AETNA CONSUMER DIRECTED HEALTH PLAN (CDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)
Frequently Asked Questions (FAQs)
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To help you better understand the Aetna Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA), we’ve developed this comprehensive list of Questions and Answers. They are designed to help you evaluate your medical plan options and to help you use your benefits wisely if you choose the Aetna CDHP as your medical plan. You will find information about:

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These Frequently Asked Questions describe certain benefit plans as they apply to eligible employees. Complete details about the plans are in the legal plan documents. If there is any difference between the information provided in these FAQs and provisions of the legal plan documents, the plan documents govern. SunGard reserves the right to terminate, suspend, withdraw, amend, or modify any of the plans at any time for any reason.
ENROLLING FOR COVERAGE

1. Do I need to enroll during Annual Enrollment?
   This year’s Annual Enrollment will be a passive enrollment. This means that unless you make
   changes, all 2014 benefit elections for medical, dental, vision and life insurance will carry over into
   2015. Flexible Spending Account and Health Savings Account elections do not carry over. In
   addition, if you are covering a spouse/domestic partner under a SunGard Medical Plan, you must
   certify if he/she has access to other employer sponsored medical coverage and certify your and your
   covered dependent’s tobacco use. Annual Enrollment will occur in the October/November timeframe
   for a January 1 effective date.

2. How will I know which medical plan makes sense for me and my family?
   You can use the Medical Expense Estimator on Benefits Online at www.sungardbenefits.com. This
   tool asks you to provide information, including your expected healthcare expenses, the healthcare
   expenses of your covered dependents, and your HSA contribution amount (if you are enrolling in the
   Aetna CDHP). If you plan to enroll in the Aetna POS Plan, it will also ask you to estimate how much
   money you plan to contribute to your Health Care Flexible Spending Account. (Note that the Health
   Care FSA is not available if you enroll in the Aetna CDHP.)

   Using the information you provide, the Medical Expense Estimator will help you choose the coverage
   option that may provide the best value for your money, factoring in payroll deductions and the cost of
   your anticipated healthcare expenses for the year under the Aetna CDHP and the Aetna POS Plan.

   To help you estimate your healthcare and prescription expenses, you can download a detailed list of
   expenses as follows:
   - **Medical Expenses**: Download a list of your medical claims by accessing Aetna Navigator at
     www.aetna.com. From the menu at the top of the screen, select "Claims" then select "Custom
     Date Range" from the date drop-down box. You can specify all family members or select by
     name. You may also view the claims listing from the Navigator home page. Immediately after
     logging on, you’ll see a claim search box in the lower right. Select all family members or individual
     names, then specify the date range.
   - **Prescription Expenses**: Download a list of your prescription claims by accessing
     www.caremark.com or call CVS Caremark at 1-877-906-6845 to review your claims from this year
     to gauge the number and type of prescription drugs you might need in the coming year. Once you
     log onto www.caremark.com, select the “View My Prescription History” link on the lower right.

UNDERSTANDING THE AETNA CDHP

3. What is the Consumer Directed Health Plan (CDHP)?
   The Consumer Directed Health Plan (CDHP) is a healthcare plan that gives you, the healthcare
   consumer, greater control and responsibility for how you spend healthcare dollars, encouraging you
   to carefully budget and shop for care.

   Under the Aetna CDHP, your payroll deductions are lower and your annual deductibles are higher
   than under the Aetna POS Plan. However, SunGard contributes money to a Health Savings Account
   (HSA) to help you meet the deductible and pay other out-of-pocket costs. You can choose to add
your own pre-tax dollars to the HSA to further build up your account, which is yours to keep, even into retirement.

4. **How does the Aetna CDHP work?**

<table>
<thead>
<tr>
<th>Preventive Care (100%)</th>
<th>The plan covers preventive care, such as annual physicals and screenings, at 100% with no cost to you when you use an in-network provider (subject to certain guidelines). You do not need to meet the deductible before the plan pays for in-network preventive care services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>You pay the full cost of covered services (including prescription drugs) until you reach the deductible. <em>If you are enrolled in Employee + one or Family coverage, the entire Family deductible must be met before the plan begins to pay benefits for any person. One person, or a combination of family members, can meet the Family deductible.</em></td>
</tr>
<tr>
<td><strong>Please Note:</strong></td>
<td>This is different from the Aetna POS Plan where an individual with Employee + one or Family coverage can begin receiving benefits once the Individual deductible is met.</td>
</tr>
<tr>
<td><strong>HSA</strong></td>
<td>You can use HSA funds to pay for healthcare expenses that are subject to the deductible, your coinsurance and, if you receive care from a non-network provider, any amounts above the Recognized Charge*.</td>
</tr>
<tr>
<td><strong>Coinsurance &amp; Prescription copays</strong></td>
<td>Once you meet the annual deductible, you share in the cost of services by paying a percentage (called coinsurance) for covered healthcare expenses, and flat dollar copays for prescription drugs, just like the Aetna POS Plan.</td>
</tr>
<tr>
<td><strong>Out-of-pocket Maximum</strong></td>
<td>You pay coinsurance until you reach the annual out-of-pocket maximum. Then, the plan pays 100% for covered expenses (including prescription drugs) if you use a network provider. If you use non-network providers, you may be responsible for the balance of the bill above the Recognized Charge*. <em>If you are enrolled in Employee + one or Family coverage, the entire Family out-of-pocket maximum must be met before the plan pays 100% for any person. One person, or a combination of family members, can meet the Family out-of-pocket maximum.</em></td>
</tr>
<tr>
<td><strong>Please Note:</strong></td>
<td>This is different from the Aetna POS Plan, which will pay 100% for an individual with Employee + one or Family coverage for the remainder of the year once the Individual out-of-pocket maximum has been met. In the Aetna POS Plan, you are still responsible for paying copays, including prescription drug copays, after you reach the out-of-pocket maximum. These copays do not count towards the out-of-pocket maximum. In the Aetna CDHP, all copays count towards the out-of-pocket maximum.</td>
</tr>
</tbody>
</table>

