit money directly to the account at your discretion, have money sent bi-weekly from your pay, or a combination of the two. To have money sent bi-weekly from your pay, from insideAppleton or www.appletonideas.com, log on to Employee Services On-Line and choose the Direct Deposit menu item.
11. **Are there any special IRS rules I should be aware of when setting up a HSA?** Of course. The government never allows for tax reductions without some strings attached.
 - In order to establish and contribute to an HSA, you must participate in a qualified High Deductible Health Plan (HDHP). Plan 1 falls under this classification. To be defined as a HDHP:
 - i. The minimum deductible level for 2010 must be \$1,200 for a single and \$2,400 for a family (our plan provides you the opportunity to establish an HSA under the lowest possible deductible amount). Note: the IRS will announce 2011 levels in early May 2010.
 - ii. If you elect the employee + 1 or family option, all expenses incurred by any member(s) of your family must reach the \$2,400 in-network deductible level before the plan begins to pay. There is not a lower per individual deductible level.
 - iii. The prescription drug benefits must be treated like other medical expenses and are subject to deductible and co-insurance—meaning you must meet your medical deductible before the plan begins to pay a portion of your prescription drug expenses.
 - If you are covered under a second medical plan (typically through a spouse’s employer), that plan must also be a HDHP.
 - The annual dollar amounts that you are permitted to contribute follow a calendar year. For example, this means someone with family coverage can enroll in a HDHP in July 2010, open an HSA sometime in 2010, and contribute up to the full \$6,150 for that calendar year.

- Penalties will occur if you do not stay enrolled in a HDHP for a full calendar year. This means you should plan to enroll in Plan 1 for two benefit cycles (for example: July 1, 2010-June 30, 2012) if you are also planning to use an HSA.
12. **Can we make the entire annual contribution to an HSA if we were only in a HDHP for half of the year?** Yes, the limit is not prorated if you start mid year.
 13. **Are there deadlines on making a HSA contribution?** Yes, the date that you file your taxes for that calendar year. For example, you have until the date you file your 2010 taxes during early 2011 to deposit 2010's contribution amount.
 14. **If I enroll in Plan 1, am I required to open an HSA?** No, but saving for the future is always a good idea.
 15. **Why can't I use an HSA if I'm enrolled in Plan 2 or 3?** Per IRS regulations, one must be enrolled in a High Deductible Health Plan (HDHP) in order to contribute to a HSA. Plans 2 and 3 do not meet that high deductible requirement.
 16. **If I enroll in Plan 1 and set up an HSA on July 1 can I submit claims for reimbursement from an HSA before the full calendar year is up?** Yes, the Tax Code provisions on HSAs do not have restrictions on when HSA distributions can be made. The only thing that could be restricted is frequency and minimum distribution amount under terms established by the financial institution.
 17. **If HSA limits run calendar year and our plan year runs July-June, how will that work?** The process of submitting claims is not tied to any benefit year.
 18. **Can you switch medical plans each open enrollment period?** Yes; however, HSAs run on a calendar year basis. Per IRS regulations, you must stay in a High Deductible Health Plan (HDHP) for a full calendar year in order to avoid paying tax penalties on any money that is withdrawn from the plan. To avoid the tax penalties, you will need to stay enrolled in a HSA for 2 open enrollment cycles in order to bridge a full calendar year.
 19. **I am currently enrolled in medical Plan 1/HSA. If I change plans and enroll in either Plans 2 or 3 for July 1, what will happen to my HSA?** Penalties will occur on part of your HSA contributions if you do not stay enrolled in a High-Deductible Health Plan (i.e. Plan 1) for a full *calendar* year. You are eligible to contribute on a non-taxable basis 1/12 of the annual limitation for every month you were enrolled. Therefore, if you enrolled on July 1, 2009, you will not have a penalty on 6/12 X (\$3,000 single or \$5,950 family) for the 2009 tax year. Contributions made above that amount for the 2009 tax year must be included in 2010 income and will be subject to a 10% additional tax. For the 2010 tax year contributions, again you will not have a penalty on 6/12 X (\$3,050 single or \$6,150 family). Contributions made above that amount for the 2010 tax year must be included in 2010 income and will be subject to a 10% additional tax. To avoid the tax penalties, you should stay enrolled in Plan 1 for another enrollment cycle.
 20. **Who monitors the amount an employee contributes into their HSA?** It is the employee's responsibility to stay within the limits established by the IRS.
 21. **What happens if I contribute too much to my HSA, and who is responsible for monitoring that?** If your HSA accounts are with one financial institution, their reporting may include this monitoring. Ultimately, you are responsible and will incur penalties for excess contributions if you exceed the amount.
 22. **Are there lifetime limits on how much you can contribute to a HSA?** No.
 23. **Can I contribute to an HSA if I am retired?** Yes, you can contribute as long as you are under age 65, not Medicare eligible and enrolled in a High Deductible Health Plan.
 24. **I was told by a financial institution that you can't contribute after you are receiving Social Security benefits—is this correct?** No. Eligibility is lost when you become Medicare eligible. Those are usually not the same dates.
 25. **What if I become Medicare eligible, can I still use a HSA?** Yes, you can use the account to pay for medical related expenses; however, you can no longer contribute.
 26. **What if I become Medicare eligible and don't use the funds in the HSA for medical related expenses?** If you are over age 65, you can use the funds for non-medical expenses with no penalties; however, you will pay ordinary income tax on the disbursements from the account.
 27. **What if I use the HSA accounts pre-65 for non-medical expenses?** Any non-medical disbursements from the HSA will be subject to a penalty and taxed as ordinary income.

