



2016-2017 Health Savings Account Enrollment Information

Sweet Home School District employees who enrolled in Moda Medical Plan Evergreen 2016-2017 insurance plan year will need to have a health savings account with HSA Bank.

Please complete the 2016-2017 Health Savings Account Enrollment Form on the attached sheet and return it to Loanne Huschka by October 6, 2016.

To register with HSA Bank, you will need to go to https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=936000669 so you can set up your HSA Bank account online. Among other questions, you will be asked to enter the effective date of your high deductible health plan (HDHP). You should enter 10-31-2016. You will also be asked to enter the deductible amount for your high deductible health plan. If you are single with no dependents, enter \$1600. Otherwise, enter \$3200.



Here is some additional information to help answer frequent questions:

- To have Moda Medical Plan Evergreen, you are required to maintain a health savings account with monthly contributions.
- Licensed and Classified full-time employees (classified must have at least 6.5+ hours/day*) will receive a \$50 per month contribution to their HSA account from the District as per the collective bargaining agreement. You can elect to contribute an additional amount on a pre-tax basis, but you are not required to do so.
- The 2016-17 maximum HSA contribution for single employees is \$3,350 which works out to \$279.16 per month if your pay is spread over 12 checks or \$335 per month if your pay is spread over 10 checks.
- The 2016-17 maximum HSA contribution for couples and families is \$6,750 which works out to \$562.50 per month if your pay is spread over 12 checks or \$675 per month if your pay is spread over 10 checks.

For more information about HSA Accounts, please go to <http://www.hsabank.com/hsabank/members>. Please contact Loanne Huschka at 541-367-7113 or Kevin Strong at 541-367-7122 if you have questions.

*Classified employees will be eligible for a District contribution with 6.5+ hours/day and at least one year of employment with the District.



2016-2017 Health Savings Account Enrollment Form

Employee Name _____

Please check the bank you want your Health Savings Account contributions made to:

HSA BANK (In addition to this form, please go online to register, as stated above)

High Deductible Health Plan (HDHP) Coverage Level: Family: ____ or Individual: ____

1. Please enter the amount you would like deducted pre-tax from your monthly pay and contributed to your Health Savings Account:

\$ _____

2. If you are a full-time licensed/administrative or classified (6.5+ hrs per day) employee, please enter \$50 for your employer paid monthly contribution:

\$ _____

= TOTAL MONTHLY CONTRIBUTION TO HSA (line 1 + line 2) \$ _____ *

*The 2016-17 maximum HSA contribution for single employees is \$3,350 per year which works out to \$279.16 per month if your pay is spread over 12 checks or \$335 per month if your pay is spread over 10 checks. The 2016-17 maximum HSA contribution for couples and families is \$6,750 per year which works out to \$562.50 per month if your pay is spread over 12 checks or \$675 per month if your pay is spread over 10 checks. 12 month employees will have 12 monthly contributions to their HSA account. 10 month employees will have 10 monthly contributions to their HSA account.

Employee Signature

Date

Please return this form to Loanne Huschka in the Business Office no later than October 6, 2016.