*Recognized Charge is the highest charge allowed for a covered expense, based on amounts charged by providers in your geographic area for the same service or treatment.

5. **What is the “discounted cost”?**

Your in-network medical and prescription drug costs reflect negotiated discounts that are less than the full retail costs — the discounted cost. With Aetna, this cost is the amount that in-network providers have agreed to accept for their services. Plan benefits — including the coinsurance you pay — are based on this discounted cost instead of the full retail amount the provider would normally charge. For prescription drug coverage through CVS/Caremark, the costs you see will also reflect discounted amounts.
6. **Do the discounted costs differ between the Aetna CDHP and the Aetna POS Plan?**
   The discounted cost for a given service or treatment is the same under both plans. How the plan and you pay this cost will depend on the plan you select and how the deductibles, copays and coinsurance work.

7. **How does the Aetna CDHP differ from the Aetna POS Plan?**
   The Aetna CDHP with an HSA differs from the Aetna POS Plan in a few key ways. In addition to offering the Health Savings Account, the deductible and out-of-pocket maximum work differently than under the Aetna POS Plan.

   **The deductible:**
   - The Aetna CDHP has a higher deductible than the Aetna POS Plan. However, you can use your HSA to offset the higher deductible. For 2014, SunGard will deposit $300 for Employee only coverage and $600 for dependent coverage tiers in the HSA to use toward the deductible and other medical and prescription drug expenses. You can also make your own pre-tax contributions to the HSA.
   - The deductible works differently than the Aetna POS Plan. If you have any coverage level besides Employee only, (Employee + one or Family coverage), you must meet the entire family deductible before the plan begins paying benefits. One family member, or a combination of family members, can incur expenses that add up to the family deductible. This is different from the Aetna POS Plan, where an individual with Family coverage can meet the individual deductible and begin receiving benefits.
   - Prescription drugs (both retail and mail-order) are subject to the deductible. You must meet the annual deductible before the plan begins paying benefits.

   **The out-of-pocket maximum:**
   - As with the deductible, if you have any coverage level besides Employee only (Employee + one or Family coverage), you must meet the entire family out-of-pocket maximum before the plan pays 100% for covered medical and prescription drug expenses. This is different from the Aetna POS Plan, where an individual with Employee + one or Family coverage can meet the individual out-of-pocket maximum and the plan begins to pay 100% for covered medical expenses for that individual.
   - Prescription drugs are subject to the out-of-pocket maximum, which means the plan will cover prescription drugs at 100% after you reach the out-of-pocket maximum.

8. **What happens if I have a catastrophic illness? Will the plan cover my expenses?**
   Yes. If you have a catastrophic illness, the annual out-of-pocket maximum protects you financially by covering 100% of costs for the rest of the year once you reach the maximum (in-network: $3,500 for Employee only coverage and $7,000 for all other coverage levels).

9. **Why do people choose a plan like the CDHP?**
   There are many reasons why people choose to participate in a Consumer Directed Health Plan with a Health Savings Account, like the one SunGard offers.
   - **Potentially Lower Cost** — This type of coverage costs less each pay period (your payroll deductions) than the Aetna POS Plan. However, the plan has a higher deductible that you’ll have to meet before the plan begins to pay benefits. Remember, you can use funds in your HSA to help offset the cost of the deductible.
- **More Control** — The Aetna CDHP encourages you to take more control over how you spend your healthcare dollars. It’s the only option with an HSA that you can use to pay for eligible expenses. SunGard will deposit money in your HSA and you can contribute too.

- **Tax Savings** — This type of plan lets you build up an HSA with triple tax advantages.
  - *Tax-free contributions* — You can make contributions to your HSA on a pre-tax basis to supplement SunGard’s contributions. Doing so lowers your taxable income, plus SunGard’s contributions are tax-free to you, too. (Also see question 53, “Are HSA dollars taxable?”)
  - *Tax-free earnings on accumulated funds* — Your HSA grows tax-free. Any interest or investment earnings on your account are not taxed and will fluctuate based on the individual fund’s performance.
  - *Tax-free distributions for qualified expenses* — You do not pay taxes on any money you withdraw, provided you spend that money on eligible medical expenses (including paying for medical expenses in retirement). You can also use the money for other purposes, though the money will be taxed if used for anything other than qualified healthcare expenses. There is a 20% tax penalty on funds you withdraw for non-health purposes before you reach age 65. (Note: Some states may tax money in an HSA, though most do not.)

