

# Campbell County School District #1



## A Guide to Your Plan D or E Health Savings Account



Created by: Human Resources  
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# Welcome to

## CCSD Plans D and E

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### What is an HSA?

A health savings account (HSA) is a tax-exempt account set up with a qualified HSA trustee to pay or reimburse qualified medical expenses. CCSD contracts with ANB Bank to be the trustee for all school district HSAs. This guide is intended to assist you in understanding and using your HSA through CCSD and ANB Bank. **NOTE:** This guide is a reference tool only. It is not intended to provide legal, medical or tax advice.

### Why would I want an HSA?

Your Plan D or E HSA offers many advantages including:

- Plan D or E has lower insurance premiums
- HSA balance rolls over year-to-year (no use-it-or-lose-it requirement)
- HSA is portable and always owned by you
- Save for future medical expenses or retirement
- Possible tax deductions for contributions
- Convenient claim payment options, including a debit card and/or checkbook

### HSA eligibility

According to federal guidelines, you may open and contribute to an HSA if you meet all of the following criteria:

- Covered under a high-deductible health plan (HDHP) on the first day of the month
- Not covered by any other non-HDHP plan (with certain exceptions for plans providing certain limited types of coverage like vision and dental)
- Not enrolled in Medicare or TRICARE
- Not claimed as a dependent on another person's tax return
- Have not received medical benefits through the Department of Veterans Affairs (VA) during the preceding three months

**NOTE:** If you are unsure as to your eligibility to contribute to an HSA, please check with a qualified tax advisor for assistance.

### What is a qualified medical expense?

IRS Publication 502 is available on the CCSD homepage under the Staff, Benefits & Insurance section. It can also be accessed on <http://www.irs.gov/pub/irs-pdf/p502.pdf>. This list includes both qualified medical expenses and expenses that are not qualified.

CCSD requires all employees who have elected Plan D or E and opened an HSA to complete the Certification of HSA Eligibility form. An example of this form is located below.

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## Certification of HSA Eligibility

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Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only individuals who meet certain requirements are eligible to make or receive contributions to a health savings account (HSA). The purpose of this form is to confirm that you meet those requirements.

**Please note:** Your employer will rely on this certification in making contributions to an HSA on your behalf. Please complete it carefully. If you have any general questions regarding the form, please contact your employer. For specific questions regarding your personal situation, please consult your tax advisor. You must be able to satisfy each element listed below to be eligible for contributions. Please retain a copy of this form with your important tax records.

Please read and initial each of the following items:

1. **High deductible major medical coverage.**

I have  self-only OR  family coverage under my employers group health plan, which I understand qualifies as a high deductible health plan under Code § 223, or another qualifying high deductible health plan ("HDHP"). *For more information, see paragraph A on the attached page.*

*Initial* \_\_\_\_\_

2. I can not be claimed as a dependent on another person's federal tax return.

*Initial* \_\_\_\_\_

3. I am not enrolled in or entitled to Medicare benefits.

*Initial* \_\_\_\_\_

4. I am not covered under any of the following "other" types of health coverage:

- Comprehensive coverage (other than the HDHP described in 1 above), including coverage through my spouse's employer (i.e., double coverage). *For more information, see paragraph B on the attached page.*
- Medical reimbursement account ("health FSA" or "flex" account) under my employer's cafeteria plan, except HSA compatible coverage. *For more information, see paragraph C on the attached page.*
- Medical reimbursement account under the cafeteria plan of my spouse's employer, except HSA compatible coverage. *For more information, see paragraphs B and C on the attached page.*
- Health reimbursement arrangement ("HRA") sponsored by my employer or a former employer, except HSA compatible coverage. *For more information, see paragraph C on the attached page.*
- Health reimbursement arrangement ("HRA") sponsored by the employer or former employer of my spouse, except HSA compatible coverage. *For more information, see paragraphs B and C on the attached page.*
- Covered under any other coverage, except "permitted" coverages. *For more information, see paragraph D on the attached page.*

*Initial* \_\_\_\_\_

*Initial* \_\_\_\_\_

*Initial* \_\_\_\_\_

*Initial* \_\_\_\_\_

*Initial* \_\_\_\_\_

*Initial* \_\_\_\_\_

By signing this form and returning it to my employer, I certify that all of the statements above are true. ***I understand that I am not eligible for HSA contributions during any month in which I do not meet all of the above HSA eligibility conditions*** and I agree that if I cease to meet any of these conditions I will immediately notify my employer, in writing. I also understand that my employer's HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_, 20\_\_\_\_  
Date

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*For office use only*

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

### **I chose Plan D or E. Now what?**

If you select CCSD Insurance Plan D or E, you must complete the following steps to start using and contributing to your HSA:

1. Enroll in the Plan D or Plan E high-deductible health plan via the IVisions portal during your new hire enrollment period (within 30 days of your date of hire), within your life event period (within 30 days of the event) or during the CCSD open enrollment period (April 15 - May 15).
2. CCSD will make monthly contributions to your HSA (see chart on page 6). If you would like to contribute additional funds, elect the amount of money you wish to contribute for the year. **NOTE:** On the IVisions portal enrollment process, this number is the annual amount.
3. Complete ANB Bank HSA form (an example is located on page 5) and return to the bank at 800 E. 7<sup>th</sup> Street along with a clear copy of your driver's license and the driver's license for any other signers on your account.
4. Set up an appointment with ANB Bank to sign all required bank documents.
5. Contact the CCSD Benefits Specialist with your HSA account number. **NOTE:** No contributions can be made until you submit the account number to the Benefits Specialist.
6. Begin funding your HSA through automatic payroll deduction, electronic funds transfer or tax-deductible lump-sum deposit via check. (See HSA contribution limits below).
7. Receive and begin using your HSA checks and/or debit card.

