



HSA healthplan

MEMBER GUIDE

EMPOWERING YOU TO BUILD HEALTH SAVINGS.

ADA Compliant 2/13/2019

WELCOME.



Welcome to HSA Health Plan!

We're so glad you're here!

We are pleased to welcome you to our growing family of people who believe it's possible to get MORE from your health plan. That's why we're here – to help you get MORE health for your money, and grow your HSA.





MORE OPTIONS TO GROW YOUR HSA.



COMMUNICATIONS

We contract with bilingual and interpreter services to enable us to communicate with you in your native language. Just call us at 844-234-4472 and we will arrange for an interpreter to join the call. You can also reach us by calling 711 to connect with Relay Utah, a public service which guarantees all citizens access to prompt, professional and accurate communication through the telephone for individuals who are deaf, deaf-blind, hard of hearing or have difficulty speaking and can communicate on the telephone via TTY/TDD, Voice Carry Over (VCO), Hearing Carry Over (HCO), Speech-to-Speech (STS), Spanish and Captioned Telephone.

MORE HELP WHEN YOU NEED IT - 24/7

Your Personal Health Assistant is always ready to answer your questions, help you understand your choices, and make good decisions that give you more value for every dollar you spend on healthcare.

HERE'S OUR COMMITMENT TO YOU

We are 100% focused on HSA-qualified health plans. That's all we do. As an HSA Health Plan member, you get an HSA account at no extra charge. We have more than one way for you to save money and earn extra money that we will deposit directly into your HSA account. We're here to help you get MORE value from your health plan and every dollar you spend on healthcare.

When you need us, we'll be here, 24/7. Your Personal Health Assistant is here to help. Call us anytime you have a question or concern about your health, your health plan or your HSA account. When you call us, we'll answer the phone because we are personally committed to being there when you need us, no matter what time it is.

Just call us at (844) 234-4472
or see us online www.hsahealthplan.com



WE'RE HERE FOR YOU...ALWAYS.

Whenever you need us, WE REALLY WANT YOU TO CALL!

*We can help you get the
right care at the right price.*

That's why we make it easy. There's only ONE phone number to call for everything you need from HSA Health Plan. We'll be here to take your call, 24 hours a day, 7 days a week.

Whenever you need a healthcare service that will cost more than \$500, call us first (unless it's an emergency – then call 911). Your Personal Health Assistant along with our Registered Nurse on staff will help you understand your choices, find the best high-value provider, and coordinate your care. We have MORE than one way for you to save money and earn rewards for making good decisions.

Health insurance is complicated. So is healthcare. We can't always make it simple, but we can make it easier to understand when you call us first. We want you to know what to expect in advance. Some services may not be covered by your plan, or may require pre-approval from the plan before you receive the service. Some providers who are not in our network may charge you more than your plan pays. Your Personal Health Assistant will help you determine your expected cost in advance, understand what's covered and what's not, and help you and your providers navigate the required pre-approval process. We are here to help you ask the right questions so that you can identify and avoid unexpected costs for services and providers that are not covered by your plan.

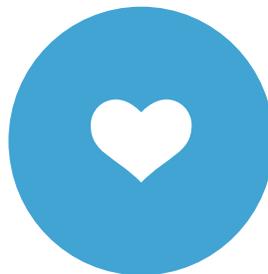
Whenever we make a decision about whether a specific service is covered under your plan, we are here to help you understand and explore your options. We are also here to make sure you and your provider know what to do if you disagree with the decision.

INCENTIVES.



INCENTIVE PROGRAMS

We want to help you get money into your HSA, so you have money available to pay for your medical expenses. We give you more options to grow the balance of your HSA, which you can use to pay for qualified medical expenses, or save for future healthcare costs.



WALKING PROGRAM

Participate in our Walking Program and earn up to \$250 for a Single plan or \$500 for a Family plan if your covered spouse walks, too. Call us or log into your member portal on our website for more details. If you already have a device, call us to find out if it's one we can support. If you don't have a device, call us and we'll give you one.



LEARN MORE.

UNDERSTANDING COST BEFORE YOU GET CARE

FINDING THE RIGHT PROVIDER

You can use the online provider directory at hsahealthplan.com to find a hospital or outpatient facility, primary care provider, specialist or behavioral health provider at anytime. Our provider directories include information such as name, address, telephone number, professional qualifications, specialty, medical school attended, residency completion, board certification status, hospital or medical group affiliation and languages spoken. But sometimes the information you need to make the right choice isn't there...or there are other considerations that might not be so obvious.