- **A Way to Save for Medical Expenses in Retirement** — Not only does the HSA allow you to save money on taxes, it provides a vehicle for you to accumulate an account balance for future medical expenses. You can use it to pay Medicare premiums and other eligible medical expenses even after you leave SunGard or retire.

- **Portability** — You can take the money in your account with you if you leave the Company for any reason, including retirement. And you can leave the money in the account as well. You own the account, not SunGard.

**10. How can I get the most value out of the Aetna CDHP?**

You can get the most value from your Aetna CDHP by actively managing your healthcare.

- **Know the plan and know how you use healthcare.** Knowing how your plan works and keeping track of how much you’ve paid each plan year are the first steps in knowing how to use your plan well.

- **Use preventive care.** Take advantage of 100% preventive care coverage so you can stay healthy and detect problems before they become serious.

- **Lead a healthy lifestyle.** Not only will you feel better, but you may end up spending less on healthcare — less of your own money and less of SunGard’s — and saving more of your HSA for future needs.

- **Know the costs and look for appropriate alternatives.** Taking financial responsibility is another important part of using the plan. You can save yourself considerable dollars by evaluating your options for local, in-network rates, and by budgeting your expenses so you can set aside enough money in your HSA.
  - Talk to your doctor about using generic drugs: for example, if you have seasonal allergies, using a store brand of Claritin or Zyrtec or an over-the-counter version will cost far less than a prescription medication.
  - Consider using an urgent care center rather than an emergency room, or a convenience clinic rather than your physician’s office when the need arises.
  - You can also consider having lab work done at an independent lab, such as Quest Diagnostics®, rather than having it done at a hospital.
11. How can I learn more about the Aetna CDHP?
To learn more about the Aetna CDHP you can:

- **Read the Benefits Guide**: This guide provides details about your available benefits options through SunGard, including information about the medical plan options available to you. It is available on Benefits Online at [www.sungardbenefits.com](http://www.sungardbenefits.com).
- **Use the Medical Expense Estimator**: This tool lets you see which plan offers you the best value based on the healthcare you think you will need.

For further questions about coverage:
- Call Health Advocate for guidance during Annual Enrollment and throughout the year. A Personal Health Advocate can answer questions you may have about your medical plan options, the services covered under the plans, what your share of the cost is under each plan, and more. Call Health Advocate toll-free at 1-866-695-8622 or email them at answers@HealthAdvocate.com.
- Call Aetna at 1-800-523-6457 for in-depth questions about what the cost may be under the Aetna CDHP for any current care you’re receiving.

PREVENTIVE CARE COVERAGE UNDER THE AETNA CDHP

12. What does “preventive care” mean?
The Aetna CDHP covers preventive services, such as routine physical exams and health screenings. For more information on what is defined as preventive care, contact Aetna Member Services at the number on your ID card.

13. How is preventive medical care covered?
Under both SunGard medical plan options, preventive care services are covered 100% in-network.

14. How can I find out how often I should be receiving certain preventive care services?
You can log on to Aetna Navigator at [www.aetna.com](http://www.aetna.com) and choose Health Programs; then choose Preventive Health Schedule from the green menu box at the left side of the screen. This site provides information and recommended timing for preventive screenings and tests for men, women and children.

RECEIVING CARE

15. How do I find a listing of the doctors that participate in the Aetna CDHP?
To locate a participating provider under the Aetna CDHP, go to [www.aetna.com](http://www.aetna.com), click Find a Doctor and search under DocFind®, the provider search tool. You will need to select the Aetna Choice® POS II (Open Access) directory when you access DocFind.

16. If I enroll in the Aetna CDHP, will my physician be familiar with it?
Your physician should be familiar with this type of plan because these plans are becoming more and more common today. If you (or your doctor’s office) have questions about your coverage, you can call the Aetna Member Services telephone number that’s on your medical ID card.
17. Do I need to select a primary care physician? Do I need a referral for specialty care?

You are not required to choose a primary care physician, and the Aetna CDHP does not require referrals for specialty care. To ensure that your care will be covered, you should see if you need to be pre-certified for care. You and the doctor’s office can call the Aetna Member Services number on your ID card to find out what services may require precertification. You can also find a list of services that require precertification on the HR Employee Resources by Country page on KnowHow.

18. What do I say if my doctor’s office asks me to pay an office visit copay?

With the Aetna CDHP, you will not have a copay for your care. If your doctor’s office asks, just tell them you do not have a copay. Your doctor’s office can also refer to your medical ID card, which states “No copay at time of service.” For preventive services, your care is covered 100% in network. For non-preventive care, you will pay for the cost of your care based on the discounted cost after your doctor has submitted a claim through Aetna, using either HSA funds or money you pay out of pocket. (Also see question 26, “How do I pay for services under the Aetna CDHP?”)