**NOTE:** The HSA account owner is the CCSD employee. It is an ANB Bank policy that detailed customer information can only be disclosed to the owner of the account.

### **HSA contribution limits**

- These amounts are updated each year by the federal government to account for inflation. In 2022, the maximum annual contribution is **\$3,650 for individuals** and **\$7,300 for families**.
- In 2022, those age 55 or older can contribute an additional **"make-up" allowance of \$1,000** above the maximum to their HSA.
- Additionally, one-time rollover opportunities from other funds, such as an FSA, HRA and/or an IRA, are allowed in certain situations.

Contributions to an HSA can be made through **April 15<sup>th</sup> of the next year**. For example, contributions for 2022 can be made through April 15, 2023.

**NOTE: Contributions (including those made by you AND your employer) may not exceed the above contribution limits.** For the most up-to-date list of HDHP contribution limits, visit <http://www.irs.gov/pub/irs-drop/rp-13-25/pdf>.



## HSA New Account Application

**What other types of accounts and products are you interested in:**

- Checking   
  Savings   
  Debit Card   
  Online Banking   
  Credit Card  
 Safe Deposit Box   
  Demand Deposit Loan   
  IDSafeShield PLUS   
  IRA

Owner Name: \_\_\_\_\_

Signer Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Telephone Numbers - Home: \_\_\_\_\_

Telephone Numbers - Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Desired Online Banking User Name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Beneficiary's SSN and Date of Birth: \_\_\_\_\_

Beneficiary Relationship: \_\_\_\_\_

Plan Coverage:    Individual    Family

By signing below, I certify the accuracy of the above information and authorize ANB Bank's affiliated consumer reporting agency/agencies to access my credit file to authenticate my identity and facilitate the processing of this application for this ANB Bank account only. I understand that I may be asked questions based on the information in my credit file as part of this process. I also understand that ANB Bank may review my credit history and past banking relationships before accepting this account.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

**Please provide your Driver's License, State Identification or Passport.**



# Plan D or E HSA

## Frequently Asked Questions

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**How much does CCSD contribute to my HSA?**

CCSD will contribute the following monthly amounts based on the coverage type you have elected:

Single	D - \$81 / E - \$94
Employee + Children	D - \$148 / E - \$170
Employee + Spouse	D - \$163 / E - \$187
Family	D - \$208 / E - \$239

**Why would I want to contribute to my HSA in addition to the amount from the district?**

HSA contributions provide a great incentive to plan ahead, prepare for big medical bills and save on health expenses. There are a number of benefits to contributing additional funds to your HSA account. Just a few of them are:

- Help meeting the deductible
- Pay for prescriptions
- Prefund healthcare costs for retirement years
- Pre-tax contributions lower taxable income
- Purchase glasses/contact lenses
- Earn interest on all contributions

**How often can I change the amount I contribute to my HSA?**

You can change your HSA contribution amount whenever you need to. An email to the Benefits Specialist is required.

**How does the new law affect reimbursable expenses?**

Effective January 1, 2011, you may no longer use your HSA to purchase over-the-counter medications without a doctor’s prescription. This rule does not apply to non-drug over-the-counter items such as bandages, contact lens cleaner or diabetic supplies.

**If I receive a check from a provider for services I have already paid for out of my HSA, how do I deposit it back into my account?**

You will take the check to ANB Bank and let them know that you need to do a “return of mistaken distribution”. This process requires a signature on an IRS-required form so you must go inside the branch to complete it. Please do not utilize the drive-thru.

**I went to a doctor’s appointment and paid for it out of my personal checking account. How do I reimbursement myself?**

You can write a check to yourself out of your HSA account and deposit it into your personal checking account.

**If my spouse and I are both 55 or older, can we each do the “make-up” contributions?**

If you and your spouse had High-Deductible Health Plan (HDHP) coverage for the full year, you can do the full “make-up” contribution regardless of when your 55<sup>th</sup> birthday falls during the year. If only one spouse has an HSA in their name, only that spouse can do a “make-up” contribution. (See page 4)

**What happens when HSA contributions exceed the maximum amount?**

Contributions made to your HSA that exceed the contribution limits on December 31 are not tax-free and are included in your gross income. ANB Bank makes courtesy calls in December to all CCSD employees who are over their contribution limit asking them to come in by December 31<sup>st</sup> to withdraw the excess amount to avoid potential tax penalties.

**What happens to my HSA if I leave the company?**

The HSA account is yours, however you can only contribute to the HSA if you are covered by another qualified HDHP. You will become responsible for the \$3 monthly maintenance fee charged by ANB Bank at the end of your employment. (CCSD has paid this fee during your employment.)

**NOTE:** A list of additional FAQs related to HSA accounts can be found on the Benefits & Insurance site under the “Related Files” PDF documents.

# Plan D or E HSA

## Important Contact Information

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### **CCSD Benefits and Insurance**

Laurie Christenson  
307-687-4516  
lchristenson@ccsd.k12.wy.us

### **ANB Bank Contact Information**

Gillette branch:  
800 E. 7<sup>th</sup> Street  
307-682-5161  
Monday – Friday from 9am to 5pm

24/7 Telephone Banking: 800-997-BANK (2265)

Customer Care Center: 866-433-0282  
Monday – Friday from 7am to 6pm MST (except holidays)

# Plan D or E HSA

## Additional Information and Resources

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### **Where can I find additional information about HSAs?**

For more information about HSAs, you can visit the following websites:

### **CCSD Benefits and Insurance**

<https://www.ccsd.k12.wy.us/Page/621>

### **IRS Publication 502**

<http://www.irs.gov/pub/irs-pdf/p502.pdf>

### **United State Treasury**

<https://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>