Unlike other Provider Directories, our Provider Directory gives you the ability to compare costs of procedures and doctors before you receive care. Sometimes, the choice of one provider puts you on a path that takes other choices out of your hands – and subjects you to additional costs you aren't expecting. That's why we're here 24/7 to help you understand your options and find the right provider – the one that will give you the highest value for your investment of time and money.

VIRTUAL CARE PROVIDER

As an HSA Health Plan member, you have access to virtual doctor visit 24/7. The virtual care gives you the following benefits:

- Consult with a board-certified doctor by phone, secure video, or the virtual app—anytime, from anywhere.
- Average wait time is less than 10 minutes to see a state-licensed, board-certified physician averaging 15 year of practice experience.
- Your family members are also eligible, and we have pediatricians available 24/7.

In addition to the doctor's visits, e-prescriptions can be sent to your local pharmacy if needed. Please call our Personal Health Assistant to get started today.

NETWORK.

SHARED SAVINGS

For pre-selected procedures, we have identified high value providers. For these procedures we calculate a total price for all included services and identify a portion of the savings to be shared with you. We help you think through everything that goes into a surgical procedure or other complex healthcare service, so you understand in advance how your choices impact the total cost and make it easier, or more difficult, to coordinate your care. If you don't have enough money in your HSA to pay for your portion of the total, HSA Health Plan can help you line up financing.



When you choose to use a High Value Provider, the shared savings incentive you earn is deposited into your HSA to help you pay your deductible or co-insurance, or save for future healthcare expenses. Our Personal Health Assistants are here to help you understand your options so you can get MORE from the dollars you spend on healthcare. We are here 24/7 to help you make the best choice - the one with the highest value for you."

HERE ARE SOME EXAMPLES OF PROCEDURES THAT QUALIFY FOR SHARED SAVINGS:

- Coronary Bypass surgery
- Gallbladder removal (both open and laparoscopic)
- Spinal fusion
- Knee replacement
- Hip replacement
- Hysterectomy
- Other gynecological surgeries
- Labor and delivery
- Bunion surgery
- Shoulder arthroscopy
- Knee arthroscopy
- Ankle arthroscopy
- Hernia repairs
- Colonoscopies
- MRIs

Keep in mind that any complex procedure could qualify for shared savings please call our Personal Health Assistants to verify possible savings.

WELLNESS.

INTRODUCTION TO AN HSA PLAN

An HSA based plan is the combination of a Qualified High Deductible Health plan paired with a Health Savings Account (HSA). An HSA is a personal savings account that allows you to pay for medical expenses with tax-free dollars. HSAs are designed to complement a special type of health insurance called an HSA-qualified high-deductible health plan (QHDHP).

Qualified high-deductible health plans typically offer lower monthly premiums than traditional health plans. With an HSA-qualified HDHP, you can take the money you save on premiums and invest it in the HSA. While you are responsible for your initial health care costs until the deductible is met, the advantage is that the money saved on premiums is ready

and waiting to pay for qualified medical expenses. In addition, HDHPs generally provide coverage for preventive care services, such as routine doctor's visits and annual physicals.

Beyond the lower premiums afforded by an HSA-qualified HDHP, an HSA account offers several benefits:

OWNERSHIP AND PORTABILITY. You own the health savings account. Money you contribute accumulates from year to year—no “use-it-or-lose-it” rules. And your account travels with you whether you change jobs, become unemployed, or switch insurance carriers.

FLEXIBILITY. You can use the money in your health savings account to pay for qualified dental, vision and medical expenses, such as office

visits, eyewear, prescription medication, deductibles, copays and coinsurance—as well as expenses your plan doesn't cover, such as laser vision correction or orthodontics. If you leave a job and find yourself without health benefits, the IRS allows you to pay for COBRA coverage using funds from your HSA. You can even use your HSA to pay for medical expenses for your spouse or dependent children who aren't covered by your plan.

TAX-FREE SAVINGS. You can save funds in your HSA for future medical expenses and earn interest on the total, tax-free. Tax benefits may also include: deductions for yearly contributions, tax-free investment earnings, and tax-free withdrawals for qualified medical expenses. (Talk with your tax advisor to verify which benefits apply to you.)