28. **What happens if Medicare changes from 65 to 67, will the HSA be indexed for that?** The IRS determines any future changes.
29. **If my spouse and I enroll under the HDHP (Plan 1) and then later go on COBRA, can we then enroll as two singles under Plan 1?** Yes. If you elect to contribute to a HSA, you will need to open two separate HSA accounts.
30. **If I want to pay my health insurance premiums from my HSA after I term employment or if my dependent is on COBRA, do they have to be on a High Deductible Health Plan in order for me to pay their premium out of my HSA?** No, the HDHP is only a restriction affecting your ability to contribute to the HSA, not a restriction on being reimbursed.
31. **What happens if you select Plan 1 and set up an HSA account, then leave Appleton and your new employer doesn't offer a HDHP?** You can no longer continue making contributions to the HSA, but you can still use the money in the account on a tax free basis for health expenses.
32. **If Appleton decides not to offer a High Deductible Health Plan down the road, what happens to my HSA account?** You would not be able to make additional contributions; however, you do not need to be ENROLLED in a HDHP to SUBMIT expenses for reimbursement.
33. **If I'm uncertain that I will stay in a High Deductible Health Plan for a full calendar year, is there anything I can do to avoid an early exit penalty?** You should be able to contribute no more than 1/12 of the annual limit each month that you're in the plan and not incur a penalty. Call the IRS at 1-800-820-1040 to confirm the specifics of your situation.
34. **If I enroll under the HDHP (Plan 1) and also enroll my children who have dual coverage under my ex-spouse's plan (a non-HDHP), how does the HSA work?** You and your children can all enroll in Plan 1; however, since the children are not solely enrolled in a HDHP, you cannot contribute to the HSA on their behalf. This means your annual contribution limit to the HSA is the single limit. The children's expenses may still be eligible for reimbursement, however (see next question).
35. **What happens if I'm divorced and my ex-spouse and I rotate years on claiming children as a deduction on our taxes?** In the years that you can claim the dependent on your federal taxes, you can run their medical expenses through the HSA. In the years that you don't have the dependent claimed on your federal taxes, you CANNOT run their medical expenses through the HSA.
36. **Whose claims can be reimbursed through an HSA?** Eligible medical expenses for any person you claim as a legal dependent for tax purposes. They do not need to be enrolled in a HDHP or an Appleton-sponsored plan.
37. **Is my HSA contribution "pre-tax?"** It's not 'pre-tax' like your MCFSA deduction in terms of your bi-weekly paycheck; however, it is a tax deductible item on your Tax Form 1040 at year end for federal income purposes and in many states, state income taxes.
38. **How do I take the tax deduction for my HSA contribution?** You will complete IRS Form 8889 to support the line item on the Form 1040 that notes the contribution amount for that calendar year.
39. **Will I receive a tax deduction for both the Federal and FICA taxes for my contributions to the HSA?** Only for Federal income taxes (and state taxes in 45 states). FICA taxes will not be reduced with our HSA program.
40. **Does the HSA tax deduction phase out at certain income tax brackets?** Not under current tax law.
41. **Do you have to itemize deductions on your federal taxes in order to receive the reduction in income for the HSA contribution?** No.
42. **Does the HSA earn interest?** It depends on the financial institution where you open your account; however, the larger the HSA balance, typically, the more investment options that will be available. Account balance normally impacts fees associated with the HSA account as well.
43. **Is the interest earned on my HSA account subject to taxes?** No, as long as the monies pulled from the HSA account are used for qualified medical expenses.
44. **What happens to my HSA account if I and/or my spouse die?** Your financial institution will usually require you to complete a beneficiary form when the account is opened. The account proceeds go to your designated beneficiary and there are no penalties or taxes to the beneficiary. If no beneficiary form is on file, the value in the account is part of your estate.
45. **Can I use my HSA to pay for premiums?** Yes, you can use your HSA to pay for certain medical premiums that are not already paid for on a pre-tax basis, for example COBRA and Medicare Part B.

