Orange Prime Plus Plan (HDHP)

What are the main components of the OrangePrime Plus Plan (HDHP)?
The OrangePrime Plus plan is made up of two parts – the medical plan and the employer HSA contribution:

- The Medical Plan:
  - Annual Deductible, Copays, Coinsurance, and Out-of-Pocket Maximum
  - Pharmacy coverage without a separate deductible
  - Preventive care coverage of 100%, even before you reach your deductible
  - Some preventive drugs covered at 100% before deductible
  - Outpatient Mental Health/Substance Abuse

- The Employer HSA Contribution:
  - Helps off-set the OrangePrime Plus plan deductible
  - Contribution based on level of medical coverage in place at time of funding
    - Up to $1,000 contribution for employee only coverage*
    - Up to $1,550 contribution for employee plus dependent(s) coverage*
  - You must be an active employee and be enrolled in the OrangePrime Plus plan, at the time of funding, in order to receive the employer contribution.
  - Contribution can be made into a County sponsored Health Savings Account (HSA) or if the employee is ineligible for an HSA or does not have an open/active county HSA account, then the funds will be issued via paycheck and are subject to applicable taxation rules.
    * *Proration rules apply for employees enrolling outside of the open enrollment period.*

Health Savings Account (HSA)

You must have an open, active HSA account in order to receive funding into your account.

What is an HSA?
An HSA is a tax advantaged savings account that is used in conjunction with an HDHP. An HSA allows you to save for eligible medical expenses that the HDHP does not cover. An HSA will:

- Help you pay for your eligible expenses today and in the future
  - Medical
  - Pharmacy
  - Dental
  - Vision
  - Durable medical supplies

- Reduce your taxes three ways
  - Money deposited can be tax-free
  - You pay no tax on the interest you receive
  - Withdrawals for eligible expenses are tax-free

- Carryover from year to year and go with you if you change jobs

What are the eligibility requirements for an HSA?
According to the IRS, to be an eligible individual and qualify for an HSA, you must meet the following requirements:

- You must be covered under a high deductible health plan (HDHP)
- You must have no other health coverage that is not a high deductible health plan including TRICARE or TRICARE for Life
- You must not be covered by a general purpose Medical Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA), either yours or your spouse's (you can have a Limited Purpose Spending Account (LPFSA) and will have a separate debit card for this).
- You are not enrolled in Medicare
- You cannot receive VA medical benefits, unless for a service-related disability, within the 3 months prior to contributing
- You cannot be claimed as a dependent on someone else's tax return (Note: filing married/jointly is not the same as being claimed as a dependent)

How do I open an HSA?
- Go to https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=596000773
- Click "begin online enrollment". Step one will require you to input your name, date of birth, social security number, address, and contact information. Step two will provide you with an opportunity to review your application. Step three is your confirmation – be sure to print a copy of your application for your records.

How do I receive reimbursement for my eligible expenses?
You will receive a debit card to pay for your eligible expenses directly at the point of sale.

When will I have access to the funds I contribute to my HSA?
The HSA is very much like a checking account, in that the money has to be in the account before you can spend it. So, if the payroll deduction has not yet occurred, the funds will not be in the account for you to spend.

How do I contribute to my HSA?
If you elect the OrangePrime Plus plan with an HSA through Cigna, you must first open a new HSA account. Then you will be able to contribute pre-tax dollars to your account through payroll deductions. Payroll deduction amounts can be started, changed, or stopped at any time during the year without reason. Simply complete, sign, and submit the HSA election form which can be found on OrangeNet.

In addition to payroll deductions, you can also contribute directly to your HSA by sending a check to HSA Bank or by making an online payment or online transfer to the account. Specific instructions on these contribution methods will be provided in the welcome kit you receive from HSA Bank after you open your HSA.

Will the County make a contribution to my Health Savings Account?
Yes! The County will contribute for employees who elect the OrangePrime Plus plan during open enrollment or as a new hire employee.

If elected during open enrollment, you must apply for an HSA through Cigna in October. If you already have an HSA through Cigna, you need to ensure that the account is active and open. Accounts with a negative balance will be closed and unable to accept new employer contributions.

For open enrollment elections, the contribution will occur in mid-January annually upon successful completion of the following requirements:

- Elect the HDHP during open enrollment
- Elect to receive the contribution into an HSA during open enrollment.
- Open an HSA account through the Cigna portal in October
- Still be an active, benefit-eligible employee at the time the HSA contributions are deposited in mid-January.

As a new hire, proration rules apply (refer to the table below).