EMERGENCY AND URGENT CARE

We hope you never need emergent or urgent care. But just in case you do, we want to make sure you have a plan. In case of a medical emergency, call 911 or go to the nearest Emergency Room. This is the one time we don't want you to call us first! Emergencies are scary. Here are some questions to help you prepare for unexpected emergencies in advance. Your Personal Health Assistant can help you with the answers:

- Do you know the business hours for your primary care physician and any specialists you see regularly?
- Do you know how to contact them after business hours?
- Do you know what in-network emergency and urgent care facilities are closest to your home, school or workplace?
- Is there someone you can designate to notify us for you in the event of a medical emergency, so that we can help you as soon as possible?
- Do you have advanced directives that tell your family members and your doctors about your wishes?
- Have you appointed someone to make decisions for you in the event that you are not able to make decisions for yourself?
- Have you given authorization to your family members or anyone else you designate if you are not able to speak for yourself?

TRAVELING OUTSIDE OUR SERVICE AREA

If you are traveling outside of our Utah service area and have a medical emergency, go to the nearest hospital emergency room. Call your Personal Health Assistant as soon as possible so that we can help you make arrangements for any continued and follow up care you might need. If you are unable to call yourself, you can ask a family member or friend to notify us, and we will contact the provider taking care of you directly. If you plan to travel outside of the country, call your Personal Health Assistant in advance and tell us about your plans.

We will help you understand your coverage and make a plan to address any health needs you might have while you are away. If you need urgent or emergency care while traveling outside of the country, visit the nearest doctor or hospital. You may need to pay for treatment at the time of service and submit a claim to us for reimbursement. Call us as soon as possible, or have someone else call if you are unable to call yourself, so that we can help make arrangements for continued or follow up care. If you seek non-urgent and non-emergent care while traveling outside of our service area, out of network benefits apply and you may be responsible for any charges above the maximum allowable amount. Call your Personal Health Assistant for more information and assistance before receiving care.

PREVENTIVE SERVICES

Your HSA Health Plan covers certain age, gender and condition appropriate preventive services at no cost to you, even before you've met your deductible.

PREVENTIVE SERVICES ARE COVERED 100% ONLY WHEN YOU USE A DOCTOR OR ANOTHER PROVIDER IN OUR NETWORK.

Examples of covered preventive services include Colorectal cancer screening; Screening for Diabetes, Blood Pressure, Cholesterol, or Depression; Immunizations like Flu shots; Eye Exam; Contraceptives; and certain preventive medications such as aspirin or folic acid. Some of these preventative services may also qualify for Shared Savings earnings. Your Personal Health Assistant can help you decide what preventive services are right for you and your family members.

PHARMACY BENEFITS

HSA Health Plan works with VRx to provide pharmacy benefits and services that give you MORE for your money. Call us for a full list of covered medications. You can also find the list online at hsahealthplan.com. Some medications require prior approval, some are covered only for certain conditions, and some are only covered after you've tried other medications first. You can find more information on these requirements online at hsahealthplan.com or request it from your Personal Health Assistant. If you have a complex condition or take many medications for different conditions, your Personal Health Assistant may suggest a special consultation with a Clinical Pharmacist who can talk with you and your doctors and make recommendations to help you manage your medications and improve your health and well-being.



RX SAVINGS

HSA Health Plan wants to help maximize your savings and costs on prescriptions. Call us and we can start the process. Your Personal Health Assistant will review your medications and help you use your benefits to find lower-cost options. You may be able to save money by switching to another medication, buying a 90-day supply, or buying certain medications from a designated pharmacy. In addition, we work with a prescription advocacy program for high cost prescriptions that could save you hundreds of dollars per month.

PHARMACY COPAYS & COINSURANCE

You are responsible for paying any amount you owe for prescription medication at the time of purchase. Before you meet your deductible, you are responsible for paying the full amount. After you've met your deductible, you are responsible for paying the copay or coinsurance amount specified by your plan until you have reached your out of pocket maximum. A copay is a fixed dollar amount. Coinsurance is a percentage of the total cost of the prescription.

PREVENTIVE MEDICATIONS

Certain preventive medications are covered at no cost to you. As required by law, these medications are covered at no cost to you when age and gender appropriate, prescribed by a health care professional, and filled at a participating pharmacy. Types of preventive medications include contraceptives, emergency contraception, fluoride, aspirin, folic acid, and certain vitamins. We have determined that contraceptives containing the same progestin are equivalent to each other. Each unique progestin contraceptive medication is represented to ensure women have access to a broad range of contraceptives at no cost. All other contraceptives are subject to coinsurance. Unless specifically stated, medications available without a prescription over-the-counter (OTC) are not covered by the plan. For more information about preventative medications, call your Personal Health Assistant.

