



# 2016 Open Enrollment FAQs

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# 2016 Open Enrollment

## 1. When is the Open Enrollment period for 2016?

Open Enrollment takes place from Monday, October 26, to Friday, November 13, 2015. This is your single opportunity to take a fresh look at your current benefit elections and choose coverage for the coming year – remember that the health care choices you make do matter!

## 2. What coverage will I have if I don't enroll by November 13?

If you don't enroll by the deadline, your 2016 benefit coverage elections will be as follows:

- Your current medical plan option and carrier election will remain in place for 2016. For more information, see question 3 in the 2016 Health Plans section of these FAQs.
- If you are currently enrolled in the Employee + 1 or Employee + Family coverage level, you will be reenrolled in the coverage level for 2016 that includes your eligible dependents currently enrolled under your medical plan, and you will pay the 2016 contribution for that coverage level. Refer to question 5 in the 2016 Health Plans section of these FAQs for more information.
- Your other benefit coverage elections will remain in place for 2016, with the exception of HSA contributions, Limited Purpose FSA contributions, Health Care FSA contributions, Dependent Care FSA contributions and Flex Vacation elections. **You must make these elections each year** during Open Enrollment. Elections in these plans are **not** automatically carried forward from year to year.

## 3. How do I complete my enrollment?

You can enroll any time during the Open Enrollment period (October 26 – November 13) by visiting the MyBenefit Solutions website. This site can be accessed in the following ways:

- **At Work:** Single sign-on access through MyReward (MySource > MyReward > Logon to MyReward > Proceed to My Personal Total Reward Data > MyBenefit Solutions)
- **At Home:** Go to <http://mybenefits.bnymellon.com> (If you have not already registered, you will need to create a username and password.)

# 2016 Health Plans

## 1. What are the health plan options for 2016?

Your health plan options are not changing for 2016. Most employees will have a choice between two national health plan options, both offered by our current carriers, Aetna and UnitedHealthcare, with prescription drug coverage provided through CVS Caremark:

- Plan HRA (Health Reimbursement Account)
- Plan HSA (Health Savings Account)

Depending on your state of residence, either Aetna or UnitedHealthcare may be identified as the preferred carrier, meaning the one that provides higher provider discounts on average. In these states, your contribution rate will depend on the carrier you choose. See question 3 below for more information.

In addition to coverage available through Aetna and UnitedHealthcare, eligible California employees will continue to have coverage available through Kaiser Permanente (which sponsors a unique network of hospitals and physicians). The HMSA Plan will continue to be offered to employees in Hawaii. International expatriates will continue to be offered the Aetna International Plan.

You may also waive BNY Mellon medical coverage for 2016. Before doing so, however, you should be enrolled for other medical coverage, such as through a spouse's/domestic partner's plan, to avoid paying a penalty under the individual mandate provision of the Affordable Care Act. For more information, see question 2 in the Health Care Reform (Affordable Care Act) section of these FAQs.

## 2. What changes will there be to benefits coverage under the 2016 health plan options?

Changes effective January 1, 2016, include the following:

- When you choose the preferred carrier in your state of residence, if there is one, your health plan contributions will be lower than if you choose the non-preferred carrier.

- Those covering a spouse/domestic partner or child(ren) will now have the ability to choose from expanded coverage levels of Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family to more accurately reflect their coverage needs. Each medical plan coverage level will have separate contribution levels.
- New telemedicine services will be provided by Doctor On Demand for all employees who are covered by Aetna or UnitedHealthcare, as well as their enrolled spouse/domestic partner and child(ren).
- CVS MinuteClinic® walk-in medical clinics will offer convenient access to high-quality, lower-cost care with discounts up to 35% on medical services to employees who are enrolled in Aetna and UnitedHealthcare medical plans.
- The lifetime maximum medical benefits for infertility services will increase to \$25,000; the lifetime maximum benefits for drugs related to infertility services remains at \$10,000. In addition, services must be pre-authorized and received at a Center of Excellence.
- The Health Savings Account (HSA) total maximum annual contribution will increase for non-single coverage.
- More preventive care services will be covered at 100% as a result of the Affordable Care Act.
- The new CVS Caremark AccordantCare™ offers guidance and care for individuals who have certain rare health conditions.
- CVS Health Pharmacy Advisor Counseling Program services provide help for individuals who have chronic diseases and are enrolled in Aetna or UnitedHealthcare coverage.
- Applied Behavior Analysis (ABA) therapy will now be covered under the Aetna and UnitedHealthcare medical plans for those diagnosed with an autism spectrum disorder.
- If you're enrolled in Plan HSA with non-single coverage, the maximum out-of-pocket expenses you must pay for any individual's in-network services will be capped at no more than \$6,850 per year.

Please see the questions below for details on these changes, including additional information on CVS Caremark AccordantCare™. You can find more information about the new telemedicine and CVS MinuteClinic® walk-in medical clinic offerings below in this section.

**3. What are preferred carriers and how will choosing one affect my health plan contributions?**

For 2016, your health plan contributions will be based in part on the medical carrier you choose: Aetna or UnitedHealthcare. Depending on your state of residence, one medical carrier may be more cost-effective for you and BNY Mellon than the other. Where this happens, the more cost-effective carrier will be designated as the “preferred” carrier. Your costs will be lower if you choose the preferred carrier. If your current carrier is not the preferred carrier for your state of residence, consider making a change. If you do not change your carrier during Open Enrollment, your current health plan carrier will remain the same in 2016.

Review the chart below to see which carrier is preferred in your state, if applicable. If you reside in a state that is not listed here, you'll pay the same preferred premium whether you choose Aetna or UnitedHealthcare.

