



2018-2019 Health Savings Account Enrollment Information

Sweet Home School District employees who enrolled in Moda Medical Evergreen or Fir plans for 2018-2019 insurance plan year may elect to have a health savings account with HSA Bank.

Please complete the 2018-2019 Health Savings Account Enrollment Form on the attached sheet and return it to Jennifer Maynard by September 25, 2018.

To register with HSA Bank, you will need to go to:

https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=936000669

Where 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 10-01-2018. You will also be asked to enter the deductible amount for your high deductible health plan. If you are single with no dependents, enter \$1,600. Otherwise, enter \$3,200.

Here is some additional information to help answer frequent questions:

- To have Moda Medical Plan Evergreen or Fir, you are eligible 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. Classified employees must have been employed with the District as an employee or temporary employee for at least one year.
- The 2018-19 maximum HSA contribution for single employees is \$3,450 which works out to \$287.50 per month if your pay is spread over 12 checks or \$345 per month if your pay is spread over 10 checks. Please remember to figure in the district contribution, if you are eligible, when calculating your contribution.
- The 2018-19 maximum HSA contribution for couples and families is \$6,900 which works out to \$575 per month if your pay is spread over 12 checks or \$690 per month if your pay is spread over 10 checks. Please remember to figure in the district contribution, if you are eligible, when calculating your contribution

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



2018-2019 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 with one full year of employment with the District) employee, please enter \$50 for your employer paid monthly contribution:

\$ _____

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

*The 2018-19 maximum HSA contribution for single employees is \$3,450 per year which works out to \$287.50 per month if your pay is spread over 12 checks or \$345 per month if your pay is spread over 10 checks. The 2018/2019 maximum HSA contribution for couples and families is \$6,900 per year which works out to \$575 per month if your pay is spread over 12 checks or \$690 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