19. Will I have an insurance card to present when I go to the doctor?

If you enroll in the Aetna CDHP, you will receive an Aetna CDHP medical ID card in the mail. The ID card will contain important information, such as:

- The Aetna name for the network available to Aetna CDHP participants — Aetna Choice® POS II (Aetna Health Fund®)
- Names of covered dependents
- Unique ID number (this number is not your Social Security number and is a randomly generated number from Aetna)
- Plan ID number
- Group number
- Important phone numbers

20. Will I receive a separate card for my HSA, in addition to my medical plan ID card?

Yes, you will receive an HSA debit card and a medical plan ID card. Present your medical plan ID card to your doctor when you need to receive medical care services. Use your HSA debit card to pay for eligible healthcare expenses.

21. When I use an in-network provider, will my claim be paid using the Aetna discounted cost?

All in-network claims are paid using Aetna’s discounted cost, which is generally lower than the full retail cost. This is true regardless of whether services are paid from your HSA, from other funds used to meet your annual deductible, or your coinsurance after you have met the annual deductible.

22. How are medical expenses handled if I am out of town or out of the country?

Inside the US: Aetna has a national network of preferred providers you can use across the United States. If you need care and it is not an emergency, contact Aetna Members Services or visit Aetna Navigator at www.aetna.com for assistance with finding a local provider. Emergency care will be covered at the in-network benefit level if you call Aetna Member Services within 48 hours of an emergency.

Outside the US: All non-emergency care outside of the United States is covered at out-of-network levels. You will pay upfront for care and, if needed, receipts will be translated to English when you submit them to Aetna on your return to the US. In both cases, you will pay for eligible expenses until you meet your annual deductible and then coinsurance will begin.
23. What happens under the Aetna CDHP if my physician does not accept Aetna?

If your physician does not accept Aetna, he or she would be considered an out-of-network provider and, most likely, would not discount any services he or she provides. Here is an overview of what would happen:

- If there is enough money in your HSA, you can choose to deduct the full amount of the doctor’s charge that is submitted to Aetna as a claim.

- If you do not have sufficient funds in your HSA or you choose not to use your HSA, you will owe your doctor whatever he or she charges for the services you receive. All claim forms should be submitted to Aetna to help meet the deductible, even if you do not have funds in your HSA or choose not to use it.

- After you have reached your annual deductible, the plan will pay 60% of the recognized charge for out-of-network services.

- You will be responsible for the remaining 40%, which will count toward your out-of-pocket maximum. In addition, you are responsible for paying for any amounts above the recognized charge. Amounts above the recognized charge do not count towards the out-of-pocket maximum.

Once your charges meet the out-of-network, out-of-pocket maximum, the plan will pay 100% of recognized charges for out-of-network care received for the remainder of the plan year.

24. If my spouse is enrolled in healthcare coverage from his/her employer and also enrolled in the Aetna CDHP, how will benefits work? Can we submit claims to the Aetna CDHP first?

If your spouse has other medical coverage, that coverage is primary for him or her and the Aetna CDHP is secondary. Your spouse must first submit expenses to the other plan before submitting them to the Aetna CDHP. The Aetna CDHP will pay an amount that, when combined with the payments made by the primary plan, will not exceed the benefit available under the Aetna CDHP. Benefits will never exceed what would have been available had the Aetna CDHP been the only plan. These same provisions apply to the Aetna POS Plan.

PAYING FOR CARE

25. How do I pay for services under the Aetna CDHP?

Since you need to meet a deductible before benefits begin (except for preventive care), you should have your provider file your claim before you make any payments. In-network providers should file the claim for you. Then, when you receive your Explanation of Benefits (EOB) from Aetna, you will know the exact amount owed and can pay your provider using funds in your HSA or by paying out of pocket.

If your in-network provider asks for full payment, feel free to point out to him or her that you are in the Consumer Directed Health Plan and you should not be required to pay the full cost of service up front. You can refer your in-network provider to your medical ID card, which states “No copay at time of service.” After the office submits your claim to Aetna, you will receive an Explanation of Benefits from Aetna. You will pay the discounted cost to the provider based on that EOB. If you encounter problems with the provider charging you the full amount, contact Health Advocate at 1-866-695-8622.
for help resolving the issue and to coordinate with Aetna to ensure your funds are applied to the deductible correctly.

If you are filling a prescription, you can simply use your HSA Visa debit card to make the payment. The pharmacist should be able to calculate the amount you owe — whether the full discounted amount because you haven’t reached your deductible, or your copay if you have reached your deductible. If you have met your out-of-pocket maximum, your prescription will be paid in full.

### 26. How will my cost for medical services, other than preventive care, be determined under the Aetna CDHP?

You will pay the cost of in-network medical services based on the discounted cost that has been negotiated by Aetna until you meet your deductible. Then, you pay coinsurance based on the discounted costs for all services until you reach the out-of-pocket maximum. After you reach the out-of-pocket maximum, all eligible medical and prescription drug expenses will be paid in full by the plan for the rest of the calendar year. Your costs will be subject to the in-network or out-of-network provisions of the plan, depending on where you receive care.

### 27. How are my costs for prescription drugs determined?

Here’s how prescription drug coverage under the Aetna CDHP is handled. You pay 100% of the discounted cost for prescriptions until you meet the annual deductible. Once you’ve met the deductible, you pay the copays listed below. Prescription drug copays also count towards your out-of-pocket maximum.

