

FAQs for Tetra Flex

If you have a specific question, see if it's in the list below and click on the link to be taken directly to the answer you're looking for. Otherwise, feel free to browse and scan the FAQs at your own pace.

- The Aon Active Health Exchange™ 3**
 - 1. What is an exchange? 3
 - 2. Is Aon's exchange sponsored by the government? 3
 - 3. What are the advantages of the exchange? 3
 - 4. Where can I get more information? 3
- Enrollment 4**
 - 5. What will I need to do? 4
 - 6. How do I create my username and password? 5
 - 7. How do I reset my password? 5
- My Options..... 5**
 - 8. What are my options for medical and prescription drug coverage? 5
 - 9. What happens if I enroll in a Bronze, Bronze Plus, or Silver medical option and have expenses early in the plan year?..... 6
 - 10. I live in California. How are my medical options different?..... 6
 - 11. Will I be able to use the same providers as I do today? 6
 - 12. Why should I use in-network providers? 6
 - 13. How should I choose a medical insurance carrier if my dependents and I live in different states?..... 7
 - 14. How do I decide which medical option is right for me? 7
 - 15. Will pre-existing conditions be covered? 7
 - 16. How will my prescription drugs be covered? 7
 - 17. What is "prior review" (also referred to as prior authorization or precertification) and when is it required? ... 8
 - 18. Will I receive a new ID card for medical and prescription drug coverage?..... 8
 - 19. What do I need to know about dental networks? 8
 - 20. What do I need to know about vision networks? 8
 - 21. What other voluntary benefit options are available to me through the exchange?..... 9
 - 22. What other coverage will Tetra Tech provide? 9
 - 23. Are there other plans available to purchase? 9
- Paying for Coverage 10**
 - 24. When will I find out the cost of coverage? 10
 - 25. Do I get to keep the Tetra Tech credit if I don't enroll in coverage? 10
 - 26. What's a deductible and how does it work? 10
 - 27. What's an out-of-pocket maximum and how does it work? 11
 - 28. What's a Health Savings Account (HSA)? 11
 - 29. Why would I want to use an HSA? 11
 - 30. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA)?..... 12

31.	Can I enroll in both an HSA and a Health Care FSA?.....	12
32.	Can I enroll in both an HSA and the limited purpose Health Care FSA?	12
33.	Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA?.....	12
34.	Can I contribute to an HSA?.....	12

The Aon Active Health Exchange™

1. What is an exchange?

An exchange is a way for you to get medical, dental, vision, and other coverage. It is an online insurance marketplace where buyers like you can shop for coverage from multiple health insurance carriers who are competing for your business. An exchange merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

The Aon Active Health Exchange is America's first national, large-employer, multi-insurance carrier exchange. Its website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options for your circumstances and budget.

2. Is Aon's exchange sponsored by the government?

No. The Aon Active Health Exchange is a private exchange. It is unrelated to the government-run state and federal health insurance exchanges, or marketplaces. It does, however, provide benefits consistent with applicable law and guarantees coverage for those eligible, regardless of pre-existing conditions.

3. What are the advantages of the exchange?

The medical and prescription drug, dental, and vision benefits available through the exchange offer you:

- **Lots of choices.** Traditionally, you could choose from the health plan options offered by the company. Through the exchange, you're able to choose from several coverage levels, a variety of insurance carriers, and a range of costs.
- **Competitive pricing.** The insurance carriers are competing for your business. So it's in their best interests to offer their best prices. Plus, Tetra Tech will provide a credit to use toward the cost of medical and dental coverage.

In addition, you have the option to enroll in other voluntary benefits such as voluntary life insurance, accidental death and dismemberment insurance, short-term disability insurance, critical illness insurance, hospital indemnity insurance, accident insurance, identity theft protection, and legal services.

You also have help when you need it. There are helpful tools and resources to help you every step of the way. See question #4 for details about tools and resources.

4. Where can I get more information?

There are lots of resources available to help before, during, and after enrollment.

Before and during enrollment:

- **Make It Yours website**—Visit tetratech.makeityoursource.com to learn about the exchange, your coverage options, and choosing the right coverage for you and your family.
- **Your Carrier Connection** (available through the **Make It Yours** website)—Visit each carrier's preview site to get up to speed on provider networks, prescription drug information, and other carrier resources.
- **The Tetra Tech Benefits Site**—When it's time to enroll, you can securely access the **Tetra Tech Benefits Site** through the my.tetratech.com > **Our Company** > **Human Resources** > [Benefits](#) page and click on the **View Tetra Tech's Benefits Site** button about mid-way down

the page or access directly through this [Benefits Site](#) link. If you have issues accessing the site with your log-on account, please contact the Tetra Tech Service Desk. If you don't have access to My Tetra Tech, you can access the site directly through digital.alight.com/tetrattech or through the **Alight Mobile app** (available through the [Apple App Store](#) or [Google Play](#)).