State of Residence	Preferred Carrier
California	Aetna
Connecticut	Aetna
Delaware	Aetna
Florida	UnitedHealthcare
Illinois	UnitedHealthcare
Massachusetts	UnitedHealthcare
New Jersey	Aetna
New York	Aetna
Pennsylvania	Aetna
Rhode Island	UnitedHealthcare

For more information about preferred carriers, refer to your 2016 Enrollment Newsletter and 2016 Benefits Guide, available on [www.livewell.bnymellon.com](http://www.livewell.bnymellon.com).

#### **4. If I change medical carriers, how can I determine if my doctors are still in-network?**

Both Aetna and UnitedHealthcare have broad national networks that often overlap. Use each carrier's physician finder and quality and cost estimator tools to choose the carrier that provides you with the highest-quality providers and most cost-effective care. If you're considering Aetna, you can access their tools at [www.aetna.com/docfind/custom/bnymellon](http://www.aetna.com/docfind/custom/bnymellon). If you're considering UnitedHealthcare, you can access their tools at [www.bnym.welcometouhc.com](http://www.bnym.welcometouhc.com).

#### **5. What are the medical coverage levels for 2016?**

For 2016, new coverage levels with different contribution rates will be available to help employees with families choose coverage that best meets their needs. The new coverage levels – Employee + Spouse/Domestic Partner and Employee + Child(ren) – will replace the current Employee + 1 level. The pricing of the new Employee + Child(ren) and Employee + Spouse/Domestic Partner coverage levels aligns with the claims experience of our employees, which shows that costs vary by dependent. BNY Mellon claims data show that, on average, enrolled spouses have higher claims costs than enrolled children. The 2016 contribution rates for the new coverage tiers have been set to reflect this claims experience and will be reviewed annually.

If you do not change your coverage level for 2016, your current health plan coverage level will be mapped to the 2016 coverage level, based on the dependent(s) you currently cover. You will be enrolled automatically in your current plan with your current carrier at the appropriate 2016 coverage level and will pay the 2016 contributions for that level.

#### **6. What additional services will be covered as preventive care in 2016?**

In accordance with the Affordable Care Act, additional services are now considered to be preventive care and will be available to you at no additional cost when you receive them at an in-network provider:

- More FDA-approved contraception options
- Preventive services related to pregnancy for dependent children
- Gender-based preventive services for transgender individuals
- Aspirin coverage for women of childbearing age who are at an increased risk of preeclampsia
- Anesthesia performed in connection with a preventive colonoscopy
- Genetic counseling and BRCA genetic testing for women who have had non-BRCA-related breast or ovarian cancer

Learn more about preventive care in the 2016 Benefits Guide.

#### **7. What are the changes to infertility services?**

Starting January 1, 2016, Aetna and UnitedHealthcare will cover infertility services only when the services are pre-authorized and you receive services at a Center of Excellence (COE). If a COE is available in your area and is not used, you will not receive infertility benefits under your medical plan. As authorized by your carrier, individuals in a current cycle of infertility treatment as of January 1, 2016, will have benefits paid for the current cycle, regardless of where the services are provided. After the current cycle is completed, if a COE is available, benefits will be paid only if the COE is used. If a COE is not available, approved treatment will be covered. The lifetime maximum benefits for medical services related to infertility services will increase to \$25,000; the lifetime maximum benefits for prescription drugs related to infertility services remains at \$10,000.

#### **8. What is a Center of Excellence (COE)?**

COEs are facilities that have passed the best practice evaluation criteria developed by Aetna's and UnitedHealthcare's oversight and advisory committees of practicing clinical experts. They have proven medical outcomes that are superior to those of other facilities performing the same procedures, including demonstrated positive patient outcomes, cost-effective health care delivery and compliance with rigorous quality control metrics including patient safety, success rates, hospital readmissions and mortality.

To become a COE, hospitals and facilities must go through an extensive approval process and meet stringent criteria by a medical carrier. Both Aetna and UnitedHealthcare utilize oversight and advisory committees of practicing clinical experts who help develop the criteria to quantify excellence and stratify providers of complex health care. These criteria are reviewed and revised on a regular basis to incorporate current quality benchmarks as they relate to the applicable field of medicine.

**9. Will Applied Behavior Analysis (ABA) therapy be covered in 2016?**

Starting January 1, 2016, both Aetna and UnitedHealthcare will cover Applied Behavior Analysis (ABA) therapy for individuals who have been diagnosed with autism spectrum disorder. Intensive behavioral therapies such as ABA are focused primarily on building skills and capabilities in communication, social interaction and learning. Covered expenses include services and supplies for the diagnosis and treatment of autism spectrum disorder, which must be prescribed by a physician or other behavioral health provider. Prior authorization is required under both Aetna and UnitedHealthcare for ABA benefits. Learn more about ABA therapy in the 2016 Benefits Guide

**10. For Plan HSA, how is the in-network out-of-pocket maximum changing for 2016?**

If you participate in Plan HSA with non-single coverage, the maximum out-of-pocket expenses you will have to pay **for any individual's** in-network services will be capped.

Currently, Plan HSA has a true family out-of-pocket maximum. This means that employees pay up to the higher family maximum amount if an individual family member has high expenses. As a result of the Affordable Care Act, beginning January 1, 2016, if you cover dependents under Plan HSA, you will pay no more than \$6,850 in out-of-pocket expenses for in-network services for any individual family member during the plan year. The family out-of-pocket maximum amount will remain the same in 2016 as in 2015. This enhancement is designed to provide extra protection from catastrophic expenses in the event of a chronic illness or serious injury.

Example: Angela is enrolled in Plan HSA in family coverage; her salary is \$120,000. Angela's 10-year-old son has a serious accident while skateboarding, and medical bills for his care amount to \$20,000.

