

WHO IS ELIGIBLE FOR DENISON ISD HEALTH SAVINGS ACCOUNT

- On HDHP Plan
- Not on Medicare-Medicaid
- Not on Tri-Care (military insurance)
- No VA Benefits past 3 months
- Not claimed as a dependent on another person's plan
- Spouse doesn't have a full general purpose flex

CONTRIBUTIONS

- You and anyone else
- Annual 2024-2025 Limits: \$4,150 (Employee Only)
\$8,300 (Family)
- Limits based on level of coverage

WHO OWNS PLAN

- Participant – make choices inside IRS limits/rules
- Portable – stays with you

WITHDRAWALS

- You are in charge – use when you want – Dates-of-Service starting after HSA was in place are eligible. Bank has its rules and charges. Use for qualified medical expenses only. If used for non-medical expenses – taxes will be owed on amount, plus up to 20% penalty. After age 65 – no penalty. Bank will issue the required tax forms.
- Bank HSA Debit cards or Bank checks
- Funds are only available up to your current deposited account balance. No fronting of annual declared benefit/money.



Pay for healthcare expenses with tax-free dollars

Enroll in a TASC Health Savings Account (HSA) so you can use pretax dollars to pay for healthcare expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

Eligible Medical Expenses

- Acupuncture
- Birthing classes/Lamaze (*mother's portion only, not the coach/spouse; birthing instruction only*)
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Coinsurance, copayments, and deductibles
- COBRA healthcare premiums
- Contact lenses and contact lens solution
- Counseling or therapy*
- Crutches (*purchased or rented*)
- Dental services
- Diabetic supplies and insulin
- Eye exams
- Eyeglasses or safety glasses (*prescription only*)
- Feminine care products (*tampons, pads, etc*)
- Hearing aids and batteries (*excluding warranties*)
- Infertility treatments
- Lactation expenses (*breast pumps, etc.*)
- Laser eye surgery; LASIK
- Mileage to and from doctor appointments
- Personal Protective Equipment (*PPE; facial masks, hand sanitizer, sanitizing wipes*)**
- Physical exams
- Physical therapy (*as medical treatment*)
- Psychiatric care, psychotherapy (*as medical treatment*)
- Sleep apnea services/products (*as prescribed*)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations & flu shots
- X-ray fees

*Services must be obtained to diagnose or treat a diagnosed medical condition, additional documentation from your medical practitioner explaining the medical necessity of the expense may be requested.

**PPE expenses must be used for the purpose of preventing the spread of coronavirus.

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are reimbursable from an HSA without a prescription.

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (*contraceptives, pregnancy tests, etc.*)
- Foot care (*corn/wart medication, antifungal treatments, etc.*)
- Hemorrhoid creams & treatments
- Itch relief (*calamine lotion, Cortizone cream, etc.*)
- Nasal spray
- Oral care (*denture cream, pain reliever, teething gel, etc.*)
- Pain relievers (*internal/external: Tylenol, Advil, Bengay, etc.*)
- Skin care (*sunscreen w/ SPF 15+, acne medication, etc.*)
- Sleep aids & stimulants (*nasal strips, etc.*)
- Stomach & nausea remedies (*antacids, Dramamine, etc.*)
- Wound treatments/washes (*hydrogen peroxide, iodine*)

For Individuals Over Age 65

- Medicare Parts A or B
- Medicare HMO premiums (*Medigap insurance premiums do NOT qualify*)
- Health insurance premiums while receiving unemployment
- Employee share of premiums for employer-sponsored health insurance, including retiree health insurance (*if not already taken before taxes*)

For more information regarding eligible HSA expenses, please review IRS Publication 969 at irs.gov or ask your employer for a copy of your Summary Plan Description (SPD).

Questions? Ask your employer or contact your Plan Administrator:
Total Administration Services Corporation • www.tasconline.com • 1-800-422-4661

HS-4249-012423



DENISON ISD
REQUEST FOR FORMS

NAME: _____

E-MAIL ADDRESS: _____

I WISH TO HAVE A HSA ACCOUNT: _____

I WISH TO MAKE CHANGES TO MY CURRENT
HSA ACCOUNT: _____

I WISH TO HAVE A LIMITED FLEX-PLAN IN ADDITION
TO A HSA ACCOUNT: _____

I DO NOT WISH TO HAVE A HSA ACCOUNT: _____

SIGNATURE

DATE

