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

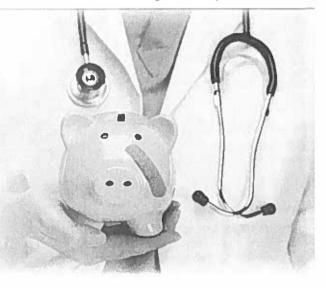
WITHDRAWALS

- ➤ 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
- Eve 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 santizer, 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.)
- · Hemorrhold 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).



DENISON ISD REQUEST FOR FORMS

NAME:	
E-MAIL ADDRESS:	
I WISH TO HAVE A HSA AC	COUNT:
I WISH TO MAKE CHANGES HSA ACCOUNT:	
I WISH TO HAVE A LIMITEI TO A HSA ACCOUNT:	
I DO NOT WISH TO HAVE A	A HSA ACCOUNT:
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SIGNATURE	DATE

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