What Would Happen ...	
Today, in 2015	In 2016
As shown in the chart below, Angela would pay <b>\$12,700</b> in out-of-pocket expenses for her son's care before the plan begins to pay 100% of eligible expenses (assuming all care is in-network and this is the family's first health care expense of the year).	Angela would pay <b>\$6,850</b> before the individual maximum is satisfied and the plan pays in full.  Plus, if Angela's son has any additional medical expenses for the remainder of the year, <b>the plan pays in full</b> because his individual maximum of \$6,850 has been satisfied. This applies even if the remaining family members have no medical expenses.  Collectively, Angela's family would need to meet the remaining \$5,850 from coinsurance for the remaining family members, until the \$12,700 family out-of-pocket maximum is met. After that, the plan pays 100% for all.

The chart below shows the 2016 HSA out-of-pocket maximums for both in-network and out-of-network services.

HSA Out-of-Pocket Maximums (In-Network and Out-of-Network)				
Salary Band	In-Network		Out-of-Network	
	Single	Non-Single	Single	Non-Single
\$0 - \$29,999	\$2,400	\$4,800	\$4,800	\$9,600
\$30,000 - \$49,999	\$3,900	\$7,800*	\$7,800	\$15,600
\$50,000 - \$79,999	\$5,500	\$11,000*	\$11,000	\$22,000
\$80,000 - \$124,999	\$6,350	\$12,700*	\$14,200	\$28,400
\$125,000+	\$6,350	\$12,700*	\$15,600	\$31,200

\* This amount includes the individual in-network out-of-pocket maximum of \$6,850.

## 11. What is telemedicine?

Doctor On Demand telemedicine service is available to employees who are enrolled in Aetna or UnitedHealthcare medical coverage, as well as their covered dependents. This service provides access to board-certified physicians all day and all night. You can use Doctor On Demand to get treatment for common conditions such as colds/flu, sore throat, sports injuries, skin issues/rashes, eye conditions and common infections. In addition, behavioral health counseling and lactation counseling are available by appointment with licensed professionals.

Through HIPAA-compliant video consultations, you receive high-quality, affordable care when you need it most. All you need is a computer or mobile device with a front-facing camera. This includes Apple OS, Android and Amazon Kindle Fire devices, and all Macs and PCs with Google Chrome, Firefox or Safari browsers.

## 12. What are CVS MinuteClinic® walk-in medical clinics?

CVS MinuteClinic® offers quick and easy access to the care you need. If you're enrolled in either Aetna or UnitedHealthcare medical coverage, you'll receive an average discount of 35% off standard MinuteClinic® fees when you present your CVS ID card. These walk-in medical clinics are available across the United States, with on-staff nurse practitioners and physician assistants who specialize in family care. (Patients must be at least 18 months old to receive care.)

## 13. What are the new programs that address serious or chronic health needs?

Two new programs that address rare and serious, high-cost conditions will be available to you beginning January 1, 2016:

### CVS Caremark AccordantCare™ Health Services

This program is a voluntary, no-cost service available to employees enrolled in Aetna and UnitedHealthcare medical plans. It offers individuals with one of 17 serious and chronic conditions the opportunity to work with CVS Health Care Management Nurses to ensure they have quality care and get answers to questions about health concerns. A team of nurses can answer your questions about special health concerns and help you notice health risks and concerns early, know when to call your doctor and understand your doctor's plan of care, get screenings, find reliable resources and keep motivated to stay well.

### CVS Caremark AccordantCare™ Health Services Covered Conditions List

- |  |                                |
|--|--------------------------------|
| – Amyotrophic lateral sclerosis (ALS)                              | – Multiple sclerosis           |
| – Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) | – Myasthenia gravis            |
| – Crohn's disease  | – Parkinson's disease          |
| – Cystic fibrosis  | – Polymyositis                 |
| – Dermatomyositis  | – Rheumatoid arthritis         |
| – Epilepsy   | – Scleroderma                  |
| – Gaucher disease  | – Sickle cell disease          |
| – Hemophilia   | – Systemic lupus erythematosus |
|  | – Ulcerative colitis           |

### CVS Health Pharmacy Advisor Counseling Program

The Pharmacy Advisor Counseling Program helps Aetna and UnitedHealthcare medical plan participants with chronic conditions improve their medication adherence and close gaps in care. You may consult a CVS pharmacist at a time that's convenient for you for quick, confidential advice, information about medications and their effects on your body and guidance to help you stay on track with your medications.

## 14. What should I consider in choosing between the two health plan options?

To help decide which health plan is right for your needs, you should:

- become familiar with how the 2016 health plans work since there are some changes;
- compare the features of the health plans;
- determine which is the preferred health plan carrier in your state, if applicable;
- understand how the monthly medical contributions compare between the two health plans; and
- use the personalized web modeling tools and cost profiles to make an informed decision based on your and your family's projected costs and needs for 2016.

Full details about health plan coverage and costs are available on the MyBenefit Solutions enrollment site. Tools and resources will be available to help you learn about the plans, compare their features and make informed enrollment decisions.

## 15. What tools and resources will be provided to assist me in making my 2016 health plan decision?

To help you and your family make sound choices for your 2016 health care needs, you will have access to comprehensive decision support tools.