<table>
<thead>
<tr>
<th>Feature</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>Once you meet the deductible, you pay:</td>
<td></td>
</tr>
<tr>
<td>(up to 34-day supply)</td>
<td>- Generic: $10 copay</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>- Brand-name formulary: $30 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Brand-name non-formulary: $45 copay</td>
<td></td>
</tr>
<tr>
<td>Mail-Order</td>
<td>Once you meet the deductible, you pay:</td>
<td></td>
</tr>
<tr>
<td>(90-day supply)</td>
<td>- Generic: $20 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Brand-name formulary: $60 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Brand-name non-formulary: $90 copay</td>
<td></td>
</tr>
</tbody>
</table>

### 28. Under the Aetna CDHP, what will I pay for a prescription if I go to the pharmacy?

Retail prescriptions are only covered in-network. When you visit a participating pharmacy, you will pay the discounted cost until you meet the annual deductible. Once you meet the deductible, you simply pay the applicable copay: $10 generic, $30 brand-name formulary or $45 brand-name non-formulary. Remember, you can also use money from your HSA to pay for prescription drugs.

### 29. How do mail-order prescriptions work? What will I pay if I place an order?

Mail-order coverage is in-network only. You pay the discounted cost of your prescription until you meet the annual deductible. Once you meet the deductible, you simply pay the applicable copay: $20 generic, $60 brand-name formulary or $90 brand-name non-formulary. Remember, you can also use money from your HSA to pay for prescription drugs.
30. **How can I find out what my prescriptions will cost?**  
You can visit [www.caremark.com](http://www.caremark.com). After you log in, click on “Understand My Plan and Benefits” at the top of the page. From this page, you can check the plan’s drug coverage, the cost of prescriptions, and potential alternatives. If you are not currently registered with CVS Caremark, visit [www.caremark.com](http://www.caremark.com) to register.

31. **Can I use my HSA funds to pay claims that I incurred before I had the account?**  
No. You can only use HSA funds to reimburse expenses incurred after your HSA has been established.

32. **Is there a separate deductible for each covered dependent?**  
No. Your deductible is based on the coverage level you select. Covered medical expenses for you and your covered dependents apply toward the deductible.

33. **Does the family deductible work differently under the Aetna CDHP?**  
Yes, the family deductible that applies to the Employee + one and Family coverage levels works differently under the Aetna CDHP than under the Aetna POS Plan. If you have Employee + one or Family coverage, you must meet the entire family deductible before the plan begins paying medical or prescription drug benefits for any family member. One family member, or all family members combined, can incur expenses that add up to the deductible. This is different from the Aetna POS Plan, where an individual with Family coverage can meet the individual deductible and begin receiving benefits.

34. **What happens once I satisfy the out-of-pocket maximum?**  
*In-network*, once you reach your annual out-of-pocket maximum, the Aetna CDHP pays covered medical and prescription drug expenses at 100% with no lifetime benefit maximum. The deductible counts towards the out-of-pocket maximum.

*Out-of-network*, the Aetna CDHP pays 100% of recognized charges for the remainder of the plan year with no lifetime benefit maximum. The deductible counts towards the out-of-pocket maximum. However, even after you meet the out-of-network, out-of-pocket maximum, you will still be responsible for any expenses in excess of recognized charges.

As is the case with the deductible, if you have any coverage level besides Employee only under the Aetna CDHP, you must meet the entire Family out-of-pocket maximum amount before 100% coverage begins. One family member, or all family members’ expenses combined, can incur expenses that add up to the out-of-pocket maximum.

35. **Do in-network amounts for the deductible and out-of-pocket maximum count towards out-of-network amounts and vice-versa?**  
Yes, the amounts cross-apply. All of your in- and out-of-network medical costs and in-network prescription drug costs will count towards meeting your deductibles and out-of-pocket maximums. For example, if you incur $50 in charges using in-network services and $150 in out-of-network charges, your combined total towards your in- and/or out-of-network deductible and out-of-pocket maximum would be $200.
UNDERSTANDING THE HEALTH SAVINGS ACCOUNT

36. What is an HSA?
A Health Savings Account (HSA) is a special account owned by an individual to pay current and future eligible healthcare expenses.

Here are some key features:

- An HSA is a tax-savings vehicle that lets you set aside tax-advantaged money to pay for eligible healthcare expenses, now and in the future. You decide which expenses to pay from your HSA.
- SunGard automatically activates your HSA when you enroll for the Aetna CDHP so SunGard can make the base contribution to your account.
- You can also elect to put your own pre-tax dollars aside to use for eligible healthcare expenses.
- Funds in your HSA earn tax free interest.
- Once your balance reaches $1,000, you can choose to invest your account balance in a selection of investment funds through PayFlex®.
- If you don’t use the money in your account, you can maintain your account for years to come (your balance rolls over from year to year).
- If you leave SunGard or retire, you can take the money with you; you own the account.
- In retirement, you can also use your HSA to pay premiums for Medicare Parts B and D and long-term care insurance.
- Even if you change medical options in the future, you can still use the money in your HSA. However, you may only contribute to an HSA while you are enrolled in any qualified high deductible health plan.

