HEALTH SAVINGS ACCOUNT (HSA)

SISC provides qualified HSA compliant health plans. **SISC does not set-up or administer the savings account component of the plan.**

Health Savings Accounts enable tax-free savings for the qualified medical expenses of "eligible individuals" and their dependents.

An "eligible individual" or HSA owner is an individual:

- covered by an HSA-compatible High Deductible Health Plan (HDHP); and
- not covered by a non-HSA compliant plan or Medicare; and
- not claimed as a dependent on another individual's tax return

Qualified medical expenses are defined in Internal Revenue Code Section 213 [d]. In general they include specified deductibles, co-payments and other medical expenses not covered under the HDHP or in any other manner. All HSA-compatible HDHP benefits, including added value programs, are subject to the deductible.

All HSA enrollees will be subject to the plan design and any mid-year changes based on Federal/Legislative guidelines.

HSA Advantages

- HSA contributions are tax-deductible.
- Interest on an HSA is tax-deferred.
- HSAs are portable and owned by the individual; contributions cannot be taken away.
- Unspent balances roll over to the following year and can accumulate over a lifetime to help pay for uncovered Medicare expenses after retirement.
- In the event of the account holder's death, HSA balances pass to their designated beneficiaries.

Frequently Asked Questions

Q: Who can contribute to an HSA?
A: The HSA is funded by contributions from an eligible employee, employer or both.

Q: What is the calendar year maximum amount that can be contributed to an HSA?
A: $4,150 per individual and $8,300 per family (2024)

Q: How does the HSA plan work?
A: Money in the HSA can be used to pay for covered medical expenses and prescriptions not paid by the qualified health plan. The HSA dollars used apply towards the plan's annual deductible. If all of the dollars are not spent, the money remaining in the account will roll over to the following year.

Q: Who do I contact to set up an HSA (Health Savings Account)?
A: Any bank, credit union or other entity that currently meets the IRS standards can be an HSA trustee or custodian. Districts and/or employees may choose a financial institution to administer the savings account.

For additional resources on HSA plans, visit **www.irs.gov**.

Please contact your SISC Account Manager regarding plan design details.

KAISER HSA PLANS

	HSA-$1700 Kaiser—Single Coverage	HSA-$1700 Kaiser—Family Coverage	HSA-$3400 Kaiser
Calendar Year Out-of-Pocket (OOP) Maximums	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$1,700/$3,400	$1,700/$3,400	$3,400/$6,800
Individual/Family Out-of-Pocket Maximums (includes deductibles and co-pays)	$3,400/$3,400	$3,400/$6,800	$6,000/$12,000
Professional Services			
Office Visit/Urgent Care Co-pay	10%		20%
Specialists/Consultants Co-pay	10%		20%
Prenatal, Postnatal Office Visit Co-pay	$0		$0
Scans: CT, CAT, MRI, PET, etc.	10%		20%
Diagnostic X-ray and Laboratory Procedures	10%		20%
Infertility (see benefit booklet for details)	Office visit co-pay or hospitalization co-pay applies		Office visit co-pay or hospitalization co-pay applies
Preventive Care Services (includes physical exams and screenings)	0%, ded waived		0%, ded waived
Hospital and Skilled Nursing Facility Services			
Emergency Room Visit (co-pay waived if admitted)	10%		20%
Inpatient Hospital Co-pay (preauthorization required)	10%		20%
Outpatient Hospital Co-pay	10%		20%
Surgery, Outpatient (performed in an ambulatory surgery center)	10%		20%
Surgery, Outpatient (performed in a hospital)	10%		20%
Mental Health Services and Substance Abuse Treatment			
Inpatient Care—Facility-based care (preauthorization required)	10% after deductible		20% (after ded)
Outpatient Care—Facility-based care (preauthorization required)	10% after deductible		20% (after ded)
Other Services			
Acupuncture—Limits apply	Limited coverage, if authorized		Limited coverage, if authorized
Ambulance (ground or air)	10%		20%
Chiropractic—Limits apply	Not covered		Not covered
Durable Medical Equipment (DME)	10%		20%
Hearing Aids	Not covered		Not covered
Physical and Occupational Therapy—Limits apply	10%		20%
Prescription Drug Plans			
Generic Co-pay/Day Supply	$10/30-day (after ded)		$10/30-day (after ded)
Brand Co-pay/Day Supply	$30/30-day (after ded)		$30/30-day (after ded)
Mail Order (generic-brand co-pay/day supply)	$20–60/100-day (after ded)		$20–60/100-day (after ded)

This is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

HSA PLANS

Unless otherwise stated, member responsibility below is after the deductible has been met.

	HSA $1700 Single Coverage	HSA $1700 Family Coverage	HSA $3400	HSA $5000 (formerly Minimum Value Plan)
Calendar Year Out-of-Pocket (OOP) Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles (unless otherwise noted, all services are subject to deductible)	$1700	$3,400/$3,400	$3,400/$6,800	$5,000/$10,000
Individual/Family Out-of-Pocket Maximums (includes deductibles and co-pays)	$3,400	$3,400/$6,800	$6,000/$12,000	$6,350/$12,700
Professional Services	**After Deductible**		**After Deductible**	**After Deductible**
Office Visit/Urgent Care Co-pay	10%		10%	30%
Specialists/Consultants Co-pay	10%		10%	30%
Prenatal, Postnatal Office Visit Co-pay	10%		10%	30%
Scans: CT, CAT, MRI, PET, etc.	10%		10%	30%
Diagnostic X-ray & Laboratory Procedures	10%		10%	30%
Infertility Svcs (see benefit booklet for details)	Not covered		Not covered	Not covered
Preventive Care Services (includes physical exams and screenings)	0%, ded waived		0%, ded waived	0%, ded waived
Hospital and Skilled Nursing Facility Services	**After Deductible**		**After Deductible**	**After Deductible**
Emergency Room Visit (co-pay waived if admitted)	10% $100 co-pay		10% $100 co-pay	30% $100 co-pay
Inpatient Hospital Co-pay (preauthorization required)	10%		10%	30%
Outpatient Hospital Co-pay	10%		10%	30%
Surgery, Outpatient (performed in an ambulatory surgery center)	10%		10%	30%
Surgery, Outpatient (performed in a hospital, limits apply)	10%		10%	30%
Mental Health Services and Substance Abuse Treatment	**After Deductible**		**After Deductible**	**After Deductible**
Inpatient Care—Facility-based care (preauthorization required)	10%		10%	30%
Outpatient Care—Facility-based care (preauthorization required)	10%		10%	30%
Other Services	**After Deductible**		**After Deductible**	**After Deductible**
Acupuncture—Limits apply	10%		10%	30%
Ambulance (ground or air)	10% $100 co-pay		10% $100 co-pay	30% $100 co-pay
Chiropractic—Limits apply	10%		10%	30%
Durable Medical Equipment (DME)	10%		10%	30%
Hearing Aids ($700 benefit allowance per 24-month period)	Cost in excess of allowance		Cost in excess of allowance	30% plus cost in excess of allowance
Physical/Occupational Therapy - Limits apply	10%		10%	30%
Prescription Drug Plans	**After Deductible**			
Generic Co-pay/Day Supply	$9/30 day supply			
Brand Co-pay/Day Supply	$35/30 day supply			
Mail Order (generic-brand co-pay/day supply)	$0-90/90 day supply			

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