Decision Support Tools/Resources	
<b>Review Information and Rates Prior to Open Enrollment</b> October 15 – October 26, 2015	Go to MyBenefit Solutions to learn more: <ul style="list-style-type: none"> <li>– <b>At work:</b> Single sign-on access through MyReward (MySource &gt; MyReward &gt; Logon to MyReward &gt; Proceed to My Personal Total Reward Data &gt; MyBenefit Solutions)</li> <li>– <b>At home:</b> <a href="http://mybenefits.bnymellon.com">http://mybenefits.bnymellon.com</a> (If you have not already registered, you will need to create a username and password.)</li> </ul>
<b>Ask Questions During Open Enrollment</b> October 26 – November 13, 2015	<ul style="list-style-type: none"> <li>– For specific questions regarding Plan HRA, Plan HSA and FSAs, call the 2016 Enrollment Decision Helpline at 1-866-324-9400, Monday through Friday between 8:30 a.m. and 6 p.m. Eastern Time, or visit the 2016 Decision Support website any time at: <a href="http://www.aonhewittadvocacy.com/employer/contact.asp">http://www.aonhewittadvocacy.com/employer/contact.asp</a>.</li> <li>– For general questions about benefits or enrollment, call the BNY Mellon Benefit Solutions Service Center at 1-800-947-4748, option 2, Monday through Friday between 8:30 a.m. and 8 p.m. Eastern Time.</li> <li>– For help with financial decisions, including questions about HSAs and HRAs, call an Ayco financial coach who is specially trained in BNY Mellon's benefit programs at 1-800-947-HR4U (4748), option 7, Monday through Friday between 9 a.m. and 5 p.m. ET.</li> </ul>
<b>Enroll</b> October 26 – November 13, 2015	Enroll by going to MyBenefit Solutions: <ul style="list-style-type: none"> <li>– <b>At work:</b> Single sign-on access through MyReward (MySource &gt; MyReward &gt; Logon to MyReward &gt; Proceed to My Personal Total Reward Data &gt; MyBenefit Solutions)</li> <li>– <b>At home:</b> <a href="http://mybenefits.bnymellon.com">http://mybenefits.bnymellon.com</a> (If you have not already registered, you will need to create a username and password.)</li> </ul>

## Health Accounts

### 1. How does a Health Savings Account (HSA) differ from a Health Reimbursement Account (HRA)?

The following table summarizes some of the most important differences between the two types of accounts. You should review your Open Enrollment materials for the specific advantages and limitations of each account.

	Health Reimbursement Account (Plan HRA)	Health Savings Account (Plan HSA)
<b>Who Owns the Account?</b>	BNY Mellon	You
<b>Who Contributes to the Account?</b>	BNY Mellon	You and BNY Mellon can contribute (others, including family members, can also contribute on your behalf).
<b>Can Unused Amounts Roll Over to the Next Year?</b>	Yes, BNY Mellon permits carryover of unused contributions from one year to the next.	Yes, you own the account and any contributions made to it, regardless of the source and timing of the contribution.
<b>Can Contributions Move Between Employers?</b>	No	Yes, contributions are portable because you own the account.
<b>What Are the Tax Benefits?</b>	Contributions and reimbursements for qualified medical expenses are tax free.*	Contributions, interest and withdrawals for qualified medical expenses are tax free.*
<b>Are Amounts in My Account Available Beyond Active Employment?</b>	Amounts remaining in the HRA are forfeited if you leave BNY Mellon prior to age 55, but will remain available for use if you leave upon or after reaching age 55.	Amounts remaining in the HSA will continue to be available for your use. You may continue to contribute to the account on an after-tax basis and claim a tax credit on your income taxes.

\* "Tax free" means they are generally exempt from federal income and Social Security taxes, as well as many state income taxes.



## 2. Will the Health Care Flexible Spending Account (FSA) and Limited Purpose FSA be offered in 2016?

Yes, the Health Care FSA and Limited Purpose FSA will continue to be offered for 2016. You may elect to contribute to your account up to \$2,550 in pre-tax payroll deductions in 2016. In addition, amounts up to \$500 remaining in your account will be automatically carried forward. (See question below regarding FSA carryovers.)

## 3. What's the difference between the Health Care FSA and the Limited Purpose FSA?

The key differences between the two accounts are participant eligibility and the types of health expenses they cover.

### Plan HRA

If you participate in Plan HRA, you may participate in a Health Care FSA and may use both accounts to pay for unreimbursed eligible medical, dental and vision expenses. Premiums for Medicare, long-term care and COBRA are only eligible under Plan HRA only if paid on an after-tax basis.

### Plan HSA

Under IRS rules, if you participate in Plan HSA, you may not participate in a Health Care FSA at the same time. Instead, you can enroll in a Limited Purpose FSA. Unlike a Health Care FSA, the Limited Purpose FSA can be used **only** for reimbursement of incurred eligible medical expenses until after the plan deductible has been satisfied. However, it can be used for other eligible health expenses, such as dental, vision and preventive drug expenses before you meet the deductible. For other differences between the Health Care FSA and the Limited Purpose FSA, you can review the side-by-side comparison of health accounts in the 2016 Benefits Guide, which will be available on [www.livewell.bnymellon.com](http://www.livewell.bnymellon.com) by October 15, 2015.

## 4. If I have money left in my Health Care FSA at the end of the year, can I carry it over to the next year?

If you have amounts remaining in your Health Care FSA or your Limited Purpose FSA as of December 31, 2015, up to \$500 — which would otherwise have been forfeited — may be carried over for your use in the 2016 plan year. Any unused amounts over \$500 are still subject to the IRS “use it or lose it” forfeiture rule. (This carryover does not apply to Dependent Care FSAs.) Amounts in excess of the \$500 carryover amount remaining in 2015 can be used to pay for qualified medical expenses incurred for care in 2015, provided the receipts are submitted for reimbursement by June 30, 2016.

Any carryover from 2015 to 2016 will not affect your contribution limit for 2016 — you can contribute up to the allowable annual election amount for 2016 (\$2,550) plus any carryover amount from 2015 (up to \$500) for a total balance of up to \$3,050 in your Health Care FSA for 2016.