COVERAGE TIERS

Prescriptions covered by the Plan are in four separate categories or tiers as listed below. Copays vary by tier as specified by your plan. If your plan has Coinsurance, the percentage is the same for all four tiers.

1 - GENERICS have the same active ingredients in the same dose as brand-name drugs and have been approved by the Food and Drug Administration (FDA) to be safe and effective. Generic drugs generally cost less than brand-name drugs. These savings are passed on to you when you receive a generic medication. Talk to your doctor or pharmacist to see if a generic (tier 1) drug is right for you.

2 - PREFERRED BRAND DRUGS covered by your plan.

3 - NON-PREFERRED BRAND MEDICATIONS are drugs that are covered by your plan but are generally less cost effective. Non-preferred brand medications may have a generic equivalent available, or there may be another brand medication that is used to treat the same condition and is generally more cost effective without compromising quality.

4 - SPECIALTY MEDICATIONS treat chronic or complex conditions such as Rheumatoid Arthritis, Cancer, Multiple Sclerosis, Hepatitis C, Crohn's Disease, Bleeding Disorders, Asthma, or Psoriasis. These high cost drugs require special handling or a higher level of support than traditional medications.

DRUGS WITH SPECIAL REQUIREMENTS

Your health, safety, and well-being are important. We work closely with your doctor in order to ensure that you are taking the right medication at the right time. For a list of drugs that have specific requirements visit hsahealthplan.com or call your Personal Health Assistant. Some medications require preauthorization and are only approved for certain conditions. You and your doctor must submit a preauthorization request to determine coverage. You and your doctor will be notified of the decision. If the request is approved, we will work with the pharmacy to get the prescription ready for you to pick up. If the request is denied, your Personal Health Assistant will contact you to discuss the decision, provide alternative coverage if available, and provide direction for follow up with your doctor. Some medications require step therapy, which means that you must have tried and failed other medications that treat the same condition and are generally more cost effective without compromising quality. The use of samples does not waive the step therapy requirement. You and your physician can request an exception to step therapy requirements through the preauthorization process. Quantity Limits are placed on certain medications to ensure that the amounts prescribed are within the recommended dosages specified by the Food and Drug Administration (FDA). Quantity limits are set to ensure appropriate use

and safety. Limits can be accumulative which means that the number of pills or units dispensed will be counted over time and across strengths and formulations of the same medication or medications that treat the same condition. You and your physician can request an exception to quantity limits through the preauthorization process.

PARTICIPATING PHARMACY NETWORK

HSA Health Plan uses the VRx Pharmacy Network. You can use your pharmacy benefits at more than 65,000 participating pharmacies, including national pharmacy chains, local and regional chains, many independent pharmacies, and specialty pharmacies. To find out if your pharmacy is participating, visit hsahealthplan.com or call your Personal Health Assistant. Always present your HSA Health Plan Insurance ID card, which includes the VRx logo, with your prescription. If you use a pharmacy that is not in the VRx network or do not present your Insurance ID card, you will be required to pay the full cost of the prescription and then submit a claim for reimbursement. If the prescription is covered, you will be reimbursed at the contracted rate, less any applicable deductible or coinsurance. In most cases, the pharmacy's cash price is more than HSA Health Plan's contracted rate and you will be responsible for paying the additional amount, which will not apply to your deductible or out of pocket maximum. You can avoid unnecessary cost by using a participating pharmacy.

MEMBER RIGHTS AND RESPONSIBILITIES

As a member of HSA Health Plan, you have certain rights and responsibilities.

YOU HAVE THE RIGHT TO...

- Receive information about HSA Health Plan, our services, our practitioners and providers and your member rights and responsibilities.
- Be treated with respect and recognition of your dignity and your right to privacy.
- Participate with your practitioners and providers in making decisions about your health care.
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about HSA Health Plan or the care it provides.
- Make recommendations regarding your HSA Health Plan member rights and responsibilities.
- Secure storage of your personal health information (PHI) and any personal financial information given to HSA Health Plan.
- Confidentiality of all medical and financial records in accordance with state and federal law.

YOU HAVE THE RESPONSIBILITY TO...