- **The Help Me Choose tool**—In addition to changes to the cost of the plan, there may be changes to the providers available on the medical, dental, and vision plans. Before you select a plan, please take advantage of the **Help Me Choose** tool on the **Tetra Tech Benefits Site** to ensure your providers are in the plan you choose. The tool also helps you compare provider availability and costs between carriers.
- **Tetra Tech Benefits Resource Center**—Once logged on to the **Tetra Tech Benefits Site**, look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through the **Tetra Tech Benefits Site**. You can also call the **Tetra Tech Benefits Resource Center** at **1.833.900.2969** from 7:00 a.m. to 4:00 p.m. PT, Monday through Friday.

Managing your benefits throughout the year:

- **Make It Yours website**—Visit year-round for [practical](#) tips that help you and your family get the most out of your benefits. Get “[The Inside Scoop](#)” on how to work the health care system, be a savvy shopper, and save money.
- **Your Carrier Connection** (available through the **Make It Yours** website)—Take advantage of the tools, resources, and information offered through your insurance carrier. For questions about your coverage, always start with your carrier. They know their plans best and have the final authority on all claims, billing disputes, etc.
- **The Tetra Tech Benefits Site**—Access your personalized coverage details and manage your benefits throughout the year.
- **Additional support from a Health Pro**—If you need help with more complex coverage issues, call **1.866.300.6530** and ask to be connected with a **Health Pro**. **Health Pros** can explain how benefits work and help resolve issues.

Enrollment

5. What will I need to do?

You must enroll or you will not have medical, dental, or vision coverage through Tetra Tech. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. And, to contribute to a Health Savings Account (HSA), if eligible, or to a flexible spending account, you must make an active election.

When it's time to enroll, you can securely access the **Tetra Tech Benefits Site** through My Tetra Tech or directly through digital.alight.com/tetrattech or through the **Alight Mobile app** (available through the [Apple App Store](#) or [Google Play](#)).

Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2024.
- Choose the insurance carriers and coverage levels you want for your medical, dental, and vision benefits.
- Enroll in the rest of your benefits.

*How to access the Tetra Tech Benefits Site

- **If you have an @tetratech.com log-on account:** You can securely access the **Tetra Tech Benefits Site** through the my.tetratech.com > **Our Company** > **Human Resources** > [Benefits](#) page and click on the **View Tetra Tech's Benefits Site** button about mid-way down the page or access directly through this [Benefits Site](#) link. If you have issues accessing the site with your log-on account, please contact the Tetra Tech Service Desk.
- **If you do not have an @tetratech.com log-on account:** If you don't have access to My Tetra Tech, you can access the site directly through digital.alight.com/tetratech or through the **Alight Mobile app** (available through the [Apple App Store](#) or [Google Play](#)). You'll have to create a username and password if you are logging on for the first time. Please take all the precautions in choosing a secure and unique password for this account.

6. How do I create my username and password?

You do not need to create a username or password if you have an @tetratech.com account. See the instructions in #5 above.

If you do not have an @tetratech.com log-on account and you are a new user, you will need to set up your username and password. Both are needed to access the **Tetra Tech Benefits Site** or the **Alight Mobile app** (available through the [Apple App Store](#) or [Google Play](#)).

- Go to digital.alight.com/tetratech and select **New User**.
- Use the last four digits of your Social Security number, your date of birth, and your home ZIP code to authenticate your account.
- Create a username and password.
- Create some answers to security questions to help authenticate your identity in the future should you forget your username/password.
- If you need help accessing the **Tetra Tech Benefits Site**, you can also call the **Tetra Tech Benefits Resource Center** at **1.833.900.2969** from 7:00 a.m. to 4:00 p.m. PT, Monday through Friday.

7. How do I reset my password?

If you need to reset your password, go to the **Tetra Tech Benefits Site** and click **Forgot User ID or Password**. Follow the prompts to reset your password. You will need your username and password to access your account on the **Alight Mobile app**.

My Options

8. What are my options for medical and prescription drug coverage?

You have several coverage levels to choose from, including Bronze, Bronze Plus, Silver, Gold, and Platinum. Each coverage level is available from multiple insurance carriers at different costs. When you enroll, you'll be able to compare benefits and features across your medical options.