Qualified medical expenses will be paid from your Health Care FSA or Limited Purpose FSA in the following order:

- 2015 incurred expenses:
  - Any 2015 contributions remaining in excess of the permitted \$500 carryover amount will be used first to pay 2015 incurred expenses and cannot be used for 2016 expenses.
  - Any 2015 carryover contributions of up to \$500 will be used next to pay any remaining 2015 incurred expenses.  
**Note:** 2015 incurred expenses must be submitted for reimbursement on or before the annual cut-off date of June 30, 2016.
- 2016 incurred expenses:
  - Your 2016 Health Care FSA or Limited Purpose FSA contribution election will be used first to pay 2016 incurred expenses.
  - Any 2015 carryover contributions of up to \$500 will be used next to pay any remaining 2016 incurred expenses.
  - If permitted carryover contributions from 2015 remain at the end of 2016, such contributions may be included as a part of the 2016 permitted \$500 carryover contributions for use in the 2017 plan year.

## Example

Josie has \$800 remaining in her Health Care FSA on December 31, 2015. During Open Enrollment, she decided to contribute \$1,000 to her Health Care FSA for 2016. This shows how the amounts in her FSA will be used to pay qualified medical expenses.

Date	Using Her Health Care FSA
<b>December 31, 2015</b>	<ul style="list-style-type: none"> <li>– \$800 remaining in her Health Care FSA on December 31, 2015, is still available for use in paying 2015 expenses, provided receipts for these expenses are submitted on or before June 30, 2016.</li> <li>– Of that amount, \$500 may be used for expenses incurred in 2016.</li> </ul>
<b>January 1, 2016</b>	<ul style="list-style-type: none"> <li>– Her 2016 Health Care FSA has \$1,500 (\$1,000 from her 2016 election and \$500 maximum carryover permitted from her 2015 Health Care FSA).</li> <li>– Her 2015 Health Care FSA has \$300 she can use only to pay for 2015 expenses, provided those expenses are submitted on or before June 30, 2016.</li> </ul>
<b>February 15, 2016</b>	<ul style="list-style-type: none"> <li>– She orders prescription drugs that cost \$425 through the mail-order pharmacy and pays using her Health Care FSA debit card.</li> <li>– The \$425 is taken from her 2016 election of \$1,000.</li> <li>– Her 2016 Health Care FSA has \$1,075 remaining (\$1,500 - \$425 = \$1,075).</li> <li>– Her 2015 Health Care FSA has \$300.</li> </ul>
<b>March 15, 2016</b>	<ul style="list-style-type: none"> <li>– She submits a \$1,400 claim for expenses incurred in November 2015.</li> <li>– The claim is paid using the \$300 in her 2015 Health Care FSA and the \$500 in her 2016 Health Care FSA that was carried over from 2015.</li> <li>– She is reimbursed a total of \$800.</li> <li>– Her 2016 election cannot be used because the expenses were incurred in 2015.</li> <li>– Her 2016 Health Care FSA has \$575 remaining to use for eligible expenses in 2017.</li> </ul>

## 5. How can I compare and choose among these spending account options?

You can review full details about each of the account options and compare the provisions of the account options side by side in the 2016 Benefits Guide, which will be available on [www.livewell.bnymellon.com](http://www.livewell.bnymellon.com) by October 15, 2015.

## 6. Does the IRS limit how much I can contribute to these health accounts?

Yes, the IRS specifies annual contribution limits to each account, as summarized in the table below.

Health Savings Account	Health Reimbursement Account	Health Care FSA	Limited Purpose FSA
<p>You may contribute up to \$3,350 for individual coverage and \$6,750 for all other coverage levels (this includes both BNY Mellon's and your contributions, as well as account credits earned by completing Live Well incentive activities).</p> <p>Employees age 55 or older may contribute an additional \$1,000 per year to the account in which they participate.</p> <p>These contributions may be used to pay for qualified medical expenses as defined under Section 213(d) of the federal tax code, except for health insurance premiums, with specific exceptions.</p>	<p>BNY Mellon determines the amount of its contributions to your account each year based on your salary. These contributions may be used to pay for qualified medical expenses as defined under Section 213(d) of the federal tax code, including health insurance and long-term care insurance premiums. Long-term care services and premiums under employer pre-tax plans are tax-deductible, but not reimbursable.</p>	<p>You may contribute up to \$2,550 for use in paying qualified medical expenses as defined under Section 213(d) of the federal tax code, except for health insurance premiums. Long-term care services are tax-deductible, but not reimbursable.</p>	<p>You may contribute up to \$2,550 for use in paying eligible dental and vision expenses and other qualified medical expenses once the HSA deductible has been satisfied.</p>

**7. How should I calculate how much to contribute to my HSA, taking into consideration any Live Well incentive I may receive?**

You can use personalized web modeling tools available on the MyBenefit Solutions enrollment site to determine the amount to contribute to your Health Savings Account. The maximum annual amount that you can contribute to a Health Savings Account is determined by subtracting BNY Mellon's contribution and any Live Well activity incentives (Health Coaching, Health Advantage Program completion and Best Doctors InterConsultation for musculoskeletal conditions) from the maximum annual contribution allowed by the IRS.

**8. Who is responsible for determining that contributions to my HSA in total do not exceed the maximum annual contribution allowed by the IRS?**

You are responsible for adjusting your HSA contributions if any of the Live Well activity incentives would cause total HSA contributions (including your contributions, BNY Mellon's contributions and incentives you earn by completing Live Well activities) to exceed the IRS limits. See the Live Well section of these FAQs for more information.

## Changing Medical Plans for 2016

**1. If I select Plan HRA and decide in a subsequent year to change to Plan HSA, will my remaining balance in the HRA be available for my future use?**

If you choose to switch from Plan HRA to Plan HSA, the HRA will become a Limited Purpose FSA, which means that only qualified dental, vision and preventive drug expenses will be eligible for reimbursement. Other qualified medical expenses can be submitted for reimbursement only after you meet the Plan HSA deductible. In addition, you will no longer be able to use the Plan HRA debit card for reimbursement; you will have to submit receipts for reimbursement instead.