37. How does my HSA get opened?
When you enroll in the Aetna CDHP, SunGard automatically opens your HSA so you can receive SunGard’s base contribution. Welcome Kits are mailed within 10 to 14 business days of a mid-year enrollment, or mailed in December if you enroll in an HSA during Annual Enrollment. Your Welcome Kit will include your HSA Visa debit card and more information about how your HSA works.

38. Who qualifies for an HSA?
You may participate in an HSA if you:
- Enroll in the Aetna CDHP,
- Are not covered by other health insurance that is not a high deductible health plan (does not apply to specific injury insurance and accident, disability, dental care, vision care and long-term care),
- Are not claimed as a dependent on someone else’s tax return (e.g., you are a dependent domestic partner), and
- Are not enrolled in Medicare.

Provided you meet all these qualifications, SunGard will automatically open your HSA in order to make the base contribution.

39. How much does SunGard contribute to my account?
SunGard will contribute a base contribution of $300 into your Health Savings Account if you elect Employee only coverage or $600 if you elect Employee + one or Family coverage.
When you participate in the Vitality program, SunGard will contribute additional money to your HSA upon reaching certain status levels. If enrolled in Employee only coverage, SunGard will deposit healthy rewards dollars in your HSA as follows - $50 at Bronze level, $100 at Silver level and $150 at Gold level. If enrolled in Employee + one or Family coverage, SunGard will deposit healthy rewards dollars as follows - $100 at Bronze level, $200 at Silver level and $300 at Gold level.

This means SunGard could contribute up to $600 in your HSA for Employee only coverage or $1,200 in your HSA for dependent coverage tiers.

40. How does SunGard contribute to my account?
SunGard’s base contribution to your HSA is automatically deposited into your account within 4 to 6 weeks after you enroll in the Aetna CDHP or coincident with your first paycheck in January, if you enroll during Annual Enrollment. SunGard will also contribute Healthy Rewards dollars into your HSA when you reach the specified status levels as indicated above.

Per IRS regulations, you are not able to establish an HSA and SunGard cannot contribute funds to your HSA if you have a Health Care FSA. (Also see question 46, “Can I contribute to an HSA if I am currently enrolled in a Health Care FSA?”.)

41. Will I receive an additional HSA contribution from SunGard if I change coverage tiers mid-year from Employee only to Employee + one or Family coverage?
Yes, if you enroll in Employee only coverage, SunGard will provide a $300 base contribution to your HSA. If you subsequently experience a qualified life event and change coverage tiers to Employee + one or Family coverage, SunGard will contribute an additional $300 to your HSA. If you enroll in Employee + one or Family coverage and change to Employee only coverage during the year, your $600 SunGard base contribution will not be affected.

42. How do I contribute to my HSA?
The Aetna CDHP allows you to save money in your HSA throughout the year. You decide on the amount to contribute and you may change it at any time. Your election amount will be taken out of each paycheck. Your HSA contributions will be taken out before taxes are calculated (just like in a 401(k) retirement plan), so you’ll end up saving additional money in taxes.

You are not required to contribute to an HSA under the plan, though most people choose to contribute because of the tax advantages. Unlike flexible spending accounts, money you put into an HSA isn’t “lost” at the end of the year if you don’t use it, so your HSA can build value from one year to the next.

43. How do I start or change my own pre-tax HSA contributions?
You can start or change your HSA contributions at any time by visiting Benefits Online at www.sungardbenefits.com. With an HSA, you don’t have to experience a qualified life event to adjust your contributions.

44. How do I contribute if I’m on unpaid leave?
As long as you’re enrolled in the Aetna CDHP and have an account, you will be able to send your own HSA contributions directly to your account.
45. When can I start using the funds in my HSA?

When you elect the Aetna CDHP, SunGard will automatically make a base contribution to your HSA. If you are enrolled in Employee only coverage, you will receive $300. If you are enrolled in Employee + one or Family coverage, you will receive $600. Once the money goes into your HSA, it is yours to spend or save as you wish. Note that you will only have access to the current account balance.

46. Can I contribute to an HSA if I am currently enrolled in a Health Care FSA?

Due to IRS regulations, if you have a balance in your Health Care FSA as of December 31 and you enroll in the Aetna CDHP, you must wait until April 1 to establish and start contributing to a Health Savings Account. SunGard’s HSA contribution and any Healthy Rewards dollars you earn will be deposited into your HSA on or after April 1. Additionally, you will not be able to use your HSA funds to pay for any expenses incurred before April 1.

Employees who have a $0 balance in their Health Care FSA as of December 31 will be able to start contributing to their HSA effective January 1. For a list of eligible expenses for the Health Care FSA, please visit www.irs.gov to view Publication 502.

47. What medical expenses can be paid with money in my HSA?

Funds in your HSA can be used to pay for a wide variety of medical, prescription drug, dental and vision expenses, including:

- **Fees** such as deductibles, copays, coinsurance and charges that exceed recognized charge limits
- **Services** such as chiropractor visits, laser eye surgery, physical therapy and mental healthcare
- **Products** such as contact lens solutions, hearing aids, wheelchairs and prescribed drugs and medications

For a complete list of services that can be paid for with your HSA funds, you can visit the Aetna website at https://member.aetna.com/member/hsa_healthcare_expenses_table.html.

