

Update HSA Election and/or Contribution

To update the HSA election, click **Update Member** from the member details page.

Demographics	pdates are only applied to Optima Health, please contact your Benefit dministrator with any changes.	Update Member
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Select Other Correction, fill out Event Date and then click Next.

What would you like t	to do?		
What would you like to do?			
Update Member			
Life Event Other Correction			
* Event Date			
03/22/2022	曲		
			Next



Review member information and make edits as needed. Once you have completed your edits, click **Next**.

	o ———	o			
		Edit Member Demographi	ics:		
Edit Member Demo	ographics.				
	Slapmes.				
* First Name		Middle Name	*Last Name		Suffix
Test Blue			Test Last Name		
*Gender		*Date Of Birth		*55N	
Male	•	01/05/1975		463-87-9945	
*Phone Number			Email Address		
(757) 332-2667					
Effective Date					
02/01/2022		苗			
Mailing Addross					
Maining Address					
* Street	* City		* State	* Zip Code	
456 Test St	Virginia Be	ach	VA	23452	

Add / Edit Dependents Demographics, click Next.

	0	•	Add/Edit Dependents Dem	ographic	
Add/Edit Dependents Der	nographic				
Do you want to add dependents?					
				Previous	Next



Equity Plan will already be in your cart, click **Next.**

	Medical Plan	Selection	
edical Plan Selection			
			🛒 View Car
ults			
	2	Available Plans	
Current Plan: OP Plan Details	TIMA EQUITY HSA		Compare
Current Plan: OP	TIMA EQUITY HSA		Compare
Current Plan: OP Plan Details Standout Features ANNUAL DEDUCTIBLE	TIMA EQUITY HSA	PRIMARY DOCTOR COVERAGE	Compare
Current Plan: OP Plan Details Standout Features ANNUAL DEDUCTIBLE 2400	OUT-OF-POCKET LIMIT	PRIMARY DOCTOR COVERAGE 20% coinsurance AD	Compare
Current Plan: OP Plan Details Standout Features ANNUAL DEDUCTIBLE 2400 SPECIALIST COVERAGE	OUT-OF-POCKET LIMIT 4800 PRESCRIPTION DRUG COVER	PRIMARY DOCTOR COVERAGE 20% coinsurance AD EMERGENCY ROOM COVERA	Compare
Current Plan: OP Plan Details Standout Features ANNUAL DEDUCTIBLE 2400 SPECIALIST COVERAGE 20% coinsurance AD	OUT-OF-POCKET LIMIT 4800 PRESCRIPTION DRUG COVER	PRIMARY DOCTOR COVERAGE 20% coinsurance AD EMERGENCY ROOM COVERA 20% coinsurance AD	Compare
Current Plan: OP Plan Details Standout Features ANNUAL DEDUCTIBLE 2400 SPECIALIST COVERAGE 20% coinsurance AD HOSPITAL STAY COVERAGE	OUT-OF-POCKET LIMIT 4800 PRESCRIPTION DRUG COVER	PRIMARY DOCTOR COVERAGE 20% coinsurance AD EMERGENCY ROOM COVERA 20% coinsurance AD	Compare

Update HSA Election and/or Contribution, click Next.

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		HSA Election			
HSA Election					
You have chosen a medical plan tha	at is HSA eligible, please specify if	you would like to have an HS	SA account created		
No No					
HSA Monthly Contribution					
\$50.00					
				Previous	Next



After completing the process, review your changes. If changes are needed, click **Edit**. If the information and selections are correct, click **Enroll**.

Summary Selected Coverages Edit		0		0-0-0-	 Summary	•		
Selected Coverages Edit Selected Coverage Selected Plans Medical Plan OPTIMA EQUITY HSA Subscriber: Test Blue Test Last Name S50.00/Mo Contribution Coverages Waived Type Dental Cancer Critical Illness Voluntary Accident /Accident Plus Dates of Coverages Coverage Start Date Of J00/2022	Summary							
Edit Medical Coverage Selected Medical Plan OPTIMA EQUITY HSA Subscriber: Test Blue Test Last Name Subscriber: Test Blue Test Last Name Soloo/Mo Contribution Coverages Waived	Selected Coverages							
Medical Coverage Selected Plans Medical Plan Subscriber: Test Blue Test Last Name Soverages Waived Type Dental Cancer Critical Illness Voluntary Accident Plus Coverage Start Date Og/10/2022 Coverage End Date Og/10/2022	Edit							
Plans OPTIMA EQUITY HSA \$48.00/Mo Subscriber: Test Blue Test Last Name \$50.00/Mo Contribution Coverages Waived \$50.00/Mo Contribution Type	✓ Medical Coverage	ge Selected						
Medical Plan OPTIMA EQUITY HSA \$48.00/Mo Subscriber: Test Blue Test Last Name \$50.00/Mo Contribution Coverages Waived Type Dental Cancer Critical Illness Voluntary Accident/Accident Plus Coverage Stat Date Coverage Stat Date Coverage End Date Coverage End Date Coverage Stat Date Coverage End Date Coverage Stat Date Coverage Stat Date Coverage End Date Coverage End Date Coverage Stat Date Coverage Stat Date Coverage End Date Coverage End Date Coverage Stat Date Coverage Stat Date Coverage End Date Coverage End Date Coverage End Date Coverage End Date Coverage Stat Date Coverage Stat Date Coverage End Date Coverage End Date Coverage End Date Coverage End Date Coverage Stat Date Coverage Stat	Plans							
Subscriber: Test Blue Test Last Name S000/Mo Contribution	Medical Plan	С	PTIMA EQUITY HSA		\$4	48.00/Mo		
Coverages Waived Type Dental Cancer Critical Illness Voluntary Accident /Accident Plus Detes of Coverages Coverages End Date 02/01/2022 06/30/2022	Subscriber:	Te	est Blue Test Last Name		¢t	50.00/Mo.Contri	ibution	
Dental Cancer Critical Illness Voluntary Accident/Accident Plus Coverage Start Date 02/01/2022	Type							
Cancer Critical Illness Voluntary Accident Plus Dates of Coverages Coverage Start Date 02/01/2022 06/30/2022	Type							
Critical Illness Voluntary Accident Plus Dates of Coverages :overage Start Date 02/01/2022 06/30/2022	Cancer							
Voluntary Accident Plus Dates of Coverages :overage Start Date 02/01/2022	Critical Illness							
Coverage Start Date Coverage End Date 02/01/2022 06/30/2022 IIII	Voluntary Accident/Acci	dent Plus						
Coverage Start Date Coverage End Date 02/01/2022 06/30/2022	Dates of Coverages							
	Coverage Start Date	益	Coverage End Date	益				
Previous	02/02/2022				٢	Previous	- Fr	vroli



If details have been updated successfully, a confirmation screen will appear. Click Finish.



Current Plans will now reflect updates. Note: you may need to refresh your screen if updates do not appear

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	HSA AMOUNT	EMPLOYER COST
EQUITY PLUS/OOA 4000/20%	Medical	Yes	Employee Only	08/01/2022	02/28/2023	\$812.62	\$60.00	