



The secrets to HDHP success

A guide for mastering your high-deductible health plan

Your plan vs. traditional plans

The Metro Interagency Insurance Program (MIIP) provides medical and pharmacy benefits that help you stay healthy and live your best life. We've created this guide so you can take full advantage of your health plan and boiled down what you need to know into three secrets to success.

First, some basics: You are covered by a high-deductible health plan (HDHP) administered by Wellmark® Blue Cross® and Blue Shield®. An HDHP works a little differently than traditional plans, because it puts you in control of your health care decisions:

- You choose your in-network doctors — no referrals required.
- You choose how to pay for out-of-pocket costs.
- You can even choose to save for the future with a savings account available only to eligible HDHP participants.

An HDHP offers a lower monthly premium (along with no copays and no coinsurance) in exchange for a higher deductible. But, because you are in charge of paying for your deductible, it also means you need to set aside enough money to pay for care when it's necessary. This takes some planning — but it can add up to big savings in the long run.

Your HDHP offers ...

- Lower premiums
- No copays
- No coinsurance

In exchange, you pay the full negotiated cost for care until you meet your higher deductible.



Mastering your plan: **The secrets to HDHP success**

Succeeding with your HDHP Value plan comes down to these three secrets:

SECRET #1

Know your health plan benefits.

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SECRET #2

Use your health savings account (HSA).

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SECRET #3

Use your resources for affordable care.

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“Why do these secrets matter?”

Most people are not used to seeing the true costs of health care. So, when you're new to an HDHP, that first bill can be a bit of a shock — but you can be ready. By understanding your benefits, taking full advantage of your health savings account (HSA) and using your tools and resources, you can anticipate costs, save more and plan for the future.

Secret #1: Know your health plan benefits

Note: For full plan information and costs, reach out to your HR/benefits administrator.

How your benefits work

Your plan is called the HDHP Value plan. It's a high-deductible health plan that uses the Wellmark Blue POSSM network. **Out-of-network services are covered, but if you go out of network you will pay the highest member out-of-pocket cost.**

The HDHP Value plan includes **free Doctor On Demand**[®] by Included Health and **free in-network ACA preventive care** for annual physicals and well-child exams.¹ These services can help you save money with virtual care for common illnesses and proactive care to help catch serious illnesses early on.

If you receive in-network care that's not preventive or from Doctor On Demand, you pay the full cost and any pharmacy costs until your deductible or out-of-pocket maximum (OPM) is met. On this plan, the in-network deductible and OPM are the same: **\$5,000 for single coverage**; and **\$10,000 for family coverage with an embedded individual deductible/OPM**.²

If you have family coverage and one member meets their **individual** \$5,000 OPM, the plan pays 100% of this family member's covered costs for the rest of the year. The other family members' care is paid at full cost until the remaining family deductible is met.

How in-network care and coverage work

- ✓ **You pay \$0** for ACA preventive care and virtual care from Doctor On Demand.
- ✓ **You pay 100%** of the costs for non-preventive care and prescriptions until you reach your deductible/OPM.
- ✓ **Your plan pays 100%** of the costs for covered care and prescriptions for the rest of the calendar year.
- ✓ **Your deductible resets** effective January 1 each year.

¹ Basic preventive exams are covered 100% by your health plan when performed by an in-network primary care provider. [View a full list of ACA preventive services.](#)

² Deductible and OPM amounts for care received out of network are higher. Check your plan documents for additional details.

“If I am paying 100% for care, why should I even have insurance?”

Wellmark negotiates discounts with doctors and hospitals on behalf of MIIP. Even though you pay for your health care costs up to your deductible, you still get those discounts — meaning you pay considerably less than if you weren't covered by the plan at all. For example, before meeting your deductible, an average trip to the ER would cost around \$900 under your MIIP plan. Without insurance, you would pay around \$1,500* for the same care.

*The average total amount charged by a hospital to a MIIP member for an ER visit before the negotiated discounts are applied.