48. Can I use an HSA to pay for over-the-counter (OTC) medications?

You will need a doctor’s prescription to use HSA funds for eligible over-the-counter medications. You will not need a prescription to use your HSA for other eligible OTC items, such as contact lens solution and bandages.

49. What are the rules for using money in my HSA?

You may use money in your HSA to pay for eligible healthcare expenses, to meet your deductible or pay for coinsurance for you, your spouse, and eligible tax dependents. There are several ways you can withdraw money from your HSA for eligible healthcare expenses:

- Use your Aetna HSA Visa® debit card wherever you are making a purchase. Debit cards can be used only with merchants that offer health care products and services and not at automated teller machines (ATMs).
- Pay your providers directly from your HSA or, by linking your personal bank accounts to your HSA, reimburse yourself. ATM withdrawals are not available and HSA checkbooks are not needed.
- Claims information can be passed to HSAs, giving you the choice to pay your provider, pay yourself back or take no action at all. This functionality will replace the need for HSA auto-debit and provides you with payment options.

Remember, if you use money for non-health related expenses, you will pay taxes on this money and you will incur a 20% tax penalty.
50. **Is there a maximum I can contribute to my HSA?**

Just like with other before-tax plans, the IRS puts a cap on the total amount of money that can be contributed to an HSA each year. This includes your contributions as well as any SunGard contributions. As specified by the IRS, in 2014 you can contribute a maximum of $3,300 for an individual and $6,550 for a family. Individuals who will be age 55 or older at the end of the 2014 calendar year can contribute an additional $1,000 as a “catch-up” contribution. The table below represents the maximum amount you can contribute to your HSA in 2014 under the Aetna CDHP, taking into account SunGard’s base contribution.

<table>
<thead>
<tr>
<th>Aetna CDHP Coverage Level</th>
<th>2014 HSA Limit</th>
<th>SunGard’s Base Contribution</th>
<th>So You Can Contribute up to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,300</td>
<td>$300</td>
<td>$3,000 *</td>
</tr>
<tr>
<td>Employee + one or Family</td>
<td>$6,550</td>
<td>$600</td>
<td>$5,950 *</td>
</tr>
</tbody>
</table>

* does not account for any healthy rewards dollars earned through the Vitality Program

51. **If I am only enrolled in the Aetna CDHP for part of the calendar year, how will that affect my HSA contributions?**

If you are enrolled in the Aetna CDHP for only part of a calendar year as a result of being a new hire or experiencing a qualifying life event during the year, there are restrictions on how much you can contribute to your HSA.

If you are enrolled for part of a calendar year, are enrolled as of December 1st of that year and stay enrolled for the entire next plan year, you have the option of contributing the full amount, up to the annual IRS limit, to your HSA during each of those calendar years. However, you must stay in the Aetna CDHP or another HSA-compatible plan for the entirety of the next plan year if you wish to avoid tax penalties. For example, if in 2014, you are enrolled in the plan with Employee only coverage for eight months and remain in the plan for all of 2015, you may contribute up to $3,300 in 2014, and the full annual amount for 2015.

If you are enrolled for part of one plan year and do not re-enroll for the next plan year, you may be subject to taxes for HSA contributions in the partial year that exceed a prorated amount. The amount you can contribute for the partial year should be prorated based on the number of months you are enrolled in the plan. For example, if in 2014, you are enrolled in the plan with Employee only coverage for eight months and then switch to another plan in 2015, your maximum contribution to avoid tax penalties is $2,200 [($3,300/12 * 8)] in 2014.


52. **Are HSA dollars taxable?**

HSAs are tax-free under federal law. However, if you live in Alabama, California or New Jersey, your contributions will not reduce your state taxable wages. After your initial contributions are taxed, your initial HSA funds will not be taxed again, although your earnings will be subject to state taxes and there is a penalty for withdrawals other than for eligible medical expenses unless you are age 65 or older. If you live in Alabama, contributions made through payroll and SunGard contributions are not taxed, but contributions made outside of payroll and any earnings are subject to state taxes.
It is recommended that you consult a tax professional for additional information and guidance as necessary.

53. Can the money put in the HSA be used toward my deductible and coinsurance?
Yes, any covered out-of-pocket expenses you incur are eligible to be paid using the funds in your HSA.

54. Are my eligible dependents different under my medical plan and an HSA?
Dependents are defined differently for these two purposes. Under our medical plans, dependents include your spouse/same-sex or opposite-sex domestic partner and children until the last day of the month in which they turn age 26. The IRS definition of dependent, for HSA purposes, is anyone who is your dependent for tax purposes. This means that you could cover a dependent under our medical plan who is not a dependent for tax purposes. You will pay a penalty plus taxes if you use any pre-tax dollars from your HSA to pay healthcare expenses for your dependent who is not a tax dependent (for example, if your 26-year old child is covered under your medical plan but is not considered a tax dependent according to IRS regulations).

55. What if I am enrolled in Family coverage and cover both of my children under the SunGard Aetna CDHP, but only one of my children is a qualified tax dependent? Can I use HSA funds for both children?
Even though you may cover your non-tax dependent children under a SunGard medical plan, you cannot use HSA funds to pay for expenses of the child who is not your tax dependent.

