



The Health Savings Account: Updating Your Contribution

The Health Savings Account (HSA), available with the High Deductible Health Plan (HDHP), is a tax-advantaged savings account that allows you to pay for eligible health care expenses now, while saving tax-free for future medical costs. Eligible out-of-pocket expenses include medical, prescription drug, dental, vision and hearing deductibles, cost-share and copays. You'll find a list of all eligible expenses in [IRS Publication 502](#).

Your HSA balance grows through your tax-free contributions, the University's matching contributions, and investment earnings.

2024 Contribution Limits

You decide how much you want to contribute to your HSA each year, up to IRS limits:

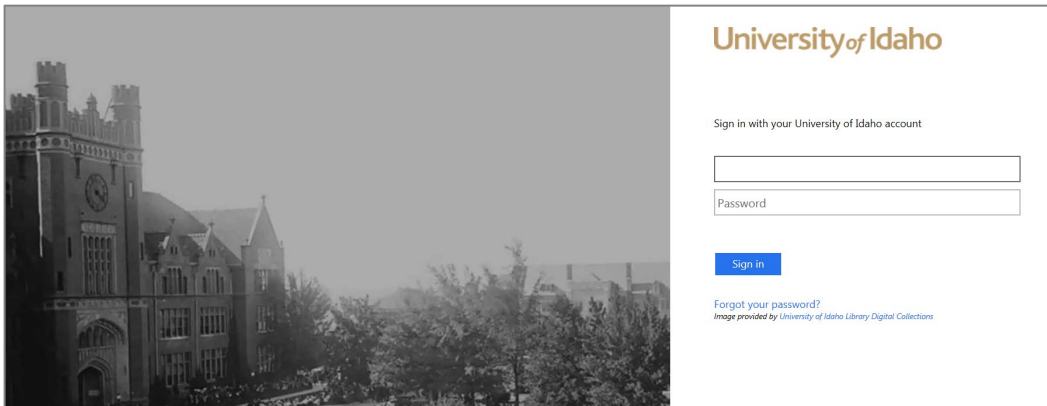
- \$4,150 for employee-only coverage
- \$8,300 for family coverage

The university matches 50 cents for every \$1 you contribute; this contribution counts toward the IRS limit. If you will be age 55 or older by December 31, 2024, you can make additional "catch-up" contributions of up to \$1,000 for 2024. All contributions made to your HSA are tax-free.

Changing Your HSA Contribution

You can change your HSA contribution at **any time** during the year. Before making a change, **be sure that** your new contribution amount is not going to exceed the annual IRS limits shown above. Follow these steps to make a change:

1. Sign in to VandalWeb





2. Select *Employees*

University of Idaho VandalWeb

Personal Information Employees Advancement Sponsored Programs

Search Go [SITE MAP](#) [HELP](#) [EXIT](#)

Main Menu

Personal Information
Employees
Advancement
Sponsored Programs

RELEASE: 8.8

3. Select *myBenefits*

University of Idaho VandalWeb

Personal Information Employees Advancement Sponsored Programs

Search Go [RETURN TO MENU](#) [SITE MAP](#) [HELP](#) [EXIT](#)

Employee Main Menu

myBenefits
Links to the myBenefits enrollment site.
Payroll
Electronic Personnel Action Form (EPAF)
Employee Information
Financial Tasks
UI Administrative Tasks
Finance Query for Non-Banner Users
Purchasing Service Contract

RELEASE: 8.8



4. Click the *Quick actions* button

<p>MY BENEFITS</p> <p>\$8,145</p> <p>ANNUAL VALUE OF MY BENEFITS</p>			<p>\$231.28</p> <p>PER PAY EMPLOYER COST</p>	<p>\$81.99</p> <p>YOUR TOTAL PER PAY DEDUCTIONS</p>
Benefits	Coverage Options	Coverage Details		
Medical/Rx	High Deductible Health Plan	Employee Only		
Medical After Tax	Waived	No OEA dependents		
Dental	Willamette	Employee Only		
Dental After Tax	Not Covered	No OEA dependents		
Vision	VSP Network Plan	Employee Only		
<p>View all...</p>		<p>Quick actions</p>		

5. Select *Enroll/Make Changes*

Vision	<p>View My Elections</p> <p>Enroll/Make Changes</p> <p>View Required Documents</p> <p>Compare plans</p>
<p>View all...</p>	<p>Quick actions</p>



6. Select *Change HSA contribution*

Enroll / Change Tool

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.

You may also [view the history of your pending and processed selections](#) made during previous activities.