Similarly, if you have a Health Care FSA balance as of December 31, 2015, those amounts remaining up to \$500 will be converted into a Limited Purpose FSA for use in paying eligible dental, vision and preventive drug expenses. Once you meet your Plan HSA deductible, you can also seek reimbursement for other qualified medical expenses. Effective January 1, 2016, you will no longer be able to use the Health Care FSA debit card for reimbursement; instead, you will have to submit receipts.

**2. If I select Plan HSA and decide in a subsequent year to change to Plan HRA, will the remaining balance in my HSA be available for my future use?**

If you choose to switch from Plan HSA to Plan HRA, you may use any remaining balance in your HSA to cover qualified medical, dental and vision expenses, or you may save the money to use for future qualified health-related expenses. However, you may not contribute to your HSA until you are again covered under Plan HSA or another high-deductible health plan. In addition, you will be charged an account fee of \$3.25 per month to keep the HSA open. And, if you previously elected the HSA investment feature, you will continue to be charged the \$2.90 per-month investment fee.

Any amounts up to \$500 remaining in your Limited Purpose FSA as of December 31, 2015, will be converted to a Health Care FSA for use in paying 2016 expenses. Balances above \$500 remaining as of December 31, 2015, will still be available for use in paying 2015 "limited use" expenses until the cut-off date of June 30, 2016.

**3. If I am currently enrolled in Plan HRA or Plan HSA and decide to enroll in my spouse's/domestic partner's medical plan next year, will I still be able to access my HRA or HSA in 2016?**

If you are enrolled in Plan HRA and enroll in your spouse's/domestic partner's medical plan next year, you may submit claims for expenses incurred through the end of the month in which this change occurred (i.e., December 31, 2015). You must submit your claim for reimbursement of these expenses no later than June 30, 2016.

If you are enrolled in Plan HSA and enroll in your spouse's/domestic partner's medical plan next year, you will continue to have access to your Health Savings Account. However, you will be charged an account fee of \$3.25 per month to keep your account open. And, if you previously elected the HSA investment feature, you will continue to be charged the \$2.90 per-month investment fee.

#### **4. How does enrolling in Medicare affect an HSA?**

When you reach age 65 or become disabled, you may still contribute to an HSA if you have not enrolled in Medicare.

If you reach age 65 or become disabled, and you enroll in Medicare, contributions to an HSA (including your contributions, BNY Mellon's contributions and any incentives earned by completing Live Well activities) must stop as of the first of the month in which you are enrolled in Medicare. However, you can continue to use any contributions accumulated in your HSA to pay for qualified medical, dental and vision expenses, including payments for Medicare Parts A and B. If you are not covered by Medicare but your spouse/domestic partner is, you may continue growing an HSA (including your contributions, BNY Mellon's contributions and Live Well incentives).

#### **5. Can I change plans during the year if I have a qualified life change?**

Yes, if you experience a qualified life change, you will be able to change your plan during the year. Qualified life changes include getting married or divorced and having a baby, among other life events.

## **2016 Live Well Incentives and Resources**

#### **1. Who is eligible for Live Well incentives and premium savings?**

Active employees and their spouses/domestic partners who are enrolled, or who will enroll for 2016, in a BNY Mellon health plan are eligible to participate in Live Well programs and earn Live Well incentives. Other dependents who are age 18 and older, and who are covered by a BNY Mellon health plan, may participate in Live Well programs but are not eligible for Live Well savings.

Employees on Long-Term Disability, expats, those on military leave and their spouses/domestic partners who are enrolled in a BNY Mellon health plan, and individuals who become newly eligible for benefits on or after August 1, 2015 will automatically receive Live Well health plan premium savings. These employees and their spouses/domestic partners who are enrolled in Plan HRA are also eligible to earn Live Well incentives as described in the chart in question 3 of this section. However, those enrolled in Plan HSA are not eligible to receive Live Well incentives.

Employees currently covered by COBRA and pre-65 retirees and their spouses/domestic partners and dependents age 18 and older who are enrolled in a BNY Mellon health plan are eligible to participate in Live Well programs. These employees and their spouses/domestic partners who are enrolled in Plan HRA are also eligible to earn Live Well incentives as described in the chart in question 3 of this section. However, those enrolled in Plan HSA are not eligible to receive Live Well incentives.

In order to earn any Live Well incentive, you must first complete the Wellbeing Assessment before you enroll in incentive-eligible programs.

#### **2. Am I eligible to participate in Live Well programs if I do not participate in a BNY Mellon health plan?**

Benefits-eligible employees who do not participate in BNY Mellon health plans are eligible to participate in Live Well programs but are not eligible for Live Well savings incentives or Health Reimbursement Account or Health Savings Account deposits.

### 3. What are the Live Well incentives?

The following Live Well incentives are available to each employee and covered spouse/domestic partner who enrolls in a 2016 BNY Mellon health plan and completes the following requirements:

2016 Live Well Incentives	
Program	Incentive
Wellbeing Assessment (WBA) and Biometric Screening	\$400 in 2016 health plan premium savings <sup>1</sup>
Certification as tobacco-free when completing the WBA OR WBA completion and four Tobacco Cessation Program sessions between September 11 and December 11, 2015	\$400 in 2016 health plan premium savings <sup>1</sup>
Completion of four WebMD or Live Well Health Center Health Coaching sessions	\$150 deposit to your 2016 Health Reimbursement Account or Health Savings Account (\$150 gift card for Kaiser Permanente, HMSA Hawaii and Aetna International Health Plan participants) <sup>2,3,4</sup>
Completion of a Health Advantage program or completion of a minimum of four sessions with a Health Advantage nurse	\$150 deposit to your 2016 Health Reimbursement Account or Health Savings Account (incentive is available only to Plan HRA and Plan HSA participants) <sup>2,3</sup>
Best Doctors InterConsultation for select musculoskeletal conditions	\$150 deposit to your 2016 Health Reimbursement Account or Health Savings Account (\$150 gift card for Kaiser Permanente, HMSA Hawaii and Aetna International Health Plan participants) <sup>2,3</sup>

<sup>1</sup> Employees newly hired, newly enrolled, or returning from Long-Term Disability or military leave on or after August 1, 2015, automatically receive the 2016 health plan premium savings for the full program year.