56. Can I use funds in my HSA to pay for eligible expenses incurred by my same-sex or opposite-sex domestic partner?
You are permitted to use money in an HSA to pay for eligible healthcare expenses incurred by your same-sex or opposite-sex domestic partner, only if your domestic partner qualifies as your dependent under Section 152 of the Tax Code.

57. Can I use the money in my account for non-medical expenses?
Money that is taken out for expenses, other than qualified medical expenses as defined by the IRS, will normally be subject to income tax and you will be assessed a 20% tax penalty. However, if you are age 65 or older or disabled, the 20% tax penalty will not apply.

58. Why can’t I use HSA funds to pay for the cost of coverage (payroll deductions or premiums)?
The IRS does not allow it.

59. What investment options will be available with my HSA?
Once your HSA balance exceeds $1,000, you may invest the balance in one or more available investment options offered through PayFlex®. Any interest or other investment earnings on your account balance grow tax-free and will fluctuate based on the individual fund’s performance. Investment options are not insured by the Federal Deposit Insurance Corporation (FDIC). Funds in the Investments can be moved back into the HSA. To find the list of available investment options, please contact Aetna Member Services.

Note: SunGard is not responsible for any losses you may incur as a result of investing your HSA funds with PayFlex®.
60. Can I transfer money from my IRA to my HSA?
If you are enrolled in a plan like the Consumer Directed Health Plan, the IRS allows you to make a one-time transfer from an IRA to an HSA. However, you still cannot exceed the “contribution limits” imposed by the IRS for the year in which the transfer is made.

61. Can I transfer the money in my 401(k) to my HSA?
At this time the IRS does not allow transfer of 401(k) funds to HSAs.

62. Can I roll money in my HSA over to an IRA or 401(k) plan?
IRS regulations do not permit rolling over HSA funds to an IRA or 401(k) plan. However, you can roll over the funds to another HSA.

63. Is there any limit as to how much money I can accumulate in my HSA at any time?
As long as you don’t exceed the annual maximum contributions allowed per IRS rules, unused account balances can accumulate without any limit.

64. What happens to my account if I die or become disabled?
It is important that you complete the HSA beneficiary form. You will have access to name a beneficiary on your HSA detail link located on Aetna Navigator at www.aetna.com.

If you die, ownership of any money in your account will be given to your spouse if he/she has been designated as your beneficiary. If your estate is the beneficiary, money in your account will be considered taxable income to you for your final tax return. Otherwise, it will be taxable to the non-spouse beneficiary you designated earlier.

If you become disabled, you can take the money out for any reason and will not be subject to income taxes or tax penalties.

65. Can I use money in my HSA to pay or reimburse myself for medical expenses I incurred in the past?
No, you may only use HSA funds for expenses that you incur on or after the date your HSA was established.

66. What happens to money left in the account at the end of the year?
Money left in the account at the end of a calendar year will roll over to the next year.

67. If I have money left in my HSA at the end of the year, can I take the balance in cash?
Money in an HSA is only available to pay covered medical expenses; there are taxes and penalties for withdrawing HSA funds for non-health purposes. Your balance will, however, roll over year after year to help pay for future medical expenses.

68. What happens to money in my account if I leave SunGard?
Remember that this account is owned by you, not SunGard. So, if you are an active employee and leave, you can roll money in this account over to a similar plan if you wish. If you leave SunGard and you have a balance in your HSA, your SunGard HSA will be closed and the funds will be transferred to a new unaffiliated account with PayFlex® where you will incur a monthly maintenance fee. You can move your funds from PayFlex® at any time, without a fee, to another HSA institution.
You can also cash out this account if you leave, though your distribution may be subject to income tax and a 20% tax penalty if the money is not used for qualified healthcare expenses.

69. **What happens to money in my account if I stay with SunGard but switch to the Aetna POS medical plan in the future?**

You will not lose any accumulated funds in your account, since you own the HSA. However, if you switch to the Aetna POS medical plan, your SunGard HSA will be closed and funds will be transferred to a new unaffiliated account with Payflex® where you will incur a monthly maintenance fee. You can move your funds from Payflex® at any time, without a fee, to another HSA institution. You will also no longer be able to make additional contributions to your account. You can use the funds that remain in your account to pay for qualified medical expenses incurred after you enroll in another plan.

70. **What happens to my HSA if my account balance goes to $0?**

There are no penalties if your HSA balance goes to $0. You will simply pay out of pocket for any costs you incur under the plan. No funds will be deducted from your HSA. However, if you write a check that is returned for non-sufficient funds, you will incur a fee. For more information about fees, visit [www.aetna.com](http://www.aetna.com), sign into Aetna Navigator and click on Access Your Account under Health Savings Account.

Remember, you can change your HSA contributions at any time throughout the year. If you would like to contribute additional money into your HSA mid year, or stop contributions, visit [Benefits Online](http://www.sungardbenefits.com) at [www.sungardbenefits.com](http://www.sungardbenefits.com).

71. **How can I find my HSA account balance?**

You can use Aetna Navigator at [www.aetna.com](http://www.aetna.com) to check your HSA balance or call the Member Services number on the back of your HSA debit card.