- Supply information (to the extent possible) that HSA Health Plan and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that you have agreed to with your practitioners and providers.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

UTILIZATION MANAGEMENT

HSA Health Plan does not use incentives to encourage barriers to care and service.

1. When we make decisions about whether a service is eligible for coverage, our decision-making is based only on the appropriateness of care and service and the existence of coverage under your benefit plan.
2. We do not specifically reward providers or other individuals for issuing denials of coverage.
3. Financial incentives for our employees do not encourage decisions that result in underutilization of healthcare services.

HSA HEALTH PLAN PRIVACY POLICY

This policy describes how information about you may be used and disclosed and how you access this information. Please review it.

OUR COMMITMENT

We understand your privacy is important to you. The law defines “protected health information” or “PHI”, as individually identifiable health information on the physical or mental condition of an Individual, which is transmitted or maintained in any form or medium. This includes facts of service and payment for health care service for individuals. This personal information is covered by federal and state privacy rules. As such, the use and disclosure of your information is regulated and enforced. As part of providing our services to you, you understand that we will obtain personal information about you. We treat the personal information we obtain from you or other sources, including business associates, and agents, in the course of providing you with our products and services seriously. Therefore, this privacy notice provides awareness on measures we take to protect your privacy. It also describes information we collect and how we use this information to conduct our business. We do not sell our customer lists or individual customer information. You agree that we may collect, use, and share information as described below.

YOUR HEALTH INFORMATION RIGHTS

YOU MAY:

- Review and get a paper copy of your policy or claims records as allowed by law, usually within 30 days of your request (you can also ask us to provide a copy in electronic form, and we will do that if we can readily produce it);
- Request and be provided a paper copy of our current Notice of Privacy Practices, or receive an electronic copy by email if you have agreed to receive an electronic copy;
- Ask us to contact you at a specific address or phone number if contacting you at your current address or phone number could endanger you;
- Request and receive an accounting, as specified by law, of certain situations when your information was shared without your consent;
- Receive a notice if HSA Health Plan or one of its Business Associates causes a breach of your unsecured information;
- Report a privacy concern and be assured that HSA Health Plan will investigate your concern thoroughly, supporting you appropriately, and not retaliate against you in any way (in fact, HSA Health Plan will provide you with information on how to report any privacy concerns to the HSA Health Plan Compliance Officer or the Office for Civil Rights, U.S. Department of Health and Human Services); and
- Request in writing other restrictions on the use of your health information or amendments to your health information if you think it is wrong, though HSA Health Plan may not always be able to grant those requests.

WHAT WE COLLECT

INFORMATION ABOUT YOU MAY COME FROM THE FOLLOWING:

- Information on applications or in communications with us such as your name, address, phone numbers, medical information, employment information, date of birth and social security number.
- Information about your transactions with us such as your account balance, fees, payments, and the identity of persons to whom you make payments including health care providers.
- Information from public sources such as government records.
- Information that we obtain from you on our website, including digital signature.

We have developed policies and procedures to keep your personal information confidential and secure.

- We restrict access to those employees and other persons who must use that information to provide services on our behalf.
- We maintain physical, electronic and procedural safeguards, in compliance with applicable laws, regulations and industry standards, to protect the confidentiality of the personal information we obtain. Instructions for you to communicate in a confidential and secure manner with us are located on our website at hsahealthplan.com.

HOW YOUR HEALTH INFORMATION IS USED

As we provide health insurance benefits, we will gather some of your health information. The law allows us to use or share this health information for the following purposes:

- To receive payment of health coverage premiums and to determine and fulfill HSA Health Plan's responsibility to provide you benefits. For example, to make coverage determinations, administer claims, and coordinate benefits with other coverage you may have.
- To support health care providers in providing treatment.
- To share in limited circumstances health information with your plan sponsor. However, HSA Health Plan will only do so if the plan sponsor specifically requests health information for the administration of your health plan and agrees in writing not to use your health information for employment-related actions or decisions.
- To identify health-related services that may be beneficial to your health and then contact you about these services.
- To improve our services to you by allowing companies with whom we contract, called "business associates," to perform certain specialized work for us. The law requires these business associates to protect your health information and obey the same privacy laws that we do.
- To perform a very limited, specific type of health related research, where the researcher keeps any patient-identifiable Information safe and confidential. HSA Health Plan reviews every research request to make sure your privacy is appropriately protected before sharing any health information.
- To law enforcement, but only as authorized by law, i.e. to investigate a crime against HSA Health Plan or any of its members.
- To improve the overall HSA Health Plan system as well as to help better manage your care.