Description	You must complete your changes within...
Life Event	
Birth/Adoption/Placement for Adoption	60 days of the event date
Dependent Gains Other Coverage	30 days of the event date
Divorce/Annulment/Legal Separation	30 days of the event date
Dependent Loses Other Coverage	30 days of the event date
Death of Spouse	30 days of the event date
Death of Child	30 days of the event date
You or a dependent becomes eligible for or loses Medicaid	30 days of the event date
Marriage	30 days of the event date
You gain/lose access to other coverage	30 days of the event date
Termination of Qualified Other Eligible Adult	30 days of the event date
Any Time Change	
Beneficiary designation	n/a
Change dependent information	n/a
Change HSA contribution	n/a

7. Select *Benefits* (Tab 2)

[Home](#) [My Voluntary Benefits](#)

Personalize your benefits plan

Change HSA contribution - February 4, 2020

1 Family

2 Benefits

3 Beneficiaries

4 Finalize



8. Select Tax Free Savings & Spending Accounts

Personalize your benefits plan

Change HSA contribution - February 4, 2020

- ① Family ② **Benefits** ③ Beneficiaries ④ Finalize

Health Benefits ⓘ

Information Willamette Dental Plan is an option for employees with limited access in participating areas and is not available in all areas the UI has employees or covered dependents. Please take a moment to review the details of the plan prior to making a final selection.

Benefit	Selection	Coverage Level	Cost
Medical/Rx	High Deductible Health Plan	Employee Only	\$36.82
Dental ⓘ	Willamette	Employee Only	\$3.88
Vision	VSP Network Plan	Employee Only	-

Next

Tax Free Savings & Spending Accounts ⓘ

Life Insurance and AD&D ⓘ

Disability

Cost Summary

COMPANY CONTRIBUTIONS
Per pay employer cost: \$234.42 PER PAY

YOUR COSTS
Your per pay pre-tax deductions: \$90.70 PER PAY
Your per pay post-tax deductions: \$20.81 PER PAY

9. Under Tax Free Savings & Spending Accounts:

Enter the annual (**not** per pay period) amount you want to contribute to your HSA. The system automatically calculates your per pay period cost for the rest of the year and the matching University contribution. Then, click **Next**.

Tax Free Savings & Spending Accounts ⓘ

Information You have chosen to change your target contribution to this account after the beginning of the benefit plan year. The benefit costs have been prorated to take into consideration any contributions you may have made to date.

Benefit	Selection	Coverage Level	Cost
Health Care Spending Account	\$0.00	-	-
Dependent Care Spending Account	\$0.00	-	-
Health Savings Account ⓘ	\$1,350.00	Employee Only	\$52.17
...Employer Match ⓘ	\$500.00	-	-

Previous **Next**

Life Insurance and AD&D ⓘ

Disability

Other Benefits

CONTRIBUTIONS

Per pay employer cost: \$234.42 PER PAY

YOUR COSTS
Your per pay pre-tax deductions: \$92.87 PER PAY
Your per pay post-tax deductions: \$20.81 PER PAY

« Previous

Next »



10. Select *Finalize* (Tab 4)

Review your changes and scroll to the bottom of the screen. Check the box under “Do you agree to the following terms and conditions,” then click **Next**.

Do you agree to the following terms and conditions?

I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of: Change HSA contribution. I understand that the modifications made during this session are effective 2/4/2020, subject to the approval of any required evidence of insurability.

If you are adding a common-law spouse, you must be able to prove that you have co-habitated for a minimum of 12 consecutive months.

If you and/or your spouse are applying for non-smoker life insurance or critical illness rates you certify that tobacco products have not been used during the 12 months immediately preceding the date of this event.

I declare that the information contained on this form, if any, is complete and true (any false or incomplete declaration may nullify coverage). I consent to the collection, use, and exchange of my personal information by:

- My Employer,
- The administrators of my retirement, savings, and other Employee benefits programs,
- The agents retained by my Employer or the Benefits Administrator,
- An insurance company or any other person who requires information for the purpose of retirement, savings, or other Employee benefits plan administration.

I authorize these parties to obtain, and exchange between them, any information about me, my spouse, or my dependent children that they require for the purpose of determining my benefit entitlements, and for record-keeping, file identification, reporting, procurement of health information, claims resolution, and other services provided to me and my Employer from time to time. I authorize the company to deduct from my salary amounts required to pay the cost of coverage and/or contributions, if any.

To apply for non-smoker rates, please review the following statement then sign and date the form.
“I certify as a true fact that I have not used tobacco products during the 12-month period immediately preceding the date written below beside my signature.”

[◀ Previous](#) [Next ▶](#)

11. Click *Done* to finalize the change

Home My Voluntary Benefits

Personalize your benefits plan

Change HSA contribution - February 4, 2020

Print your confirmation statement

The selections you made have been submitted successfully.

Event name: Change HSA contribution

Effective date: February 4, 2020

Date completed: February 4, 2020

[If you wish, you can print a summary of your new selections.](#)

Your new selections will appear in your **Personal Profile** once processed.

[Done](#)