Members enrolled in the HDHP Value plan must select a primary care provider (PCP), which can be done easily through the myWellmark[®] app!

A health savings account (HSA) is a unique money-saving vehicle only available to those covered by an HDHP. With an HSA, eligible employees can set aside money to pay for qualified medical, prescription, dental, vision and other HSA-approved expenses. You can also use your account to invest and grow your funds long term, then use the money to pay for future medical expenses or even supplement your retirement savings.

Funding your HSA

You deposit your own pre-tax money into your account. Many people choose to fund their HSAs with the money they save on their HDHPs' lower monthly premiums. You may adjust your contribution level at any time.

The powerful advantages of an HSA

Your HSA is unlike any other health care account:

- ✓ **Your HSA is a multi-purpose account.** Use it to pay for immediate medical expenses, to save for retirement health expenses and as an investment tool.
- ✓ **Your HSA gives you triple-tax advantages.** You'll enjoy pre-tax contributions, as well as tax-free interest and investment earnings. Plus, you won't be taxed when you use your funds for qualified purchases.
- ✓ **All funds in your HSA roll over from year to year.** There is no deadline to use your contributions.
- ✓ **Your HSA belongs to you.** The funds in your account are yours to keep, even if you change jobs or retire.

How to contribute to your HSA

Eligibility to make HSA contributions can be tricky, so you may want to start by consulting a tax advisor. To begin making contributions through payroll, contact your HR/benefits administrator.

“How much money should I contribute to my HSA?”

Like any other savings account, with an HSA, it's important to think about growing your account long term. Start by planning out how, over time, you'd like to build up enough money to cover your deductible.

ANNUAL CONTRIBUTIONS: RULES AND LIMITS

- Per the IRS, the maximum annual contribution an individual can make to an HSA in the 2026 calendar year is \$4,400. Those with family coverage can contribute up to \$8,750. Those enrolling in an HDHP for the first time as of July 1 may only contribute half the annual limit in 2026: \$2,200 for single coverage, \$4,375 for family coverage.
- If you are over age 55, you may deposit an extra \$1,000 in catch-up contributions each calendar year.
- You can contribute to an HSA with regular pre-tax contributions from your paycheck, as well as with intermittent deposits throughout the year.
- Contributions made on or after January 1 will apply to the 2027 annual limit.

Secret #3:

Use your resources for affordable care

The final secret to HDHP success? Conserving the money in your HSA by using the tools and resources below to save on care and prescriptions.

■ GET FREE PREVENTIVE CARE

With your HDHP Value plan, ACA preventive services at in-network providers are available at no cost¹ for you and your covered family members. Covered care includes annual physicals, well-child checkups, immunizations, screenings and more.

- To find in-network primary care doctors near you: Have your Wellmark ID handy and visit [Wellmark.com/Find-Care](https://www.wellmark.com/Find-Care). If you do not have your Wellmark ID with you, when prompted, you can select Browse a List of Plans and then Wellmark Blue POS.

■ (NEW!) FREE VIRTUAL VISITS FOR MEDICAL AND MENTAL HEALTH

Starting July 1, 2026, your coverage will include no-cost virtual visits with Doctor On Demand[®]. Using your smartphone, tablet or computer, get treatment and prescriptions for common illnesses and injuries for you and your covered family members 24/7². You can also schedule mental health visits to treat stress, depression, anxiety and more. Learn more at [DoctorOnDemand.com/Wellmark](https://www.doctorondemand.com/Wellmark).

■ GET MORE AFFORDABLE PRESCRIPTIONS

The CVS Caremark[®] member portal can help you save on prescription medications. Log in or register at [Caremark.com](https://www.caremark.com), or download the app.

- Find in-network pharmacies near you.
- Research lower cost medication alternatives.
- Look up if you can save on your maintenance medications by registering for Rx Delivery by Mail.

■ TRACK YOUR SPENDING AND MONITOR YOUR BENEFITS

With myWellmark your secure member portal, you can access health insurance tools and information 24/7. Register and log in at [myWellmark.com](https://mywellmark.com), then download the free myWellmark app from your preferred app store.