46. **Is my premium for insurance during COBRA able to be submitted against the HSA?** Yes. COBRA premiums meet the IRS eligible medical expense requirements.
47. **Can I submit long-term care insurance premiums for reimbursement?** Yes, if the plan meets the requirements specified by the IRS (the Long Term Care Insurance plan available through Appleton does). The amount of qualified long-term care premiums you claim is limited per person. Consult IRS publication 502 for the amounts deductible by age.
48. **Can over-the-counter drugs run through a HSA?** Yes, until December 31, 2010. As of January 1, 2011 you will need a prescription from your doctor.
49. **Can I submit dental or vision expenses through my HSA?** Yes, but you cannot also run those same expenses through the Limited FSA.
50. **How has health care reform affected HSAs?** Over-the-counter drugs will no longer be eligible for reimbursement from HSAs effective January 1, 2011, unless you have a doctor's prescription for the item. The tax penalty for making a withdrawal from your HSA that is not substantiated with receipts for eligible expenses will increase from 10% to 20% effective January 1, 2011.
51. **Where can I learn more about HSAs?** Links are available on insideAppleton (Benefits, Health Plan website links) and on Appletonideas.com (Employee Links)
 - Health Savings Accounts - HSACenter site: www.HSACenter.com
 - Health Savings Accounts - US Treasury website: www.ustreas.gov/offices/public-affairs/hsa
 - IRS Customer Service: 1-800-829-1040

Medical

1. **What is a deductible?** A health plan deductible is the amount you pay, in full (100%), for the health care services you receive before the health plan begins to pay for your care. The deductible is only applied to health care services that are covered services under the plan.
2. **Why would someone choose a plan with a higher deductible?** The higher deductible means a lower premium cost. Plan 1 also meets the definition of a qualified High Deductible Health Plan (HDHP). Because of this, you have the valuable opportunity to participate in a Health Savings Account (HSA).
3. **Is the deductible annual or is it per treatment?** The deductible is annual. You are responsible for 100% of claims up to the deductible amount.
4. **Do claims applied against an in-network deductible also count toward the out-of-network deductible and vice versa?** Yes.
5. **What is co-insurance?** Once you have satisfied your medical plan deductible, the medical plan will begin to pay a percentage of the cost of certain medical services. In the case of the Appleton health plan options, the medical plan will pay 80% of the cost of in-network services (60% of the cost of out-of-network services). You will be responsible to pay the remaining 20% of the cost for a given service (40% of cost if out-of-network service). This 20% or 40% is referred to as co-insurance. In regard to the co-insurance provision, the out-of-pocket maximum places a limit on the amount of co-insurance that you will be required to pay during a medical plan year.
6. **Why is there a deductible and co-insurance?** There are many reasons for sharing cost in this way:
 - To reduce the costs of the plan and your employee contributions,
 - To share the cost of services with you when you receive medical services,
 - To reserve plan assets (money) to pay for your major expenses, and
 - To engage you as a thoughtful consumer on minor medical expenses you may be able to control.
7. **What is the out-of-pocket maximum?** The out-of-pocket maximum is the total amount that you may be expected to pay out of your own pocket for services covered by your health plan in a given medical plan year (deductible + co-insurance). The purpose of the out-of-pocket maximum is to place a limit on your out-of-pocket financial responsibility at the point in time when you need medical care. By doing so, you can prevent financial hardship caused by an expensive claim or a series of expensive claims in a given medical year.