9. What happens if I enroll in a Bronze, Bronze Plus, or Silver medical option and have expenses early in the plan year?

If you enroll in a high-deductible medical option, you should be prepared to pay up to the cost of your deductible—in case you have significant medical expenses shortly after the plan year begins. Even if you start contributing to an HSA right away, your HSA may not yet have enough money to cover costly services early in the year. One option is to pay for those early expenses out of pocket and then, when your account balance grows enough to cover the qualified expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

10. I live in California. How are my medical options different?

Your options will be different, depending on the insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) or as an option that offers in-network benefits only (e.g., an HMO).

Also, insurance carriers can choose to offer either the standard Gold option or a Gold II option—not both. The Gold II option only offers in-network benefits.

The Gold option is offered by Aetna, Anthem, Cigna, and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

[Learn more](#) about your California coverage options and insurance carriers.

11. Will I be able to use the same providers as I do today?

It depends. Each insurance carrier has its own network of preferred providers (e.g., doctors, specialists, hospitals). If you want to keep seeing your current doctors, select an insurance carrier that includes your preferred providers in its network. If you are comfortable changing doctors, select an insurance carrier whose network includes providers critical to your care.

Even if you can keep your current insurance carrier through the exchange, the provider network could be different and can change, so always check the provider directories before making a decision.

Do not rely on your provider's office to know the carriers' network(s). To see whether your doctor is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on the **Tetra Tech Benefits Site**. You can access this information by clicking **Find Doctors** when you're selecting your medical plan. For the best results:
 - Search for your provider by name—not medical practice.
 - Check only the office location(s) you are willing to visit.
 - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

Important! If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.

12. Why should I use in-network providers?

Seeing out-of-network providers will very likely cost you substantially more than seeing in-network providers. For example, you will pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket

maximum. And certain Platinum options (and certain options/carriers in [California](#)) won't cover out-of-network services at all.

13. How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same plan, you may want to consider one of the national insurance carriers that offer national provider networks so that your dependents have access to in-network providers in most locations. (Regional insurance carriers *may* offer in-network coverage outside of their regional service area through partnerships with other carriers. You can contact the insurance carrier for details.)

Do not rely on your provider's office to know the carriers' network(s). You need to call the insurance carrier to confirm whether an out-of-area provider participates in a carrier's network.

14. How do I decide which medical option is right for me?

You'll have access to a number of resources to help you make smart decisions. You should start by visiting the **Make It Yours** website at tetrattech.makeityoursource.com to access videos, details about your options, comparison charts, and more.

Then, when you enroll, you'll be able to see the credit amount from Tetra Tech and your price options on the **Tetra Tech Benefits Site** at digital.alight.com/tetrattech or the **Alight Mobile app**. You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings, and more.

If you need additional help, once logged on to digital.alight.com/tetrattech, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through digital.alight.com/tetrattech. You can also call the **Tetra Tech Benefits Resource Center** at **1.833.900.2969** from 7:00 a.m. to 4:00 p.m. PT, Monday through Friday. You can also call the carrier with specific questions about the options they offer.

15. Will pre-existing conditions be covered?

Yes. When you enroll in medical coverage through the exchange, coverage is guaranteed, regardless of whether you and/or your eligible dependents have pre-existing conditions.

16. How will my prescription drugs be covered?

Your prescription drug coverage will be provided through your medical insurance carrier's pharmacy benefit manager—which could be a separate prescription drug company. Employees who enroll under Aetna, Anthem, Cigna, or UnitedHealthcare will have their pharmacy benefits managed by CVS Caremark. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

If you or a covered family member regularly takes medication, it is strongly recommended that you call CVS Caremark (if you're considering coverage under Aetna, Anthem, Cigna, or UnitedHealthcare) or the medical insurance carrier (for all other carriers) before you enroll to better understand how your particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. Visit the **Make It Yours** website for a [list of questions](#) to ask.

17. What is “prior review” (also referred to as prior authorization or precertification) and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting “prior review” allows the carrier to make sure you’re eligible for the services, ensure you’re getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

- When you stay in network, your doctor usually completes the process on your behalf when it’s required. But you should always confirm with your doctor to be sure they are handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care.

When prior review is required and you don’t get preapproved, you could get stuck paying most or all of the bill or a penalty. For that reason, it’s always in your best interest to ask your doctor whether you need to do anything in advance and confirm that services you need will be covered by your insurance carrier.