- View and email your Wellmark ID card.
- Run reports to see how much you've spent out of pocket.
- Review what health care services you've used to plan for future HSA contributions.
- Check what care and services are covered by your plan.

■ SHOP FOR CARE

In myWellmark, there is a powerful tool that lets you price out your care. To use the tool, click Menu in the upper left, then Care & Costs, then Medical Estimates.

- Comparison shop for planned medical procedures based on price and location.
- Research costs for care at in-network physicians, specialists and facilities near you.
- Look up patient reviews and quality scores.

¹ When you see an in-network primary care provider (PCP), an annual physical exam is 100% covered. However, additional health care services may be provided when visiting your provider that may incur additional cost.

² Member cost share applies to prescriptions. Doctor On Demand physicians do not prescribe Scheduled I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate. During times of high overnight call volume, patients may be directed to make an appointment with a Doctor On Demand physician for the following morning.

Your HDHP in action

Want to know how the three secrets to HDHP success work in the real world? Read the example below to see how Sara uses her benefits.

Hi, I'm Sara. Before I switched to the HDHP Value plan at annual enrollment, I had already met \$1,000 of my 2026 deductible, so that amount automatically applied to my new \$5,000 deductible. Also, I'm a planner, so I want to make sure my health expenses are covered. After enrollment, I set up regular payroll contributions to my HSA of \$100 per month.

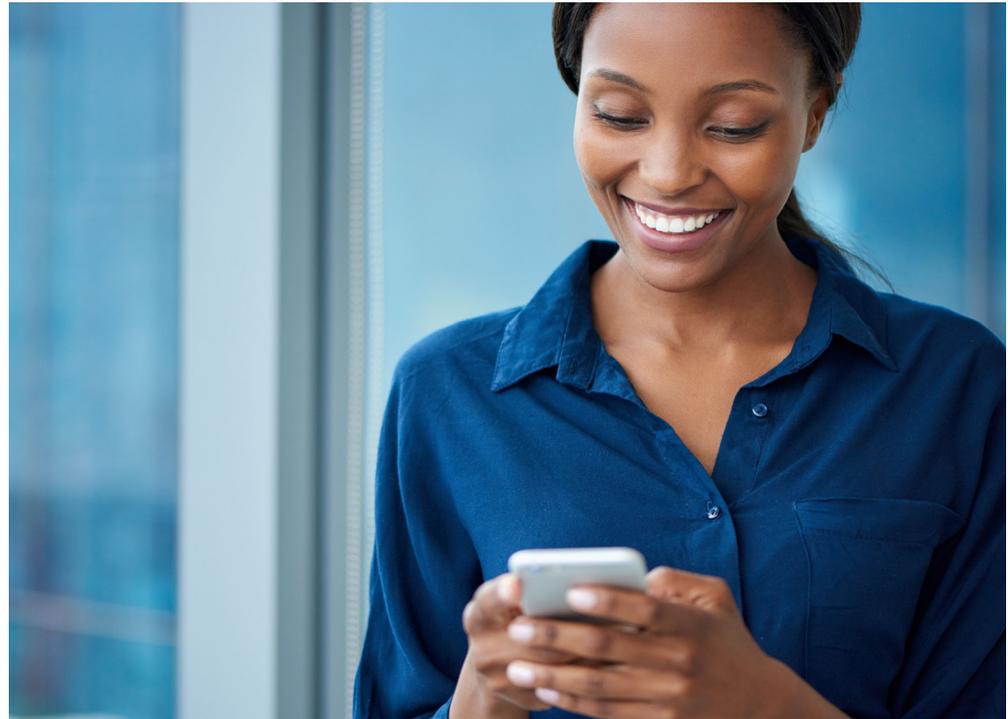
SARA'S COVERAGE DETAILS

Annual deductible: \$5,000

Out-of-pocket maximum (OPM): \$5,000

Deductible resets: January 1

HSA contributions: \$100 monthly



AUGUST

Before the school year starts, I get my annual checkup. It's covered preventive care, so the plan pays 100% of the cost, and I pay nothing! With my monthly contributions, I currently have \$200 in my HSA.