Level	Benefits begin 1/1 - 3/31	Benefits begin 4/1 - 6/30	Benefits begin 7/1 - 9/30	Benefits begin 10/1 - 12/31
Employee Only	$1000 *paid in May*	$750 *paid in August*	$500 *paid in November*	$250 *paid in February*
Employee + Dependent(s)	$1550 *paid in May*	$1162.50 *paid in August*	$775 *paid in November*	$387.50 *paid in February*

Note: Employees must still be actively employed at the time of the deposit in order to receive it.

The purpose of the OrangePrime Plus plan contribution is to help off-set the deductible. The County will provide contributions, based on the medical coverage category of the employee at the time of funding. Those with employee only coverage can receive up to a $1,000 contribution, while those that cover tax-qualified dependents on the plan can receive up to a $1,550 contribution.

What if I am not eligible for an HSA; can I still get the employer contribution?
If you do not meet the eligibility requirements to receive contributions into an HSA, or do not have an open/active HSA account, then the funds will be issued via paycheck and are subject to applicable taxation rules. Complete the HSA attestation and indicate that you are not eligible for the HSA plan. Funds will be issued via paycheck and are subject to applicable taxation rules.

Are new hires able to receive the employer contribution?
Yes, however you may receive a prorated amount based on your benefits effective begin date. If you do not have an open active HSA account or are not eligible to receive contributions into an HSA account at the time of payment, you will receive the funding into your paycheck minus applicable taxes.

Is there a maximum contribution amount for HSA contributions?
Yes, the IRS sets the maximum contributions amounts on an annual basis. The contribution maximum includes all dollars that are added “into” your HSA during the year (*including* the County contribution and any other contributions you make independently or through payroll deductions). However, amounts that roll over from year to year are not included and can accumulate as high as you like. If you accidentally contribute more than the annual maximum to your HSA, you should contact HSA Bank regarding correcting this situation so that you don’t have to pay income tax or IRS penalties for the over-contribution.

- Employee only (single coverage): $4,300
- Employee with dependents (family coverage): $8,550

The maximum amount is based on the medical coverage you have, not how you file your taxes. For example, even if you file married/jointly or head of household, if you are only covering yourself (single coverage) on the medical plan, your maximum is $4,300.

In addition, if you are 55 or older, you are allowed to make an additional “catch up” contribution amount of $1,000 per year. If you and your spouse are both 55 or older (and both covered on the medical plan), then your spouse can also open up his/her own HSA through a bank of his/her choosing and put in an additional $1,000 in catch up contributions. Note: your spouse cannot open up an HSA through Orange County’s Cigna plan unless your spouse is also an employee. For more information regarding HSA regulations, you should contact HSA Bank.

What are the limitations or restrictions if my spouse is also a County employee?
If you are married to another County employee, you have the option to choose the coverage that works best for your family. For example, you can each sign up for “employee only” coverage if you like or one can do “employee + spouse” and the other can “waive medical.” The choice is yours. Regardless of your coverage and HSA decision, your annual HSA contribution maximum for the 2025 plan year cannot exceed the family contribution limit of $8,550.

If you and your spouse both keep your own County medical coverage, then both spouses are able to open an HSA and receive the County’s funding (assuming you both meet the requirements & are both otherwise eligible for the HSA). In other words, both individuals can have an HSA of their own, if they are both primary subscribers to their medical plans. Keep in mind that if you keep your coverage separate (for example, if both select “employee only”), then you will each have your own deductible and out-of-pocket maximum for the plan year and the amounts cannot be combined together. However, if you choose “employee + spouse” or “employee + family” coverage, then only the main subscriber can open and fund the HSA through the County.

OrangePrime Plan (LDHP)

What are the main components of the OrangePrime Plan (LDHP)?
The OrangePrime Plan is made up of two parts – copays and deductible:

- You pay copays year-round for the following services:
  - Doctor’s office visits
  - Specialist office visits
  - Urgent Care
  - Prescriptions
  - Outpatient Mental Health/Substance Abuse
- The remaining medical services are subject to the following plan design:
  - You pay the Co-insurance of 20% after you meet the calendar year deductible for all other medical services
  - Co-pays and co-insurance amounts that you pay contribute to the out-of-pocket maximum
  - Preventive care coverage of 100%, even before you reach your deductible

Is there a financial contribution for the OrangePrime Plan?
No. Employees electing the OrangePrime Plan (LDHP) are not eligible for the OrangePrime Plus Plan (HDHP) contribution or the Opt Out Credit.