18. Will I receive a new ID card for medical and prescription drug coverage?

It depends. You’ll only receive a new ID card when you enroll for the first time or change insurance carriers or coverage levels. You’ll use your ID card for medical and prescription drug needs. **Note:** If you enroll under Aetna, Anthem, Cigna, or UnitedHealthcare for the first time, you’ll receive a separate prescription drug ID card from CVS Caremark.

If issued, you should receive ID cards before your benefits take effect. If you need an ID card immediately, go to your insurance carrier’s website, register online, and print a temporary ID card.

19. What do I need to know about dental networks?

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage level you choose. If it’s important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

Do not rely on your provider’s office to know the carriers’ network(s). To see whether your dentist is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you’re considering on the **Tetra Tech Benefits Site**.

20. What do I need to know about vision networks?

Each vision insurance carrier has its own provider network. If it’s important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Do not rely on your provider’s office to know the carriers’ networks. To see whether your eye doctor or retail store is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the network of each insurance carrier you’re considering on the **Tetra Tech Benefits Site**.

21. What other voluntary benefit options are available to me through the exchange?

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease).
- **Hospital indemnity insurance:** Pays a benefit in the event you or a family member covered under this plan is hospitalized.
- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident.

You can also choose to enroll in:

- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud.
- **Legal services:** Covers attorney fees for things like wills, real estate matters, and more.

You can get more details on the **Make It Yours** website at tetratech.makeityoursource.com.

22. What other coverage will Tetra Tech provide?

Tetra Tech will provide basic life insurance, basic accidental death and dismemberment insurance (AD&D), long-term disability insurance, business travel accident, and an Employee Assistance Program (EAP). This coverage is paid for by the company for your benefit.

23. Are there other plans available to purchase?

Yes, the following plans will be available to you next year.

- **Voluntary life insurance:** There are options for this additional term life insurance, including separate employee life, spouse/domestic partner life, and child life insurance. Proof of good health may be required by the insurance carrier for certain increases to your current coverage, or if you elect to enroll after your initial enrollment period.
- **Voluntary accidental death and dismemberment (AD&D) insurance:** This coverage is paid in the event of an accidental death or serious injury. Options for you and your dependents are available.
- **Short-term disability insurance:** This coverage offers financial assistance to help replace your income when you're injured or experience an extended illness.
- **Life insurance plan with Long Term Care coverage:** This life insurance policy combines life insurance benefits with coverage for long term care expenses. The policy allows you to use part or all of the policy benefit for long term care expenses such as home care, nursing home, assisted living facility, adult day care and similar expenses. If long term care benefits are not used, the policy pays out a life insurance benefit to your beneficiaries. Options for employee and spouse coverage are available. The policy remains in effect for as long as you pay premiums even after you no longer work for the company.
- **My Flex Time Add-On Option:** The My Flex Time Add-On Option allows you to purchase additional flex time for your use in addition to your current company-provided Flex Time (previously called Time Off With Pay or TOWP). Under the plan, you have two options: to buy the current monetary value of either 40 hours or 80 hours of time off. Deductions are pre-tax, and any unused purchased Flex Time is paid out to you each December.

Paying for Coverage

24. When will I find out the cost of coverage?

During the enrollment window, you'll be able to see the credit amount from Tetra Tech and your price options when you enroll on the **Tetra Tech Benefits Site** either through my.tetratech.com via the [Benefits Site](#) link, digital.alight.com/tetratech, or the **Alight Mobile app**.

25. Do I get to keep the Tetra Tech credit if I don't enroll in coverage?

No. The credit you get from Tetra Tech is for the medical/prescription drug and dental coverage you purchase through the exchange. However, if you actively waive medical coverage, you will be eligible to receive up to \$960 of "opt-out credit" from Tetra Tech.

26. What's a deductible and how does it work?

The deductible is what you pay out of your own pocket before your insurance carrier begins to pay a share of your costs. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you meet your deductible. The negotiated costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for providing a particular service.

How the medical deductible works depends on your coverage level:

- **The Bronze and Gold medical coverage levels have a traditional deductible.** Once a covered family member meets the *individual* deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.
- **The Bronze Plus and Silver medical coverage levels have a "true family deductible."¹** This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in these coverage levels when you have family coverage.

To clarify, if you choose a Bronze Plus or Silver coverage level, the individual deductible only applies if you cover just yourself. If you choose to cover dependents too, though, you must satisfy the family deductible before coinsurance will kick in, even if only one family member has expenses.