**\$4,000 until deductible/
OPM are met**

SEPTEMBER

I'm having a tough day so I call Doctor On Demand for a mental health visit. Since both medical and mental health virtual visits are free, I don't pay anything out of pocket for the visit. I have \$300 in my HSA account.

**\$4,000 until deductible/
OPM are met**

DECEMBER

I slip on the ice and injure my wrist, so I go to the emergency room. The total cost for the ER visit is \$837. I pay \$600 from my HSA, and I pay the remaining \$237 from my personal bank account. My HSA is now depleted, but it will build back up in the coming months.

**\$3,163 until deductible/
OPM are met**

JANUARY

It's the start of the new calendar year, which means my deductible resets. I continue to grow my HSA with monthly \$100 contributions.

**\$5,000 until deductible/
OPM are met**

MARCH

I get my mammogram. Since it's covered preventive care, the plan pays 100% of the cost and I pay nothing. I have \$300 saved in my HSA.

**\$5,000 until deductible/
OPM are met**

JUNE

I visit my personal doctor for a sinus infection I just can't shake. She prescribes me antibiotics. I owe \$125 for the visit and \$25 for the medication. I have \$600 saved up in my HSA, so after I pay, I have \$450 left in my account.

**\$4,850 until deductible/
OPM are met**

Success!

Sara followed the secrets to success to unlock the full value of her HDHP. She got quality care, paid for all her health and pharmacy costs and even had money left over in her HSA.

SECRET #1

Know your benefits

Knowing she hadn't met her deductible, Sara chose her care carefully. A no-cost virtual visit with Doctor On Demand helped her continue to save in her HSA, which she later used to pay for an office visit and an ER trip.

SECRET #2

Use your HSA

Sara planned ahead. She set aside money in her HSA each month to help cover additional and unexpected medical costs; only in December did she have to use her personal bank account to pay for care. By the end of MIIP's plan year, she had \$450 left in her HSA, which always rolls into the next year.

SECRET #3

Use your resources

Sara got her free annual physical, which may have prevented expensive health problems before they started. Sara also used myWellmark throughout the year to search for care, track spending and monitor how close she was to reaching her deductible/out-of-pocket maximum. In the following plan year, when her doctor recommends an MRI for her wrist, Sara will use myWellmark to search for the most affordable imaging services at a provider near her.





Glossary of terms

PREMIUM

The amount of money that's taken from your paycheck to pay for your health insurance coverage.

DEDUCTIBLE

The amount of money you pay out of pocket for care and prescriptions before your plan begins to pay benefits.

OUT-OF-POCKET MAXIMUM (OPM)

The most you have to pay in a calendar year. After you spend this amount, the plan pays 100% of your covered health and pharmacy costs. With the HDHP Value plan, your deductible and OPM are the same amount.

HDHP

High-deductible health plan. Offers lower premiums in exchange for higher deductibles.

HEALTH SAVINGS ACCOUNT (HSA)

A tax-advantaged savings account that eligible HDHP participants can use to pay for out-of-pocket health care costs.

PREVENTIVE CARE

Care you receive to prevent illnesses or diseases, rather than treat them. Your HDHP Value plan covers **ACA preventive care** at no cost to you so you and your family can stay healthy and save money. Services include free annual physicals and well-child exams, immunizations, screenings, health counseling and more.

IN-NETWORK/OUT-OF-NETWORK

"In-network" health care providers have contracted with Wellmark to accept discounted rates. "Out-of-network" providers have not agreed to the discounted rates. On the HDHP Value plan both in-network and out-of-network care are covered.

You will spend significantly less if you receive your health care in network. If you go out of network you will pay the highest member out-of-pocket cost.