8. **What is accumulated towards the Out-of-Pocket max (OOP max)?** Under Plan 1, deductibles and co-insurance for both medical and prescription costs accumulate toward the same OOP max. Under Plans 2 and 3, there are separate OOP max amounts for medical and prescriptions.
9. **Is the Maximum Out-of-Pocket the most I would pay in a given benefit year?** Typically, yes. It is the maximum you would pay for covered services. However, it is possible to incur medical expenses that are not covered by the plan. For example, cosmetic procedures, out-of-network care that exceeds reasonable and customary limits, physical therapy or mental health that exceeds the number of days provided by the plans.
10. **Does Employee + 1 include my fiancé?** No, employee + 1 refers to employee plus legal spouse, employee plus one dependent child, or employee plus qualifying same sex domestic partner.
11. **Where can I find providers for the Anthem Network?** Log onto www.anthem.com. Click on Members and select National Accounts in the middle drop down, then click Enter. Then click on Find A Doctor on the left side of the screen. Under Guests, click Traditional. You can search by zip code or provider name.
12. **Where can I find providers for UHC?** Log onto www.myuhc.com. Choose Find a Physician or Facility, Search for a Physician. When asked to select a plan, choose United Healthcare Options PPO. You can search by physician and state.
13. **What if my doctor is not in-network?** You have the option of seeing out-of-network doctors, but you will pay a higher deductible and co-insurance.
14. **Will I have mail order prescription available under Plan 1?** Yes, you will receive a prescription card to use at the pharmacy, and you will be able to take advantage of the negotiated discounts from the plan. Once you satisfy the plan deductible, prescriptions are covered at 80% until you reach the annual out-of-pocket maximum.
15. **Where are diabetic supplies addressed under Plan 1?** Under all plans, diabetic supplies fall under the Prescription category.
16. **Is there a lifetime maximum on coverage paid out?** Yes, \$1 million per year or \$2 million per lifetime per individual.
17. **Is there still a payment made to me if I opt out of medical or dental coverage?** Yes, you will receive \$1,000 in credits for opting out of medical (with proof of other coverage) and \$200 for opting out of dental. Enrolling as a dependent under an Appleton-sponsored plan is not an 'opt out' since you are still eligible to receive benefits from the Company.
18. **Why does Appleton only offer a High Deductible Health Plan or PPO medical plan, why not an HMO?** Appleton had traditionally provided access to expensive health care coverage that provided you and your family little opportunity to understand or see the true cost of health care. With an HMO health plan, when you made a visit to the doctor or hospital, you paid a small percentage of the total cost of care in the form of your co-pay, the deductible or co-insurance, but the medical plan paid the vast majority of the total cost. Most people were not significantly involved in the costs, or the discussion of cost at the point of receiving care. This increased the cost of care and reduced your role and the financial incentive to truly be engaged in the management of your health and the health care services you received. Appleton's cost increases meant reduced financial performance for our company.
19. **There is a lot of information that I have to consider when choosing a medical plan. I don't have the time to sort all this out!** Acting as a direct, active and knowledgeable health care consumer is a significant change for most of us. For all of us, change is hard. If you were in the process of purchasing a new automobile or major appliance, would you do some research and ask the salesperson numerous questions? Of course you would! Your health is your greatest financial asset. Why not do the same when it comes to your health care? Choose Health! Position yourself to gain and maintain your good health, to proactively manage your health plan, to budget for your health care spending and to increase your financial security. Remember, the dollars that you save today under an HSA or HRA can be efficiently used tax-free for your health care expenses in the future.
20. **To be a better consumer, where can I find more information about the cost and quality of care?** There is a growing volume of data available on the Internet. We'll also share more information with you in newsletters throughout the year. As a starting point, check out the link to a variety of independent organizations that publish data, *Health Care Quality and Cost Data*, found on insideAppleton (Documents and Forms, Benefits, Benefit Reference Documents) and www.appletonideas.com (Employee Links). Links are also available to the website of your claims payer, Anthem, or United Healthcare, as another source of information.