- **The Platinum coverage level does not have an in-network deductible.** Keep in mind, though, that as a trade-off for no deductible, the Platinum coverage level is usually the most expensive coverage level per paycheck.

The annual deductible doesn't include copays or amounts taken out of your paycheck for health coverage.

Do you use out-of-network providers? Out-of-network charges do not count toward your in-network annual deductible; they only count toward your out-of-network deductible.

¹Exception: If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver coverage level, you will have a traditional annual deductible. No member in the family will pay more than \$3,000 toward the family deductible.

27. What's an out-of-pocket maximum and how does it work?

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage or certain copays under the Gold and Platinum coverage levels. How the medical out-of-pocket maximum works depends on your coverage level.

The Bronze, Gold, and Platinum coverage levels have a traditional out-of-pocket maximum. Once a covered family member meets the *individual* out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

The Bronze Plus and Silver coverage levels have a "true family out-of-pocket maximum."¹ This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no "individual out-of-pocket maximum" in these options when you have family coverage.

Do you use out-of-network providers? Out-of-network charges do not count toward your in-network annual out-of-pocket maximum; they only count toward your out-of-network out-of-pocket maximum.

¹Exception: If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver coverage level, you will have a *traditional* annual out-of-pocket maximum.

28. What's a Health Savings Account (HSA)?

An HSA is a special bank account that you can use when you enroll in a Bronze, Bronze Plus, or Silver coverage level. It allows you to set aside tax-free money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance. Because you'll be responsible for 100% of your medical and prescription drug expenses until you meet your deductible in the Bronze, Bronze Plus, or Silver coverage levels, an HSA is a great way to pay less for those out-of-pocket expenses because you're using tax-free money.

Just make sure you use money in your HSA only for qualified health care expenses. If you use money in your HSA for unqualified expenses, you'll pay income taxes on that money and an additional 20% penalty tax if you're under age 65. Keep careful records of your health care expenses and withdrawals from your HSA, in case you ever need to provide proof that your expenses were qualified.

You can decide whether to enroll in an HSA and how much, if any, money you want to contribute. And if you don't have a lot of health care expenses, your money can stay in your account year to year and earn tax-free interest. Also, the money is yours to keep even after you no longer work for the company. If you have questions about the use and appropriateness of an HSA as it applies to your specific situation, you should consult a tax professional.

29. Why would I want to use an HSA?

An HSA lets you set aside money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance. You decide how much money you want to contribute, and you can change your contribution election at any time. If you don't have a lot of health care expenses, your money can stay in your account year to year.

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out.
- Interest earnings on your HSA balance are not taxed.

- You are not taxed on the HSA dollars when you use them to pay qualified expenses.

30. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA)?

While both accounts offer a tax-free benefit when you pay for eligible medical, dental, and vision expenses, they differ in several key ways. Compare their [differences](#) on the Make It Yours website.

31. Can I enroll in both an HSA and a Health Care FSA?

No. If you enroll in the Bronze, Bronze Plus, or Silver coverage level, you can participate in either an HSA or a Health Care FSA. You can't contribute to an HSA and participate in the Health Care FSA at the same time.

32. Can I enroll in both an HSA and the limited purpose Health Care FSA?

Yes. If you enroll in the Bronze, Bronze Plus, or Silver coverage level, you can participate in both an HSA and the limited purpose Health Care FSA. The limited purpose Health Care FSA allows you to set aside and pay for eligible out-of-pocket dental and vision expenses.

33. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA?

No. If your spouse's general purpose Health Care FSA covers your medical expenses, it would be considered other health coverage, and you would not be eligible to contribute to an HSA.

34. Can I contribute to an HSA?

In order to contribute to an HSA, you need to meet the following criteria:

- You must be enrolled in a high-deductible option at the Bronze, Bronze Plus, or Silver coverage level.
- You cannot be enrolled in Medicare or a veteran's medical plan (TRICARE).
- You cannot be claimed as a dependent on someone else's tax return.
- You cannot be covered by any other health insurance plan, such as a spouse's plan, that is not a high-deductible option.

You can use money from your HSA to pay your dependents' health care expenses as long as you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).

Information contained herein is not intended as legal, tax, or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

Terms and conditions of policies may change. Please consult policy documents to confirm availability of benefits.

Aon Active Health Exchange is a trademark of Aon Corporation.

All product and company names are trademarks™ or registered® trademarks of their respective owners. Use of them does not imply any affiliation with or endorsement by them.