

## **Update HSA Election and/ or Contribution**

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

Demographics	Updates are only applied to Optima Health, please contact your Benefit Administrator with any changes.	Update Member

Select Other Correction, fill out Event Date, and then click Next.

What would you like	0	0	
What would you like to do?			
Update Member			
Other Correction     *Event Date			
03/22/2022	苗		
			Next



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

	<b>o</b> ——	<b>o</b>	•		•	
		Edit Member Demograph	lics:			
Edit Member Demo	graphics:					
	0					
* First Name		Middle Name	* Last Name			Suffix
Test Blue			Test Last Name			
*Gender		*Date Of Birth		* 55	5N	
Male	•	01/05/1975		<b>iii</b> 4	63-87-9945	
*Phone Number			Email Address			
(757) 332-2667						
Effective Date						
02/01/2022		苗				
Mailing Address						
Mailing Address						
* Street	* City		* State		*Zip Code	
456 Test St	Virginia Be	ach	VA		23452	

Add / Edit Dependents Demographics, click Next.

	00		
•	Add/Edit Dependents Demographic		
Add/Edit Dependents Demographic			
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 Cart 1
ults			
	2	Available Plans	
Current Plan: OP	TIMA EQUITY HSA		Compare
Plan Details	TIMA EQUITY HSA		Compare
Plan Details	TIMA EQUITY HSA	PRIMARY DOCTOR COVERAGE	Compare
<ul> <li>Plan Details</li> <li>Standout Features</li> </ul>		PRIMARY DOCTOR COVERAGE 20% coinsurance AD	Compare
<ul> <li>Plan Details</li> <li>Standout Features</li> <li>ANNUAL DEDUCTIBLE</li> </ul>	OUT-OF-POCKET LIMIT		Compare
<ul> <li>Plan Details</li> <li>Standout Features</li> <li>ANNUAL DEDUCTIBLE</li> <li>2400</li> </ul>	OUT-OF-POCKET LIMIT 4800	20% coinsurance AD	Compare
<ul> <li>Plan Details</li> <li>Standout Features</li> <li>ANNUAL DEDUCTIBLE</li> <li>2400</li> <li>SPECIALIST COVERAGE</li> </ul>	OUT-OF-POCKET LIMIT 4800	20% coinsurance AD EMERGENCY ROOM COVERA	☐ Compare

Update HSA Election and/or Contribution, click Next.

		- O		
		HOA Election		
HSA Election				
You have chosen a medical plan t	hat is HSA eligible, please specify if you w	ould like to have an HSA account created		
<ul> <li>Yes</li> </ul>				
No HSA Monthly Contribution				
\$50.00				
			Previous	Next

Revised 11/2023



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

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Summary										
Selected Coverages										
Edit										
~ Medical Coverag	e Selecte	d								
Plans										
Medical Plan			QUITY HSA				\$4	8.00/Mo		
Subscriber:	Test Blue Test Last Name						\$50.00/Mo Contribution			
Coverages Waived Type										
Dental										
Cancer										
Critical Illness										
Voluntary Accident/Acci	dent Plus									
Dates of Coverages										
Coverage Start Date 02/01/2022	i		Coverage End Date		ä					
02/01/2022			0075072022				ſ			
							L	Previous	E	Enroll



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

<u> </u>
Final Success Step
Final Success Step
All Details has been updated successfully.
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	