Prescriptions

1. **Is there an on-line resource of what drugs are covered under what Prescription tier?** Yes, for Plans 2 and 3 you can view the three-tiered prescription drug plans on the following website: www.navitus.com. You must first register as a member to access the formulary. If you are not a member, contact employee services at HQ ext 7514 for a copy of the formulary.
2. **How will your pharmacy provider know what to charge you (deductibles, co-insurance, etc)?** You must use your prescription ID card. The drug and medical vendors share information nightly so the prescription providers are updated on where you stand with your deductible, co-pays, etc.
3. **Does co-insurance on prescriptions apply to the medical deductible on Plans 2 or 3?** No, only on Plan 1 do your prescription expenses apply to the medical deductible.
4. **Do Plans 2 and 3 have the same prescription out-of-pocket maximums?** Yes.

Miscellaneous

1. **Is there an easier way to get to these links than typing them into my web browser?** Yes!
 - From your Appleton workstation, launch *Internet Explorer* to get to insideAppleton. On the top menus click on Documents and Forms, then *Benefits*. Then select the appropriate link.
 - From home, go to www.appletonideas.com. Click on *Employee Links* under the heading *Our Company*. Then select the appropriate link.
2. **Are the Wellness Reward\$ incentives taxed?** The lump sum incentive payments will be taxed at the default tax rate per IRS regulations.
3. **Can I receive the Wellness Reward\$ incentive if I'm part-time or full-time but opt out of Appleton's insurance?** Yes.
4. **If I'm part-time and opt out of medical coverage, will I get the opt out credits (\$1,000)?** No, they're not available for part-time employees.
5. **If my spouse's open enrollment is January 1st, can I drop my medical coverage as of January 1st?** Yes, Appleton considers that a status change as long as HR is notified within 30 days.
6. **If you experience a status change mid-year and want to drop our health coverage, will you receive the opt out credits?** Yes, on a prorated basis. You must notify your HR department of your status change within 30 days in order to make any changes to your plans.
7. **What happens to the Wellness Reward\$ incentive if I terminate/retire?** You must be an active employee at the time the incentive is paid in order to receive it.
8. **What happens to the HSA/HRA/FSA accounts if I terminate employment?** The HSA is an individual account that you opened, so there is no impact on this account resulting from termination. You will want to stay enrolled in a HDHP to continue contributing to your HSA on an on-going basis. The HRA will continue as long as you stay enrolled in Plan 2 by paying the cost of this plan to continue coverage under a Federal law called COBRA. When you are no longer enrolled, any remaining balance is forfeited. However, as a retiree, you may still use the balance of your account as long as you are enrolled in any Appleton sponsored medical plan. If you have money remaining in your FSA account at the time of termination, the FSA will continue to be available as long as you continue coverage under a Federal law called COBRA. When you are no longer enrolled, any remaining balance is forfeited.
9. **Are same sex domestic partners eligible for all benefits available to spouses under Appleton plans?** No, due to IRS taxation rules, only coverage under the medical plan is available at this time.
10. **Who do I contact if I have additional questions?** Please send an e-mail to *Employee Services* via Appleton's e-mail system, call Employee Services at HQ ext. 7514 or 1-800-832-1718, or contact your local human resources representative.