<sup>2</sup> Must also complete Wellbeing Assessment.

<sup>3</sup> When you complete these activities by December 31, 2015, you'll receive the incentive in your account during January 2016. If you complete these activities between January 1 and July 31, your incentive will be deposited into your account within two pay cycles. Note: You can earn the \$150 Health Coaching incentive once per year. Under family coverage, the employee and spouse/domestic partner could each earn the \$150 Health Coaching incentive once per program year. The incentives can be used only to pay for eligible medical expenses incurred after the date of deposit. For example, if you receive a \$150 incentive deposit in June and then submit an expense from April for reimbursement, the \$150 incentive cannot be used to pay for that expense.

<sup>4</sup> Excludes Tobacco Cessation coaching.

All employees and spouses/domestic partners who are enrolled in a BNY Mellon health plan can earn rewards for participating in a wellness program. If you're unable to complete one of the steps listed above due to health reasons, you may be able to earn rewards by completing alternative activities. Call WebMD at 1-888-258-9275 to learn more about how you can earn rewards.

#### 4. What are the deadlines for completing Live Well steps in order to receive health plan premium savings?

2015 Live Well Premium Savings Deadlines	
What Do You Need to Do?*	When Do You Need to Act?*
Complete a biometric screening	<b>On or before November 13, 2015</b> (If you complete the biometric screening at an on-site event or at a Quest Diagnostics facility, your results will automatically be uploaded to your WebMD account. If you complete the screening with your physician, ensure that his/her office submits your results as soon as possible and no later than the deadline.)
Register on the WebMD Health Manager website (if you are not already registered) at <a href="https://webmdhealth.com/bnymellon">https://webmdhealth.com/bnymellon</a>	As soon as possible and <b>no later than November 13, 2015</b>
Complete Wellbeing Assessment	As soon as possible and <b>no later than November 13, 2015</b>
If you do not use tobacco, certify as tobacco-free when completing the Wellbeing Assessment	As soon as possible and <b>no later than November 13, 2015</b>
If you are a tobacco user – complete a Tobacco Cessation Program or Health Coaching program	<b>By September 11, 2015</b> – complete the WBA and your first coaching session <b>By December 11, 2015</b> – complete your fourth coaching session (You must complete your Wellbeing Assessment before participating in a Tobacco Cessation Program.)

\* Including, as applicable, covered spouses/domestic partners

If you or your covered spouse/domestic partner misses the deadlines to qualify for Tobacco-Free premium savings (complete first Tobacco Cessation session by September 11, 2015, and/or the fourth Tobacco Cessation session by December 11, 2015), but complete all four required Tobacco Cessation sessions by July 31, 2016, you or your covered spouse/domestic partner will earn a \$150 deposit to your 2016 Health Reimbursement Account or your Health Savings Account. If you are enrolled in the Kaiser, HMSA Hawaii or Aetna International health plan, you will receive a \$150 gift card.

#### 5. Can I still earn savings if I miss the deadline?

If you miss the 2015 deadlines, you will not be able to receive the health plan premium savings. However, you can still earn credits to your 2016 Health Reimbursement Account or Health Savings Account by completing your Wellbeing Assessment and, thereafter, completing Live Well incentive activities by July 31, 2016.

#### 6. How many coaching sessions must tobacco users complete, and what are the deadlines?

If you or your covered spouse/domestic partner currently use tobacco products, you can still earn the “Be Tobacco-Free” savings by participating in either a Tobacco Cessation Coaching Program or a traditional health coaching program. In either program, you or your covered spouse/domestic partner must complete your first coaching session by September 11, 2015, and your fourth session by December 11, 2015.

You can participate in coaching over the phone with WebMD or face-to-face with a coach if you work at a location with a Live Well Health Center. Live Well Health Centers are currently located in Pittsburgh, 225 Liberty, 101 Barclay and 2 Hanson Place locations.

**Please note: While covered spouses/domestic partners are eligible to participate in WebMD Health Coaching, they are not eligible to participate in on-site Health Coaching at Live Well Health Centers.**

#### 7. What is Health Coaching?

Health Coaching programs provide personalized, one-on-one support from skilled health professionals. A personal health coach will help you achieve a goal for better health and wellbeing based on the results of your Wellbeing Assessment.

Once you have completed the Wellbeing Assessment, you may enroll in a WebMD Health Coaching program. You may do so either by calling the WebMD coaching team at 1-888-258-9275 or by using WebMD’s online scheduling tool. If you

work at a BNY Mellon location offering on-site Live Well Health Center coaching services (currently offered at Pittsburgh, 225 Liberty, 101 Barclay and Brooklyn locations), you can also work on-site with a Health Coach.

You or your covered spouse/domestic partner can earn a \$150 deposit to your 2016 Health Reimbursement Account or Health Savings Account by completing four Health Coaching sessions between January 1 and July 31, 2016. (Those enrolled in the Kaiser Permanente, HMSA Hawaii or Aetna International Health Plan will receive a \$150 gift card upon completion of four coaching sessions.)