REQUIRED USES OF HEALTH INFORMATION

The law sometimes requires us to share information for specific purposes, including the following:

- To the Department of Health to report communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby's birth.
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death.
- To state authorities to report child or elderly abuse.
- To law enforcement.
- To a correctional institution, if a member is an inmate, to ensure the correctional institution's safety.
- To the Secret Service or NSA to protect, for example, the country or the President.
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device.
- To court officers, as required by law, in response to a court order or a valid subpoena.
- To governmental authorities to prevent serious threats to the public's health or safety.
- To governmental agencies and other affected parties, to report a breach of health-information privacy.
- To a worker's compensation program if a person is injured at work and claims benefits under that program.

USES ACCORDING TO YOUR REQUESTS

Your preferences matter. If you let us know how you want us to disclose your information in the following situation, we will follow your directions. You decide if you want us to share any health or payment information related to your care with your family members or friends. Please let our HSA Health Plan employees know what you want us to share. If you can't tell us what health or payment information you want us to share, we may use our professional judgment to decide what to share with your family or friends for them to be able to help you.

USES WITH YOUR AUTHORIZATION

Any sharing of your health information, other than as explained above, requires your written authorization. For example, we will not use your health information unless you authorize us in writing to share any of your health information with marketing companies or sell any of your health information.

You can change your mind at any time about sharing your health information. Simply notify HSA Health Plan in writing. Please understand that we may not be able to get back health information that was shared before you changed your mind.

SPECIAL LEGAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

HSA Health Plan complies with federal laws that require extra protection for your health information if you receive treatment in an addiction treatment program, or from a psychotherapist who keeps notes on your therapy that are kept outside of your regular medical record. HSA Health Plan is prohibited from using or disclosing genetic information for underwriting purposes.

IF YOU STILL HAVE QUESTIONS

HSA Health Plan's Compliance Officer can help you with any questions you may have about the privacy of your health information. He can also address any privacy concerns you may have about your health information and can help you fill out any forms that are needed to exercise your privacy rights. This privacy notice became effective on November 1, 2015. We may change this privacy notice at any time, and we may use new ways to protect your health information. We always post our current privacy notice on our website at hsahealthplan.com. You can also obtain a copy of this notice from any of HSA Health Plan's staff by calling us at 844-234-4472.



QUESTIONS? WE HAVE ANSWERS!

Whenever you have questions, your Personal Health Assistant is here to help, 24 hours a day, 7 days a week. You can reach us at anytime at 844-234-4472. You can also find written information and documents on our website at hsahealthplan.com. You can request a written copy of any of these documents from your Personal Health Assistant. We will print a copy for you and mail it to you.

Here are some of the written documents you can find and print at hsahealthplan.com. If you have any difficulty locating a document, just call us and we will be happy to help you find it.

- Your deductible, coinsurance, and out of pocket maximums for participating and non-participating providers.
- Benefits and services included in, and excluded from coverage.
- Pharmaceutical management procedures, including a list of covered medications and medications that have special requirements such as prior authorization, step therapy or quantity limits.
- Participating provider directories for primary care, specialists, behavioral health, pharmacies, hospitals, and outpatient facilities.
- Detailed information about how to submit a claim, file a complaint or grievance, or appeal a decision that adversely affects coverage, benefits, or your relationship with HSA Health Plan.

COMMUNICATION ASSISTANCE

We contract with bilingual and interpreter services to enable us to communicate with you in your native language. Just call us at 844-234-4472 and we will arrange for an interpreter to join the call. You can also reach us by calling 711 to connect with Relay Utah, a public service which guarantees all citizens access to prompt, professional and accurate communication through the telephone for individuals who are deaf, deaf-blind, hard of hearing or have difficulty speaking and can communicate on the telephone via TTY/TDD, Voice Carry Over (VCO), Hearing Carry Over (HCO), Speech-to-Speech (STS), Spanish and Captioned Telephone.



OUR MAILING ADDRESS IS:

HSA HEALTH PLAN

PO BOX 709718

SANDY, UT 84070-9718



HSA healthplan

INSURANCE PROVIDED BY: HSA INSURANCE COMPANY

[HSAHEALTHPLAN.COM](https://www.hsahealthplan.com)

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