You and your covered spouse/domestic partner can each earn only one Health Coaching incentive per program year. Also, you must complete all four of your sessions either with a WebMD Health Coach or with a Live Well Health Center Coach. You cannot split sessions between the two resources.

If you obtain the \$150 incentive for completing the Tobacco Cessation Program, you won't be able to earn other Health Coaching incentives. The Tobacco Cessation Program will be considered as a Health Coaching program, and will be limited to one program per program year each for you and your covered spouse/domestic partner.

*Please note: While covered spouses/domestic partners are eligible to participate in WebMD Health Coaching, they are not eligible to participate in on-site Health Coaching at Live Well Health Centers.*

## **8. What is Health Advantage?**

Health Advantage, offered through your medical carrier (either Aetna or UnitedHealthcare), provides an integrated team of health care professionals who will act as your advocates when you are faced with a serious medical situation or hospitalization. The Health Advantage team can answer questions, help you access the right doctors, let you know about other health care resources and even help coordinate care.

When certain serious or complex health issues arise, a Health Advantage nurse can help make it easier for you by calling to offer guidance or just answer your questions. You can also call a Health Advantage nurse with questions or concerns at any time. The Health Advantage nurse helps ensure that you are not on your own, especially when you:

- plan to be hospitalized or released from the hospital;
- suffer serious injuries;
- are diagnosed with a complex medical condition (e.g., cancer or multiple sclerosis); or
- are managing a chronic health condition (e.g., diabetes, asthma or arthritis).

If you or your covered spouse/domestic partner complete an Aetna or UnitedHealthcare Health Advantage program or are actively engaged in and complete a minimum of four calls with a Health Advantage nurse by July 31, 2016, \$150 will be deposited to your 2016 Health Reimbursement Account or Health Savings Account. The Wellbeing Assessment must be completed before you or your covered spouse/domestic partner can earn the incentive.

The Health Advantage incentive may be earned once per person per program year by both you and your covered spouse/domestic partner. This is in addition to the WebMD or Live Well Health Coaching incentive.

*Please note: Those enrolled in the Kaiser Permanente, HMSA Hawaii or Aetna International Health Plan are not eligible for this incentive.*

## **9. What is Best Doctors™ InterConsultation®?**

Best Doctors may help you or a family member when you aren't certain whether you have the right diagnosis or treatment program for a complicated medical condition. The InterConsultation service provides assistance with complex diseases or injuries including, but not limited to, musculoskeletal conditions. A medical expert will review your medical records and give you (and your doctor, if you choose) additional insight into the diagnosis and course of treatment.

If you or your covered spouse/domestic partner complete an InterConsultation for select musculoskeletal procedures related to cervical disc disease, lumbar disc disease or degenerative joint diseases of the hip and knee, \$150 will be deposited to your 2016 Health Reimbursement Account or Health Savings Account. Those enrolled in the Kaiser Permanente, HMSA Hawaii or Aetna International Health Plan will receive a \$150 gift card upon completion of an InterConsultation for selected musculoskeletal procedures. The incentive may be earned more than once per program year. The Wellbeing Assessment must be completed before you or your covered spouse/domestic partner can earn the incentive.

**10. How do the IRS limits on annual HSA contributions affect the Live Well incentives?**

You are responsible for adjusting your HSA contributions if any of the Live Well incentives would cause total contributions to your HSA account (including your contributions, BNY Mellon’s contributions and incentives earned by completing Live Well activities) to exceed the IRS limits.

If total HSA contributions exceed the IRS limit, you may withdraw the excess without penalty until the deadline (including extensions) for filing your tax return for the tax year in which the excess contribution was made. After that time, the excess contributions are subject to both income taxes and an excise tax.

**11. How can I confirm that I am receiving credit for earned Live Well savings? Is there an incentive tracker, and, if so, where can I find it?**

You can track your progress on the Rewards Lobby Page of the WebMD Health Manager website at <https://webmdhealth.com/bnymellon>. Your covered spouse/domestic partner can track his or her progress in the same way.

**12. How do I or my covered spouse/domestic partner certify tobacco status?**

You and your covered spouse/domestic partner can certify your tobacco status when you complete the Wellbeing Assessment.

**13. Can newly hired employees receive Live Well premium savings?**

Yes, employees newly hired, newly enrolled, or returning from Long-Term Disability or military leave on or after August 1, 2015 (including covered spouses/domestic partners), will automatically receive health plan premium savings through the end of 2016 for the Wellbeing Assessment, biometric screening and Tobacco Cessation Program.

## Health Care Reform (Affordable Care Act)

**1. What do I need to know about the Affordable Care Act (ACA)?**

The most important things that you need to know are:

- BNY Mellon’s current plans meet the law’s requirements for 2016, and
- You and your spouse/domestic partner who enroll in a BNY Mellon health plan for 2016 will meet the requirements for coverage.

**2. What happens if I don’t want to enroll for health coverage through BNY Mellon?**

The individual mandate of the ACA states that nearly everyone must have medical coverage or they will pay a penalty when filing their 2016 federal income tax return (the ACA does not require individual dental or vision coverage). The penalty for remaining uninsured increases year over year as follows:

	Uninsured Individual Pays the Greater of:	
	Fixed Amount	Percent of Household Income
<b>2016</b>	\$695 for an adult \$347.50 for each child under 18 No more than \$2,085 per family	2.5%
<b>2017 and beyond</b>	Fee increases yearly based on cost of living	

If you do not enroll for medical coverage through BNY Mellon, you can avoid the penalty by having coverage under another employer plan (e.g., through a spouse’s/domestic partner’s employer’s plan) or by enrolling for medical coverage in your state’s health insurance marketplace. You should remember, however, that generally the BNY Mellon health plans will be more cost-effective than the medical options you find in the health insurance marketplace.